



CEDARS PROGRAM APPLICATION

Who is Eligible

Applicants must meet or agree to meet the following criteria:

- Single Occupancy
- 19 years of age or older
- Income must meet BC Housing Rent Calculation Guide and meet the requirements for Low/Modest income
- Meet Canadian residency requirements
- Have a source of income (Employment, PWD, income assistance, OAS, etc.)
- Have names of references from previous landlords
- Provide damage deposit (1/2 month's rent)
- Consistent participation in Cedars programming
- Provide a declaration of income and supporting documentation

Purpose of this Form

This application form is designed to collect specific information from applicants seeking participation in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act (the FOI Act). TDCSS uses this information to determine your eligibility for housing and the types of accommodation that best suit your needs.

Important information

Smoking (all forms)

Please note that the Cedars is a non-smoking facility. Smoking will only be permitted outside at a designated smoking area. Should program participants smoke anywhere on the property that is not designated as a smoking area they will be released from the program and thus lose residency.

Pets

Please note that the Cedars does not allow pets.

Please update your application if any of your information changes. You should try to update your application at least once every six months.

Please provide day and evening phone numbers, or the phone number of a contact person so that TDCSS can contact you if a unit becomes available.



Office Use Only

File Number: _____ Date: _____

A. Applicants: (Person(s) asking for accommodation)

Last name	First name	Mr. Mrs.	Miss Ms.	Home Phone
Address: suite, house number, street, city, province, postal code (include mailing address if different)				Message Phone

B. Residency History:

How many years have you lived in Canada? _____ (years)
 Are you currently under sponsorship? Yes No If yes, sponsored by: _____

(Please list your address(es) for the past 2 years. Use a separate sheet if required)

Address	From Date	To Date	Name of Landlord	Landlord Phone No.
Above Address		Present		

Have you previously lived in subsidized accommodation? Check if yes.
 If yes, what was the name and/or address of the development? _____
 What were the dates of your residency? From _____ To _____

E. Income Information: (List gross monthly income [before deductions] for all members of your household, age 19 and older, from all sources.)

First Name	Source (i.e. employment, EI, pensions, income assistance, etc.)	Gross Monthly Income (\$)
1		
2		
3		
4		
5		
6		
7		
Total Gross Monthly Income for Household		\$

F. Assets: (Please list the current value of all assets held by you and members of your household.)

Cash/ Bank Balance	\$	Stocks/Bonds/ Term Deposits	\$	Value of Real Estate Owned	\$
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Other assets: (e.g. RRSPs, Annuities, Mortgages held by household members) Please list below.

	\$		\$



G. Current Accommodation: (Please describe your current accommodation as completely as possible by checking and/or completing the information below.)

Please state:				
Your current monthly rent \$ _____		Does your rent include heat? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe your current accommodation:				
1. <input type="checkbox"/> Apartment	2. <input type="checkbox"/> House/Duplex/Townhouse	3. <input type="checkbox"/> Housekeeping Room	4. <input type="checkbox"/> Basement Suite	
5. <input type="checkbox"/> Room & Board	6. <input type="checkbox"/> Trailer	7. <input type="checkbox"/> Living with Family/Friends		
8. <input type="checkbox"/> Hotel/Motel	9. <input type="checkbox"/> Other (please explain) _____			
How many bedrooms do you have now? _____				
Do you:				
1. <input type="checkbox"/> Rent	2. <input type="checkbox"/> Own	3. <input type="checkbox"/> Share Expenses	4. <input type="checkbox"/> Have Free Accommodation	5. <input type="checkbox"/> Live in a Co-op
Does your present accommodation have a:				
Bathroom	<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None	
Kitchen	<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None	
Outdoor play area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

H. Reason for Move:

Are you under notice to end your present tenancy? (check, if yes) <input type="checkbox"/>
If yes, please attach a copy of the legal Notice to End a Residential Tenancy from your landlord.
If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information.)

I. Application Checklist:

Before returning your Application for Accommodation have you:

- Completed your Application in full?
- Signed and dated the Application in the shaded space below?



DECLARATION: Please read and sign this statement.

I/We declare:

- This is my application; and
All the information in it is correct and complete to the best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), TDCSS to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to TDCSS any information pertinent to the assessment of my/our application; and
- TDCSS to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision making process to provide me/us with rental accommodation.

I/We understand:

- That, in accordance with section 33 (c) of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent-g geared-to-income housing; and
- That this application does not constitute any agreement on the part of TDCSS to provide me/us with accommodation; and
- That it is my responsibility to advise TDCSS of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Signature of Applicant	Date
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