



## **CMHA SHUSWAP/REVELSTOKE AFFORDABLE RENTAL – APPLICATION**

CMHA Shuswap/Revelstoke (CMHA) Affordable Rent units have rent amounts that are not determined by household income. These units are priced below average private-sector market rents. Applicants must have sufficient income to afford the rent and maximum household income applies in some cases. Pets may be allowed in some units. Rent for these units are subject to periodic increases according to Residential Tenancy Branch guidelines.

### **CMHA Affordable Housing Location Preferences** **Tell us where you would like to live:**

#### **THE TERRACE**

☐ 3110 - 2 Avenue NE

#### **LARCH PLACE & BIRCH PLACE**

☐ 540 - 3 Street SW

### **Return your completed CMHA Affordable Rent application to:**

**By Mail:** CMHA - Shuswap/Revelstoke, PO Box 3275, Salmon Arm, BC V1E4S1

**In Person:** Drop off at the CMHA admin office @ 433 Hudson Ave NE

**By Email:** info.sr@cmha.bc.ca      **By Fax:** 250-832-8410

### **Help and Information**

If you require help completing your application please contact the Housing office @ 250-832-8477 x121.

### **Consent of Information:**

*CMHA's purpose in obtaining your personal information is to provide you with adequate and appropriate housing opportunities. Any information kept by CMHA will be stored and secured in accordance with Canada's Personal Information Protection and Electronic Documents Act (PIPEDA). At anytime you can withdraw your consent and CMHA will destroy your information safely. This also means CMHA will no longer provide you with housing opportunities.*

## Application for Affordable Rental Units

### APPLICANT INFORMATION

FULL NAME:				HOME PHONE:	
CURRENT ADDRESS:				WORK PHONE:	
CITY:			POSTAL CODE:		CELL PHONE:
BIRTHDATE:	MONTH:	DAY:	YEAR:	EMAIL:	

### CO-APPLICANT INFORMATION, IF APPLICABLE

FULL NAME:				HOME PHONE:	
CURRENT ADDRESS:				WORK PHONE:	
CITY:			POSTAL CODE:		CELL PHONE:
BIRTHDATE:	MONTH:	DAY:	YEAR:	EMAIL:	

### ADDITIONAL HOUSEHOLD MEMBERS, IF APPLICABLE

FULL NAME:	BIRTHDATE:			GENDER:	RELATIONSHIP TO APPLICANT:
	M:	D:	Y:		
	M:	D:	Y:		
	M:	D:	Y:		
	M:	D:	Y:		
	M:	D:	Y:		
	M:	D:	Y:		

Do any of the above, 19 or older who are not a dependents have income? ☐ YES ☐ NO  
If so, list income source(s) and gross monthly amounts.

Do you expect your family size to change in the next 12 months? ☐ YES ☐ NO

## Application for Affordable Rental Units

### AUTHORIZED CONTACT PERSON

NAME:		
RELATIONSHIP:	ADDRESS:	
CITY:	PHONE:	

### EMPLOYMENT/INCOME INFORMATION

APPLICANT'S CURRENT EMPLOYER:	PHONE:
ADDRESS:	GROSS* MONTHLY INCOME:
APPLICANT'S PREVIOUS EMPLOYER: (IF TIME AT CURRENT EMPLOYER IS LESS THAN 2 YEARS)	PHONE:
ADDRESS:	GROSS* MONTHLY INCOME:
OTHER SOURCE(S) OF INCOME:	GROSS* MONTHLY INCOME:

\*GROSS MONTHLY INCOME means income before tax.

### ASSETS - LIST THE CURRENT VALUE OF ALL ASSETS HELD BY YOU AND MEMBERS OF THE HOUSEHOLD

CASH/BANK BALANCE:	RRSP's/ANNUITIES:
STOCKS/BONDS/TERM DEPOSITS:	RESIDENTIAL REAL ESTATE:
OTHER ASSETS (describe):	OTHER REAL ESTATE HOLDINGS:

### HEALTH AND MOBILITY

Do any members of your household have health or mobility issues that we need to be aware of in terms of providing you with appropriate housing options? Please explain.

## Application for Affordable Rental Units

### LANDLORD REFERENCE HISTORY (list most recent first)

ADDRESS:	FROM:	TO:	LANDLORD'S NAME:	CONTACT #:

Have you at any time lived in subsidized housing? ☐ YES ☐ NO

If so, where?	When?
---------------	-------

### PERSONAL REFERENCES

NAME:	
RELATIONSHIP:	ADDRESS:
CITY:	PHONE:

NAME:	
RELATIONSHIP:	ADDRESS:
CITY:	PHONE:

**DECLARATION** *Please read carefully and sign this agreement***I/We Declare:**

- This is my application; and
- All information provided is correct and completed to the best of my knowledge and belief.

**I/We Authorize:**

- Pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) and Protection of Privacy Act (PIPA), CMHA has permission and/or is authorized to make any inquiries that are necessary to verify the information given in this application;

**I/We Understand:**

- That this application does not constitute any agreement on the part of CMHA to provide me/us with rental accommodation;
- That it is my/our responsibility to advise the Society of any changes to the information given in this application and to provide any supporting materials required for my/our application; and,
- That I/We must update our application and/or indicate our continued interest in housing every six months for our application to remain active.
- That current income information must be provided if/when I am offered tenancy it will be used to determine eligibility.
- That eligibility for housing and rental amounts are partly determined by household income and asset information.
- This application is for housing operated by CMHA on behalf of BC Housing.

Please initial to acknowledge understanding:	Applicant	Co-Applicant
1. I/We understand I/We must sign a tenancy agreement before I move into this housing.		
2. I/We will provide income information and financial information for all household members to determine eligibility.		
3. I/We understand the Society has the right to inspect my unit monthly as per the Residential Tenancy Act.		
4. I/We understand peaceful living conditions is required, for myself as well as my neighbours. Breach of this requirement may affect my tenancy.		

**SIGNATURE**

APPLICANT:	MONTH:	DAY:	YEAR:
CO-APPLICANT:	MONTH:	DAY:	YEAR:

**OFFICE USE ONLY**

RECEIVED BY:	MONTH:	DAY:	YEAR:
REVIEWED BY:			