



# SMITH & FARROW RENTAL APPLICATION

**THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED FOR YOUR RENTAL APPLICATION**

DO YOU IDENTIFY AS AN INDIGENOUS? **YES** ☐ **NO** ☐

DO YOU REQUIRE AN ACCESIBLE UNIT? **YES** ☐ **NO** ☐

ARE YOU REGISTERED WITH BC HOUSING? **BCH#:** \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Line A – Primary Applicant followed by all other persons in your household who will be living with you.

**Check Unit Type you are applying for:**

\_\_\_1 BEDROOM - 544 sq ft      \_\_\_1 ACCESSIBLE – 680 sq ft      \_\_\_\_2 BEDROOM – 790 sq ft

FULL NAME	DOB MM/ DD/YR	AGE	SEX	RELATIONSHIP TO APPLICANT
A.				APPLICANT
B				
C.				
D.				

Do you anticipate the size of your household to change in the next 12 months **YES** ☐ **NO** ☐  
If yes, please explain:

**DIFFERING ABILITIES/HEALTH CONCERNS** List any member of the household with significant mobility/health concerns

NAME	WHEELCHAIR/ SCOOTER/WALKER	TYPE OF DIFFERING ABILITY/HEALTH CONCERNS
	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Do you require a Homemaker or Care Aide **YES** ☐ **NO** ☐

If yes, approximately how many hours of care per day/week: \_\_\_\_\_



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**INCOME INFORMATION** List Gross monthly income (i.e. before deductions) for all members of your household, from all income sources. If selected proof of income must be provided.

FIRST & LAST NAME	SOURCE (ex. Employment, PWD, EI, Pension(s), WCB etc.)	MONTHLY GROSS INCOME
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL GROSS MONTHLY INCOME FOR HOUSEHOLD</b>	\$

**ASSETS** List current value of assets held by you and members of your household

CASH/BANK BALANCE	\$	OTHER (ex. TFSA, RRSP etc.)	\$
STOCKS/BONDS/TERM DEPOSITS	\$		\$
REAL ESTATE OWNED	\$		\$

**LANDLORD REFERENCE** List your address(es) over the past two years

Current Address	Rent/ Mortgage	Landlord Name	Phone No.
	\$		
	\$		
	\$		

Have you at any time lived in VRS accommodation **YES** ☐ **NO** ☐

If yes, what was the name and/address of that development? \_\_\_\_\_



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What were the dates of your residency From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Primary Tenant: \_\_\_\_\_

If you have a pet, you must register the type and age below. A pet deposit equivalent to 50% of market rent will apply. This amount will be added at the beginning of your tenancy.

**NOTE:** Service animals are excluded from the pet deposit with proof of license.

Type of Pet(s): \_\_\_\_\_

Age of Pet(s): \_\_\_\_\_

Are under notice to terminate your present tenancy? **YES** ☐ **NO** ☐

If yes, a copy of Notice to Terminate from your Landlord must be attached to this application.

If you are not under notice, why do you wish to move? Provide details below:

### NOTE:

The demand for subsidized housing far exceeds the available supply. VRS keeps applications for six months from the date received. Applicants that remain in need of housing after six months are encouraged to re-apply.

Email completed form and supporting documentation to [applicants@vrs.org](mailto:applicants@vrs.org)