

APPLICATION FOR TENANCY

PLEASE TYPE OR PRINT CLEARLY

OFFICE USE ONLY

File # _____ Date: _____

Personal Information

Applicant Last Name	First Name & Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Social Insurance Number	Date of Birth: Year/Month/Day	Age

Co-Applicant Last Name	First Name & Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Social Insurance Number	Date of Birth: Year/Month/Day	Age

Residential Address (Suite, street number and street name)	City	BC	Postal Code
Mailing Address (complete only if different from mailing address listed above)			
Home Phone #	Alternate Message Phone # (optional)		
Authorized Contact Person and Relationship to you	Authorized Contact Number (optional)		
Email Address			

By providing an authorized contact, you are giving permission to Kiwanis to exchange information with that authorized contact in order to maintain and update your file.

Please check any of the following that apply (living situation in this new unit):

1. <input type="checkbox"/> Living alone	2. <input type="checkbox"/> Living with a spouse or common-law partner	3. <input type="checkbox"/> Living with family member(s)	4. <input type="checkbox"/> Sharing with another adult
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Please list all other persons to be living with you in this new unit (Attach a separate page if more space needed)

Name	Date of Birth: Year/Month/Day	Social Insurance Number
1.		
2.		

Please check the unit type you are applying for:

<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom
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Residency Information (Please Print)

How long have you lived in Canada? _____ When did you move to B.C.? _____

How long have you lived at your current address? _____ Former Kiwanis Resident? _____

If you have lived at your current address for **less than 12 months**, please list your previous British Columbia addresses for the last 12 months.

Street Address	City / Town	From Date	To Date
What is your Status in Canada? Please provide proof.		<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident

Rent Information

Proof of rent is required: Current Rent Receipt, copy of recent rent Increase Notice, or copy of your Lease or Tenancy Agreement

Your current monthly rent: \$ _____ (Do not include hydro, cable or parking in rent amount.)

Is your monthly charge subsidized? ☐ Yes ☐ No

Does your rent include heat? ☐ Yes ☐ No

Please print your Landlord's name and phone number.

Name: _____ Phone: _____

Asset Information

All assets including non-taxable sources must be declared (Attach a separate page if more space needed)

Assets: Include <u>all</u> value of assets for the applicant and all adults (treated as Co-Applicants) in the household.	Applicant Total Value	Co-Applicant Total Value
Cash/Bank Balance		
Stocks/Bonds/Term Deposits/Mutual Funds		
Residential Real Estate		
Vehicle		
RRSP		
Other Asset (specify)		
Other Asset (specify)		

Income Information

All income including non-taxable sources must be declared. Proof of Income is required.

Please list all **current** sources of income, including income from non-taxable sources. Income includes, but is not limited to:

Income Source: Include all income sources for both applicant and spouse. Attach a separate page if required.	Applicant Gross Monthly Amount	Co-Applicant Gross Monthly Amount
Old Age Security (OAS)	\$	\$
Guaranteed Income Supplement (GIS)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Employment	\$	\$
Employment Insurance	\$	\$
Company Pension Plan (e.g. Superannuation)	\$	\$
Personal Pension Plan Benefits (RRSP, RRIF)	\$	\$
Foreign Pensions not declared on tax return (in Canadian Funds)	\$	\$
Foreign Pensions declared on tax return	\$	\$
Spousal Support / Alimony	\$	\$
Self Employment or Business Income	\$	\$
Interest Income or Dividends	\$	\$
Rental Income (attach schedule from tax return)	\$	\$
Disability Pension from Veterans Affairs Canada	\$	\$
Disabled Veterans Allowance (DVA)	\$	\$
War Veterans Allowance (WVA)	\$	\$
Income Assistance	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$

If you are receiving a Disability Pension from Veterans Affairs Canada, does it include an Attendant Care Allowance?

☐ Yes ☐ No If yes: Amount: \$ _____

Declaration

The information you give will be kept confidential.

The *Freedom of Information and Protection of Privacy Act* covers the collection, use and disclosure of personal information in Richmond Kiwanis Senior Citizens Housing Society files. If you have questions about the Society's use of your information, please email manager@richmondkiwanis.ca.

1. I declare:

- This is my/our application.
- All the information in it is true and complete to the best of my/our knowledge and belief.

2. I/We permit/consent:

- Richmond Kiwanis Senior Citizens Housing Society and their agents to verify any of the information I/we have provided in this application in order to access my/our eligibility for the Richmond Centre Tower G.
- Richmond Kiwanis Senior Citizens Housing Society and their agents to obtain credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information.

3. I/We hereby request and authorize:

- Canada Revenue Agency (CRA)
- Human Resources Development Canada – Income Security Programs
- Veterans Affairs Canada
- BC Ministry responsible for income assistance and
- Any other agency providing me/us with a source of income:
To release to an authorized representative of Richmond Kiwanis Senior Citizens Housing Society any relevant documents and information on my/our net and gross income and any earned income, including but not limited to Income Tax returns, Applications for Guaranteed Income Supplement, and Spouse's Allowance.

4. I/We acknowledge and agree that:

- The Society will audit some applications which may be adjusted if the audit reveals errors or omissions in any information.
- It is my/our responsibility to immediately inform the Society of any changes in my/our address, rent, income, marital status, family size, or people sharing my/our accommodation.

Signature of Applicant	Date
Signature of Co-Applicant (if applicable)	Date
Have you granted Power of Attorney to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach Power of Attorney papers	

Application Checklist

Before sending in your application, please review the following checklist to ensure that all required information is included to assist with timely processing of your application.

Applicants (and all adults in the same household are Co-Applicants):

Please attach copies of ALL of the following documents:

Proof of Income	<input type="checkbox"/>	Income Tax Notice of Assessment and T1 General detailed Income Tax return.
	<input type="checkbox"/>	Proof of current gross monthly income, from all sources (copies of cheques, cheque stubs, and bank statements showing direct deposit, T-slips or other income statement).
	<input type="checkbox"/>	If you (or your spouse) have income from self employment or business income, attach Statement of Income and Expenses from Income Tax return.
Proof of Age	<input type="checkbox"/>	Birth Certificate, Driver's License, or Passport.
Proof of Rent	<input type="checkbox"/>	Current Rent Receipt, copy of recent Rent Increase Notice, or copy of your Lease or Tenancy Agreement.
Bank Information	<input type="checkbox"/>	Last 3 months bank statements.
	<input type="checkbox"/>	Completed declaration of assets form.

Other Important Information

- Signature:** Please sign the declaration on page 4. Unsigned applications will be returned for signature before they can be processed.
- Notification:** Once your application has been processed, notification will be sent by email or mail.
- Changes:** It is important that you notify the office if there is any change to your income, the number of people living with you, if you receive a rent increase or if you move.
- Mail:** Applications are to be completed and mailed to the below address:

Richmond Kiwanis Senior Citizens Housing Society
c/o Metrohomes Realty Ltd.
Suite #100 – 7388 Gollner Avenue
Richmond, B.C.
V6Y 0H4

****NO PHONE CALLS OR IN-PERSON DELIVERY OF APPLICATIONS****

Application Guidelines

Please read the following application conditions carefully in preparation of the application being received by the Richmond Kiwanis Senior Citizens Housing Society or it's appointed representative.

Eligibility Requirements:

- Canadian Citizens or Permanent Residents of all ages can apply.
- Neither the Applicant nor their spouse can be under private sponsorship of immigration.
- Total household assets, excluding RRSP, must not exceed \$350,000.
- Annual household income not higher than \$52,236 for a Studio unit.
- Annual household income not higher than \$62,064 for a 1-bedroom unit.
- Annual household income not higher than \$76,572 for a 2-bedrooms unit.
- Annual household income not higher than \$80,568 for a 3 bedrooms unit.
- Each bedroom has to accommodate a minimum of 1 person and up to 2 people.
- Priority will be given to seniors of age 55+ and the workforce within a 5km radius from the property.

You must provide and attach the following with your application. Incomplete package will not be entertained.

- Copies of Income Tax Return and Tax Assessment from all adult household members for the past 2 years.
- Bank statements for each and every bank account from all adult household members for the immediate past 3 months.
- Credit check report of the Applicant from a legitimate Canadian credit bureau.
- A completed Application Form.

Applications:

The application form can be downloaded on the Richmond Kiwanis website at www.richmondkiwanis.ca when the application process is open.

Application Approval Process:

Once the above points have been met and the application has been received by the Kiwanis Office, your application will be reviewed. It will then be determined, based on the application details and eligibility requirements, if you qualify for housing in the Richmond Centre Tower G.

Applications are to be completed with supporting documentation and mailed to the below address:

Richmond Kiwanis Senior Citizens Housing Society
c/o Metrohomes Realty Ltd.
#100 – 7388 Gollner Avenue
Richmond, B.C.
V6Y 0H4

Applications will NOT be accepted in person at the above address.

This review process may include an interview with Kiwanis representative(s) to clarify any issues with the application review. **Incomplete applications without proper supporting documents will not be processed.**

After the review process is complete, applicants will be advised by a confirmation letter on whether they have been approved or not approved for housing at the building. The confirmation letter will be mailed within 6 weeks once the application is received. Please note that demand is high for accommodations at Richmond Centre Tower G – meeting all requirements does not ensure acceptance.

Approved Applicants/Unapproved Applicants:

If you are approved through the review process, you will be added to the waitlist. Applicant(s) are offered a suite as the suites become available. The applicant(s) has one opportunity to rent the suite that is available. Refusal to rent the available suite will void your application on file. Suites are not shown to applicants prior to the start of the tenancy.

Those applicants on the waiting list will be kept on file for a maximum period of 6 months, after which time the application will be discarded. Kiwanis has a 6-month limitation on keeping the applications and files are discarded after the limitation period. Applicants wishing to maintain their names on the waiting list will be required to contact Kiwanis in writing prior to the end of the stated period. Applicants must provide a letter stating to extend the timeline by another 6 months and provide any updated information such as tax information or bank statements.

For those applicants who are not approved, notification will be provided to you in writing after the application review is completed.