

HWUL'A'MUT HOUSING SOCIETY APPLICATION

Date: ___ / ___ / ___

APPLICANT INFORMATION

NAME: _____ STATUS #: _____
LAST FIRST INITIAL

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LAST FIRST INITIAL

TYPE OF HOUSING APPLIED FOR

Rental Apartment: (for 50 unit Apartment Building)

How many parking stalls do you need? _____

How many vehicles do you have? _____

1. GENERAL

1.1 Accuracy and Completeness

All questions in the application must be answered completely.

All questions must be answered accurately. Any misleading information will result in the application being disqualified at the time the inaccuracy is discovered. If you have any questions, please talk to the Housing Officer.

1.2 Review

When the application has been submitted to the Housing Officer, the application will be reviewed with you. Both the Applicant and the Housing Officer must sign the bottom of the application stating the application has been reviewed before it can be accepted.

1.3 Confidentiality

All application information is for the sole purpose of assisting in the allocation of new housing. All information will be held in confidence by the Housing Office.

1.4 Renewal

Applications must be renewed annually. Applications over 13 months that have not been updated or renewed will be considered inactive. Renewing housing applications annually allows for housing need and situation to be reflected accurately, keeps contact information current and demonstrates interest in obtaining housing on reserve.

2. HOUSING INFORMATION

2.1 Residence in the last 5 years, beginning with current

Address **Landlord** **Phone #**

2.3 Previous Application

Have you made a previous application for a house? Yes No

If YES, when? First:_____ Most recent:_____

Copy on file? (Housing Officer) Yes No

2.4 Home Ownership

Do you presently own a home? Yes No

If YES, what is the address?_____

2.5 Current Occupancy

How many bedrooms does the house where you are living have?_____

How many people live in the house? Adults_____ Children_____

2.6 In-Home Care

Will you be providing in-home care for a family member, relative, or friends in the house?

Yes No

If YES, for whom, and what level of care? _____

2.7 Disability

Do you have a medical designation as a Person with a Mobility Disability with markedly or significantly restricted mobility for a prolonged period of time (at least 6 months, an official medical / doctor document is required). Yes No

2.8 Occupancy

The house being applied for will be occupied by the following people (list all proposed occupants and where they presently reside:

Name	Age	Sex	Current Residence

Pets:

Type of Animal	Age	Sex	Name and Description (weight, size, colour, etc.)

2.9 Foster Care

Do you expect to apply to be registered as a Foster Home? Yes No

Do you anticipate having children live with you under GFA? Yes No

How long do you expect to be a foster parent or under GFA? _____

2.10 At Risk For Fleeing Violence

Are you a TWN member in need / desire of social services (ex. Mental Wellness) or have children needing social services? Yes No

2.11 Other Comments Regarding Housing Information

Write down any other comments that you feel are important in applying for a house. Include any details regarding current living conditions. Please list any personal references you wish to include if you don't have three or more employer references. **Attach other sheet if necessary.**

3. PERSONAL INFORMATION

3.1 Contact Name and Address

Name of Applicant _____ Phone No. _____
 Name of Applicant _____ Phone No. _____
 Mailing Address _____ House No. _____
 _____ Email _____

3.2 Dependent Children

Name (First, Initial, Last)	Age	Relationship (Natural, Foster, GFA)
1.		
2.		
3.		
4.		
5.		

3.3 Adult Dependents (other than Applicants)

Name (First, Initial, Last)	Age	Relationship to Applicant(s)
1.		
2.		
3.		
4.		
5.		

3.4 Marital Status

1. Married 2. Single parent 3. Common law 4. Divorced/separated
 5. Single 6. Widowed

3.5 Employment and Other Income

3.5.1 Employment

1. Employer's Name _____ Phone No. _____
 Address _____
 Your occupation _____ Rate of pay: \$ _____ per _____
 Dates: Start ____ / ____ / ____ End ____ / ____ / ____
 Revised 06/2022 Applicant _____ RM File No. _____

2. Employer's Name _____ Phone No. _____

Address _____

Your occupation _____ Rate of pay: \$ _____ per _____

Dates: Start ____/____/____ End ____/____/____

3. Employer's Name _____ Phone No. _____

Address _____

Your occupation _____ Rate of pay: \$ _____ per _____

Dates: Start ____/____/____ End ____/____/____

3.5.2 Other income

Employment Insurance: 1. Yes If yes, biweekly income _____ 2. No

Income Assistance: 1. Yes If yes, monthly income _____ 2. No

Pensioner: 1. Yes If yes, monthly income _____ 2. No

Education Living Allowance 1. Yes If yes, monthly amount _____ 2. No

Student Loan 1. Yes If yes, annual amount _____ 2. No

Proof of Income (Proof required for every household member who is age 19 or older). Must include both with application:

Current valid identification: Status card, driver's license, passport, or BC Health Card. (minimum one member on application must be a TWN member and provide a current status card)

2021 Income (2021 Notice of Assessment and all T-slips)

3.6 School

Attending school, college, university: 1. Yes How many years left _____ 2. No

3.7 Present Monthly Housing Costs

Rent _____ BC Hydro _____ Service Charges (water, sewer) _____

Phone _____ Fuel _____

4. SIGNATURES

I/We hereby certify that the information in this application is accurate and true.

This application has been reviewed with the Housing Officer.

SIGNED:

APPLICANT: _____ DATE: _____

APPLICANT: _____ DATE: _____

Please update the application whenever there are any changes in your family or housing situation.

This application has been reviewed and received. A copy will be given to the Applicant(s).

HOUSING OFFICER: _____ DATE: _____

How to Submit Application:

Email application to housing@twnation.ca or drop off/mail at Reception, to the attention of Housing, at the Administration Building (3178 Alder Court, North Vancouver, BC, V7H 2V6).

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