

**APPLICATION: AFFORDABLE HOUSING FOR 55 PLUS**

**ALL UNITS ARE NON-SMOKING**

**Explanation of our Society and non-profit housing:** The Kamloops Branch of the Canadian Mental Health Association (CMHA) is a registered non-profit society formed in 1982 that works with individuals, families and agencies in the region offering a variety of services. We do not just serve people with a mental illness. We believe that housing and other aspects of our services are crucial to maintaining good mental health. In addition to Mental Health education, advocacy and programming, we offer shelter services, services to low-income people, and housing.

**A. Applicants:** (Person (s) asking for accommodation) **this application must be filled in completely otherwise CMHA will not process your request for housing.**

Last name:		First name:		Home/cell Phone:	
Date of Birth: month/date/year			Email address:		
Last name:		First name:		Home/cell Phone:	
Date of Birth: month/date/year					
Current address: suits, house number, street, city, province, postal code:					
<b>BC HOUSING REGISTRY NUMBER:</b>					

**B. Residency History:** (please list your last two addresses)

Address:	From Date	To Date	Name of Landlord	Landlord Phone No.

**C. Income Information:** (List all members of your household)

First Name	Source of income	Gross Monthly Income
TOTAL		\$

**D. Reason for move:**

Are you under notice to end your present tenancy? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please attach a copy of the legal notice to end a residential tenancy form your landlord. If you are not under notice, why do you wish to move? (please be specific)

**E. References: By signing this application, I allow CMHA Kamloops Branch to contact the following persons**

Name:	Title:	Phone no:
1.		
2.		
3.		

**F. Pets:** CMHA does not allow pets in the 15 units we manage at Golden Vista Suites

**DECLARATION:** Please read and sign this statement.

**I/We declare:**

- This is my application
- All the information in it is correct and complete to the best of my knowledge and belief

**I/We authorize:**

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), CMHA Kamloops to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation, or social agency to release to CMHA Kamloops any information pertinent to the assessment of my/our application; and
- CMHA Kamloops to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to the used in the decision making process to provide me/us with rental accommodation.

**I/We understand:**

- That this application does not constitute any agreement on the part of CMHA Kamloops to provide me/us with rental accommodation; and
- That it is my/our responsibility to advise CMHA Kamloops of any changes to the information given in this application and to provide any supporting materials required for my/our application.

SIGNATURE OF APPLICANT:	DATE: month/date/year
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