



Castle Rock Family Housing Complex
 #41-38100 6th Ave, Squamish, BC, V8B0C7
 T: 604.892.5177, F: 604-892-2267

APPLICATION FOR ACCOMMODATION *NO PETS*****

Applicant Last Name	First Name	Mr. Mrs. Ms. Miss	Home Phone: Cell Phone:
Co-applicant Last Name	First Name	Mr. Mrs. Ms. Miss	Home Phone: Cell Phone:
Current Address: street, house #, mailing			

HOUSEHOLD COMPOSITION: List yourself first, then all other persons who will be living in your household

Full Name (surname first)	Birth Date			Age	Sex	Relationship to Applicant
	day	month	year			

Do you expect the size of your household to change in the next twelve months? Yes No

DISABILITIES/HEALTH PROBLEMS: List any members of your household with a significant disability/health problem.

Name	Wheelchair Yes No	Type of disability/health problem
	Yes No	

EMPLOYMENT			
Current Occupation	Employer's Name	How long employed	Telephone
Previous Occupation			
Co-applicant's Occupation			
Co-applicant's Previous Occupation			

INCOME INFORMATION: List GROSS Monthly Income (before deductions) for all household members and from all sources
 Proof of income, bank statement & rent receipt (if applicable) **must be submitted** prior to application consideration.

Name	Income Source (employment, EI, pension, GAIN, Child Tax Credit, student loan)	Gross income
		\$
		\$
		\$
		\$
		\$
Total Gross Monthly Income for Household		\$

ASSETS: Please list current values of all assets held by you and members of your household.
 Verification of assets should be attached.

CASH/BANK BALANCE	\$	OTHER: eg. RRSP, Annuities, Mortgage held by you
STOCKS/BONDS/DEPOSITS	\$	\$
REAL ESTATE OWNED	\$	\$

How many vehicles in your household? _____ Make/Year _____

Are you under notice to terminate your present tenancy? Yes No
 If yes, a copy of the notice to terminate from your landlord must be attached.

If you are not under notice, why do you wish to move? Please be specific.

RESIDENTIAL HISTORY: Please list all your addresses for the last two years. Use a separate sheet if required.

Address	From (date)	To (date)	Name of Landlord	Landlord's Phone #

Have you at any time lived in subsidized housing? Yes No

If yes, what was the name and address of the development? _____

What were the dates of your residency? From _____ to _____

Under whose name was the residency?
 ie: who was the Head of the Household? _____

PRESENT ACCOMMODATION: Please describe your present accommodation as completely as possible by Circling and completing the information below.				
Please state	# of bedrooms your household presently occupies	Your current monthly rent	Your average monthly payment for Heat and/or Hydro	
	_____	\$ _____	\$ _____	
Does your rent include	Heat: Yes No		Electricity: Yes No	
Do you	Rent	Own	Share Expenses	Have Free Accommodation
				Live in a Co-op
Is your present accommodation	Apartment	House/Duplex	Basement Suite	
	Trailer	Hotel/Motel	Housekeeping Room	
	Room & Board	Living with Family/Friends		
Does your present Accommodation have	<u>Bathroom</u> Shared Private	<u>Kitchen</u> Shared Private	<u>Laundry</u> Shared Private	Outdoor Play Area: Yes No

REFERENCES: Please list three people, not family members, as references.

1. _____ Relationship _____ Telephone _____

2. _____ Relationship _____ Telephone _____

3. _____ Relationship _____ Telephone _____

Please describe your hobbies, interests, and volunteer work you are involved in.

RENT SUPPLEMENT PROGRAM
 The Provincial and Federal Governments provide financial assistance to eligible tenants of the Castle Rock Family Housing Complex units to limit their Rent Contribution to 30% of gross household income.

DECLARATION: Please read and sign this statement:

I understand that this application does not constitute an agreement on the part of the SSCSS to provide me with rental accommodation. I hereby certify that the information given in this application is true, correct and complete in every respect to the best of my knowledge and can be documented, if so required by SSCSS. **I understand that it is my responsibility to advise SSCSS of any changes to the information above.**

Pursuant to the Freedom of Information and Protection of Privacy Act, I/we give the housing providers my/our consent to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation, or social agency to release to the housing providers any information pertinent to the assessment of my/our application. I/we authorize consent to the housing providers receiving and exchanging , with credit bureaus and my/our previous landlords, credit and other information about me/us.

If accepted as a tenant, I agree to observe the rules of the housing project and to pay the assessed rent promptly when it is due.

Signed _____ Date _____

Co-Applicant _____ Date _____