AFFORDABLE HOUSING RENTAL APPLICATION

VRS COMMUNITIES SOCIETY – TENANCY APPLICATION FORM

Please complete the application below. Applicant(s) must demonstrate that they meet VRS's eligibility criteria relating to income, number of occupants (as determined by the Canadian National Occupancy Standards). This application does not create a tenancy or constitute a residential tenancy agreement with VRS. This application only constitutes an application to rent which is subject to VRS's Property Management Department sole discretion to accept in writing.

Please note that VRS will not process incomplete applications.

If you have any questions about completing this Application or the information collected on this Application, please contact VRS by e-mail at applicants@vrs.org or by calling 236 477.2643

APPLICANT(s) INFORMATION

ARE YOU A CANADIAN VETERAN? **YES** ☐ **NO** ☐

SERVICE/REGIMENTAL NO. for PURPOSE OF VFS: _____

K NUMBER: _____

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

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

ARE YOU REGISTERED WITH BC HOUSING? **BCH#:**_____

HOUSING PREFERENCES

UNIT SIZE	**LOCATION**
☐ 1b ACC – 644 sq ft ☐ 1bd – 544 sq ft ☐ 2 bd – 790 sq ft	☐*AUSTIN- NO VACANCIES* ☐*BLAIR COURT – NO VACANCIES* ☐**BOFFO** ☐*ELEANOR – NO VACANCIES* ☐*LVV – THE VALORIE – TENANTS ARE CHOSEN FROM BCH REGISTRY*

PRIMARY APPLICANT INFORMATION

Name:
Phone Number:
Email:
Current Address:
Current Rent/Mortgage Payment:

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Duration of Tenancy:
Current Landlord Name:
Current Landlord Phone Number:

CO-APPLICANT INFORMATION

Name:
Phone Number:
Email:
Current Address:
Current Rent/Mortgage Payment:
Duration of Tenancy:
Current Landlord Name:
Current Landlord Phone Number:

HOUSEHOLD INFORMATION

List all proposed household members, including the Applicant(s)

Last Name	**First Name**	**Relationship to Applicant**	**Birthdate (DD/MM/YYY)**

Do all the people listed above live with the Applicant(s) full time? **YES** ☐ **NO** ☐

If no please provide the name(s) of the person(s) and the number of days per week they live with you:

Name	**Days per week**	**Shared Custody**
		YES ☐ **NO** ☐
		YES ☐ **NO** ☐

Do you expect the number of people living with you to change in the next 12 months? (for example, because of pregnancy, family joining, family leaving, child in care) **YES** ☐ **NO** ☐

If yes, please explain:

_____

_____

_____

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INCOME & ASSET INFORMATION

Required to establish Low- & Moderate-Income eligibility and confirm Assets are below limits set by BC Housing

Proof of income must be provided for the Applicant(s) as well as all adult household members identified in this application. Please attach the following to your application:

- **Notice of Assessment for current year** from Canada Revenue Agency
- **If employed,** copies of three consecutive paystubs which show your gross income
- **If self-employed,** copy of Statement of Business Activities and Income Tax Return
- **Other Income,** provide income letter from VAC, PWD, IA, Service Canada, private pension etc.

INCOME SUMMARY

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

ASSETS List current value of assets held by you and members of your household – **Total value of Assets not to exceed $100, 000**			
CASH/BANK BALANCE	$	OTHER (ex. TFSA, RRSP etc.)	$
STOCKS/BONDS/TERM DEPOSITS	$		$
REAL ESTATE OWNED	$		$

HEALTH & MOBILITY INFORMATION List any member of the household with significant mobility/health concerns:

NAME	**WHEELCHAIR/SCOOTER/WALKER**	**COMMENTS**
	YES ☐ **NO** ☐	
	YES ☐ **NO** ☐	

NOTE: It is the responsibility of the tenant to have a certified vendor install additional adaptive equipment such as grab bars; standing poles; lifts; automatic door openers etc.

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PETS

If you have a pet you most register the type, license number and age below. A pet deposit equivalent to 50% of market rent will apply and is due at the start of tenancy.
NOTE: Service animals are excluded from the pet deposit with proof of license

Type of Pet(s): _____

License or ID number: _____

Age: _____

HOUSING HISTORY

Have you lived in VRS accommodation in the past? **YES** ☐ **NO** ☐

If yes provide the name and address of the development: _____

What were the dates of your residency: _____

NOTES:

The demand for subsidized housing far exceeds the available supply.
Email completed form and supporting documentation to applicants@vrs.org