



RESIDENCY APPLICATION

Each individual who will be signing the lease needs to complete their own application form

1. Applicant/Co-Applicant: (Person applying for accommodation) (PLEASE PRINT CLEARLY)

Form with fields: Last Name, First Name, Mr./Mrs., Miss/Ms., Home Phone, Address, Work/Cell Phone, Mailing address, Email, Social Insurance Number, Driver's License Number

2. Household Composition: (yourself and any other person who will be living with you.)

Table with columns: Full Name, Birth Date DD/MM/YY, Age, Sex, Relationship to Applicant. Row 1: Applicant

Is the other person in your household a Co-Applicant who is completing their own application form? [] Yes [] No

Do you expect the number of people in your household to change over the next 12 months? (anyone joining or leaving) [] Yes [] No

If Yes, please explain:

Do you have any household pets? [] Yes [] No If yes, indicate number of pets _____

Indicate the type(s), breed(s) and weight(s)

Number of vehicles you own _____ Parking required: [] Yes [] No

3. Professional Performing Arts and/or Associated Professions Information

Please attach a resume and/or a work history to substantiate your career in the professional performing arts or associated professions.

Please indicate here, your primary professions in the performing arts industry and the numbers of years worked.

Profession/Trade _____ Years worked _____

Profession/Trade _____ Years worked _____

Please list your affiliations with professional performing arts associations, organizations or unions.

Table with 2 columns and 2 rows for listing affiliations

4. Residency History

How long have you lived in British Columbia? _____ How long have you lived in Canada? _____

Landed Immigrant Canadian Citizen Other if Other, please explain: _____

Please list your address(es) for the past 5 years. Use a separate sheet if required.

Address	From Date	To Date	Name of Landlord	Landlord Phone #
		Present		

Have you previously lived in social housing? Yes No If Yes indicate the dates of your residency? From _____ to _____

If Yes, please provide the name and/or address of the development: _____

Have you ever been evicted from tenancy? Yes No

Have you ever refused to pay rent? Yes No

Have you ever missed a mortgage payment? Yes No

Have you been sued for possession or rent? Yes No

Do you presently owe rent or other monies to a landlord? Yes No

Do you owe money on a mortgage? Yes No

5. Current Accommodation (describe your current accommodation as completely as possible)

Your currently monthly rent/mortgage \$ _____

If renting, is heat included? Yes No

Owner of residence

Mortgage account number: _____

Please indicate your current accommodation:

- 1. Apartment
- 2. House/Duplex/Townhouse
- 3. Housekeeping Room
- 4. Basement Suite
- 5. Room & Board
- 6. Trailer
- 7. Living with Family/Friends
- 8. Hotel/Motel
- 9. Other (please explain): _____

How many bedrooms do you have now? _____

Do you:

- 1. Rent
- 2. Own
- 3. Share Accommodation
- 4. Have Free Accommodation
- 5. Live in a Co-Op

Please check the following that apply to your current accommodation:

- Bathroom Private Shared None
- Kitchen Private Shared None
- Balcony/Patio/Greenspace Private Shared None

Are you under notice to terminate your present tenancy? Yes No

If Yes, attach a copy of the legal NOTICE TO END A RESIDENTIAL TENANCY from your landlord.

If No, why do you wish to move? Be specific. _____

6. Medical Information (this section must be signed by your current physician)

Are you capable of independent living? Yes No

Are you able to take responsibility for the preparation of your own meals and the care of your suite? Yes No

Do you require a wheelchair? Yes No

Will you need daily medical or personal care assistance provided by visiting nurses, family members or minimal visits by a home health aide? Yes No

Are you permanently disabled? Yes No

Is this the reason for your application? Yes No

Please describe your disability or other significant medical conditions:

Name of current physician	Phone1	Phone2	Email
Address of current physician: suite, building number, street, city, province, postal code			Years in care
Physician's Comments			
<u>Physician's Statement</u> I certify that the applicant is capable of independent living to the best of my knowledge.			
Signature of Physician		Date	

7. Financial Statement

I, _____, of _____ confirm that:
(name) (city where you live)

1. The information set out in this financial statement is true and complete to the best of my knowledge.

2. I do not anticipate any significant changes in the information set out in this financial statement.

or

I anticipate the following significant changes in the information set out in this financial statement:

(a) _____

(b) _____

a) Employer/Employment information:

I am employed by _____

I am self-employed as _____

b) Documentation supplied:

I have attached to this statement a copy of each of the following applicable income documents:

every personal income tax return, including all attachments, that I have filed for each of the 3 most recent taxation years;

every income tax notice of assessment or reassessment I have received for each of the 3 most recent taxation years;

[if you are an employee] my most recent statement of earnings indicating the total earnings paid in the year to date, including overtime, or, if such a statement is not provided by my employer, a letter from my employer setting out that information, including my rate of annual salary or remuneration;

[if you are receiving Employment Insurance benefits] my 3 most recent EIC benefit statements;

[if you are receiving Workers' Compensation benefits] my 3 most recent WCB benefit statements;

[if you are receiving social assistance] a statement confirming the amount of social assistance that I receive;

[if you are self-employed] for the 3 most recent taxation years

- (i) the financial statements of my business or professional practice, other than a partnership, and
- (ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arm's length;

[if you are a partner in a partnership] confirmation of my income and draw from, and capital in, the partnership for its 3 most recent taxation years;

[if you control a corporation] for the corporation's 3 most recent taxation years

- (i) the financial statements of the corporation and its subsidiaries, and
- (ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation and every related corporation does not deal at arm's length;

[if you are a beneficiary under a trust] the trust settlement agreement and the trust's 3 most recent financial statements;

[if you own or have an interest in real property] the most recent assessment notice issued from an assessment authority for the property.

c) Annual income

On your most recent federal income tax return, if line 150 (total income) sets out what you expect your income to be for this year, record that number at line 18 below. Otherwise, record what you expect your income for this year to be from each source of income that applies to you. Record gross annual amounts.

LINE	ALL SOURCES OF INCOME		Amounts (Gross)
	Sources of annual income		
1	Employment income (\$ [amount] paid: <input type="checkbox"/> monthly / <input type="checkbox"/> twice each month / <input type="checkbox"/> every 2 weeks)	+	
2	Employment insurance benefits	+	
3	Workers' compensation benefits	+	
4	Interest and investment income	+	
5	Pension income	+	
6	Social assistance income relating to self	+	
7	Other income (attach Schedule A) — see Note 1	+	
8	Self-employment income: Gross = \$ [amount]; Net = Note: Provide Financial Statements of the business	+	
9	Other employment income	+	
10	Net partnership income: limited or non-active partners only	+	
11	Rental income: Gross = \$ [amount]; Net =	+	
12	Total amount of dividends from Taxable Canadian Corporations	+	
13	Total capital gains (\$ [amount]) minus total capital losses (\$ [amount]) =	+	
14	Spousal support from another relationship or marriage	+	
15	Registered retirement savings plan income	+	
16	Net federal supplements	+	
17	Any other income	+	
18	Total income	=	

d) Debts

Show your debts and other liabilities, whether arising from personal or business dealings, by category, such as mortgages, charges, liens, notes, credit cards, accounts payable and tax arrears. Include contingent liabilities such as guarantees and indicate that they are contingent.

Debt	Particulars	Date Incurred	Amount
Secured debts			
• Mortgages			
• Other (specify)			
	Sub-total		
Unsecured debts			
• Bank loans			
• Personal loans			
• Credit cards (list)			
• Other (specify)			
	Sub-total		
		TOTAL	

e) Assets

Assets	Particulars	Date Acquired	Value
1. Real Estate <ul style="list-style-type: none"> Attach a copy of the most recent assessment notice for any property that you own or in which you have an interest. List any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Record the estimated market value of your interest without deducting encumbrances or costs of disposition. <i>[Record encumbrances under Debts]</i> 			
	Sub-total		
2. Vehicles <ul style="list-style-type: none"> List cars, trucks, motorcycles, trailers, motor homes, boats, etc. 			
	Sub-total		
3. Financial assets <ul style="list-style-type: none"> List savings and chequing accounts, term deposits, GICs, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc. Record account number and name of institution where accounts are held. 			
	Sub-total		
4. Pensions and RRSPs <ul style="list-style-type: none"> Record name of institution where accounts are held, name and address of pension plan and pension details. 			
	Sub-total		
5. Business Interests <ul style="list-style-type: none"> List any interest you hold, directly or indirectly, in any unincorporated business, including partnerships, trusts and joint ventures. List any interests you hold in incorporated businesses. Record the name and address of the company. 			
	Sub-total		
6. Other <ul style="list-style-type: none"> Include precious metals, collections, works of art and any jewelry or household items of extraordinary value. 			
	Sub-total		
		TOTAL	

f) Disposal of Property

List all property disposed of during the 2 years preceding this statement.

Property	Particulars	Date of Disposal	Value

8. Personal References

Name	Address	Phone	Relationship to Applicant
1.			
2.			
3.			

9. DECLARATION. Please read and sign this statement.

I hereby apply for tenancy at the PAL Vancouver Residence at 1616 Cardero Street, Vancouver.

I understand that:
Rents will be set based on household income and will use BC Housing assessment criteria.
Rents will be linked to operating costs and will therefore be increased as operating costs increase.

I certify that the information on this form is true, correct and complete in every respect to the best of my knowledge and can be verified by PAL Vancouver including obtaining credit and/or personal reports on me from one or more agencies or individuals.

I authorize, pursuant to the Freedom of Information and Protection of Privacy Act, PAL Vancouver to make any inquiries necessary to verify information given in this application and any person, corporation or social agency to release to PAL Vancouver any information pertinent to the assessment of this application.

I understand this application does not constitute an agreement on the part of PAL Vancouver to provide me with accommodation.

I understand that it is my responsibility to advise PAL Vancouver of any changes to the information given in this application and to provide any supporting materials required for my application.

Signature of Applicant	Date
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