

LANGLEY LIONS HOUSING SOCIETY

Office Mailing Address: 5464 – 203rd St, Langley, BC. V3A OA4
Office Phone: 604 530-7171 Office Fax: 604 530-7104

DATE _____ **APPLICATION FOR RESIDENCY**

Name in Full (please print clearly) _____

Present Address _____

Phone number _____ Additional Contact # _____

Married/Common Law () Single () Divorced () Widow () Widower ()

Date of Birth ____/____/____ Social Insurance Number

_____ Mm/ day/ year

How many years have you lived in Canada? _____ British Columbia? _____

Present accommodation _____ Rent \$ _____ Is a notice required?

How soon would you like to move in? _____

Do you own a car? _____

MONTHLY INCOME (Indicate amounts \$\$\$) CANADA PENSION (CPP) _____

OLD AGE SECURITY (OAS) _____ GUAR. INC. SUPP. _____

SUPERANN _____ WVA _____ BC BENEFITS _____

OTHER _____ TOTAL MONTHLY INCOME: _____

Assets: (please list the current value of all assets)

Cash/Bank Balance \$ _____ Stocks/Bonds/Term \$ _____

Real Estate Value _____

Next of Kin

Name _____

Address _____

Phone _____ Relationship _____

IN CASE OF AN **EMERGENCY** WHOM SHOULD WE NOTIFY?

Name _____

Address _____

Phone _____ Relationship _____

Request for Studio (bachelor) Unit _____ One Bedroom Unit

(Please list your Residency History for the past 2 years.

1) Address _____

Name of Landlord & phone number: _____

From _____ to Date _____

2) Address: _____

Name of Landlord & phone number: _____

From Date _____ to Date _____

#3) Address: _____

Name of Landlord & phone number: _____

From _____ to Date _____

Have you previously lived in subsidized accommodation yes () no ()

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

What were your dates of residency? From _____ to _____

DECLARATION: Please read and sign this statement below

Who is Eligible?

Permanent residents of Canada, residing in British Columbia who are not under sponsorship. Affordable housing is available for seniors, and adults with disabilities who can live independently.

Each application is assessed by need for housing based on criteria which includes the applicant's income, current living situation and personal requirements as compared to other applicants. This ensures that priority is given to households in the greatest need.

Pursuant to the Freedom of Information & Protection of Privacy Act, I/we give the Society, 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 Society any information important to the assessment of my/our application.

I/We authorize consent to Housing Providers receiving and exchanging, with credit bureaus & my/our previous landlords with whom I/We have had dealings, credit and other information about me/us. I/We understand that such information will be a factor in the Housing Providers decision to provide me/us with rental accommodation.

The Society prohibits pets.

I/We understand that the information on this application may be shared with other social Housing Providers in order to increase my/our opportunities for subsidized housing.

Signature of Applicant

Date

Signature of Applicant

Date