



Subsidized Housing Application

Who is eligible to apply?

- Those who identify as women with or without children who have experienced intimate partner violence/abuse.
- RVCS can only house adult males listed as dependents under 19.
- Must fall under the Housing Income Limits (HILS):
 - [2023 Housing Income Limits \(HILS\) - Effective January 1, 2023 \(bchousing.org\)](https://www.bchousing.org)
- Upon Intake resident must fill out and sign a rent subsidy application alongside their tenancy agreements.

Privacy Declaration

- All personal information collected will be used by RVCS to provide quality services.
- All personal information will be kept strictly confidential.
- All personal information will not be shared with anyone unless specific consent has been provided or in extenuating circumstances where life is at risk.

Applicant Information

Subsidized Housing programs typically receive more than one application when there is space available. In order to assess your eligibility and to assist us in determining which applicant would be the best fit for the program, we need to ask information about your circumstances.

Please ensure your application is complete, and include all additional comments or information that you would like us to know in considering your application on a separate piece of paper.

Date of Application:

Applicants Last Name:

Pronouns:

Applicants First Name:

Date of Birth:

Current Address:

How long have you been at your current address?

Do you identify as Indigenous? YES NO

If yes, are you: STATUS NON-STATUS METIS INUIT Nation:

Languages Spoken:

Immigration Status: CANADIAN CITIZEN/PERMANENT RESIDENT

OTHER

If other, please describe:

Safe Contact Number:

Safe E-Mail Address:

Other source of contact (eg. Family, friend, or co-worker):

Are there any cultural practices you would like RVCS be aware of?

Emergency contact:

Next of kin:

Family Information

- **Household Composition:** List yourself on line 1, then list all of the other persons in your household who will be living with you.

Full Name (surname first)	Birthdate DD/MM/YYYY	Age	Gender Identity	Relationship to Applicant
1.				Applicant
2.				
3.				
4.				
5.				

If you require more space for children, please write the information down on a separate piece of paper and attach it to your application.

Continue to Page 3 →

- Do you expect an increase or decrease in the number of children in your care over the next 6 months to 1 year?
 - NO
 - YES

If yes, please explain:

- Will you require childcare services for any of your dependents?
 - NO
 - YES
- Do you have any pets?
 - NO
 - YES

If yes, please fill out separate "Pet Application" form and attach it to your application.

- Do you have any medical conditions?
 - NO
 - YES

If yes, please provide details:

- Do you have any mobility issues?
 - NO
 - YES

If yes, please provide details:

Continue to Page 4 →

Residency History

Please provide information on where you have lived the last 5 years, listing your current residence first:

Address	From dd/mm/yy	To dd/mm/yy	Landlord Name	Landlord Phone	Reason for leaving

Continue to Page 5 →

Income

- 1) Total monthly income (do not include Child Tax Benefit): \$
- 2) Please list income sources and gross monthly amounts (before deductions) for all members of your household, from all sources of income:

Income Source (eg. Employment, Income Assistance, Pension(s), Child Support, etc)	Amount
1.	
2.	
3.	
4.	
5.	
6.	

Assets: Please list current value of all assets held by you and members of your household.

Cash/Bank Balance	Savings	Value of Real Estate Owned
\$	\$	\$

Reasons for Application

- 1) Please tell us about your reasons for wanting to move into RVCS Subsidized Housing:

Authorization, Declarations, and Understandings:

AUTHORIZE COLLECTION OF PERSONAL INFORMATION: I authorize Robson Valley Community Services and/or their representatives to make any inquiries that are necessary to verify the information given in this application and I authorize any person, corporation, government department, government agency, or a social agency to release to the Society any information pertinent to the assessment of my application, Pursuant to the Personal Information Protection Act and the Freedom of Information and Protection of Privacy Act.

PRIVACY POLICY: The Society's privacy policy is available on a separate form. Due to changes in technology and legal requirements, we may revise this policy from time to time but will update tenants with a current copy if so.

AUTHORIZE SHARING INFORMATION: I authorize and consent to the Society exchanging (receiving and giving) information within the society as needed to ensure safety.

Some reasons why staff must share and/or report information: a) Concerns a child/youth is in immediate risk of harm or may be experiencing physical, sexual, or emotional abuse or neglect; and/or b) Concerns a client may harm themselves or others. Staff member or client files/reports subpoenaed for legal proceedings.

NOT A HOUSING AGREEMENT: I understand that this application does not constitute an agreement on the part of the Society or BC Housing to provide me with housing.

ACTIVE APPLICATION: I understand that it is my responsibility to advise the Society of any changes to the information given in this application and to provide any supporting documents required for my application.

INCOME DOCUMENTATION: I understand that I will be required to supply complete income documentation to the Society in order to confirm whether or not subsidy would be required for the program's housing charge. The required documentation will include all sources of income, assets and the three (3) most current months of all bank statements. I understand that such information will be a factor in the Society's decision to accept me into the Second Stage Housing Program.

By signing this form below, I declare that all the information given in this application is true, correct and complete AND I acknowledge that I have read, understood the authorization, declaration, and understandings above and agree to the authorizations and consents that I have granted in this application.

Signature of Applicant:

Date: