



Smithers Community Services Association



## APPLICATION FOR ACCOMMODATION

Alpine Court Family Housing	<p>Alpine Court is a 24 unit townhouse style family complex with 2 designated handicapped units. 14 units are subsidized based on family income and 10 are rented at the current market rate.</p> <p>This housing complex is a partnership between Bulkley Drive Housing Society and BC Housing.</p>
Broadway House Apartments	<p>Six market rental apartments located in downtown Smithers. These apartments are accessible by an exterior staircase with the Broadway Place Emergency Shelter and the BV Brain Injury Association operating on the main floor.</p> <p>Broadway House is a partnership between Smithers Community Services and BC Housing.</p>
Second Ave / King & Broadway Houses	<p>One bedroom houses that are approx. 650 sq. feet, located within walking distance of downtown Smithers. The houses contain their own laundry facilities and small yard space.</p> <p>These houses are owned and operated by Smithers Community Services.</p>

### Purpose of this Form

This application form is designed to collect specific information from applicants seeking affordable housing. Smithers Community Services Association (SCSA) and Bulkley Drive Housing Society (BDHS) will use this information to determine your eligibility for housing and the type of accommodation that best suit you needs. The information that you supply will be handled in confidence as per the Freedom of Information and Protection of Privacy Act.

Applications are kept on file for six months; please contact our office to renew your application.

Date application submitted:	Application expiry date:
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**Please Note: All properties have a NO SMOKING and NO PET Policy**

## APPLICATION FOR ACCOMMODATION

**ALL SCSA PROPERTIES ARE NO SMOKING AND NO PET COMPLEXES**

**A. OFFER TO RENT** I/We, the undersigned (called the "Applicant"), offer to rent a unit in Smithers, BC known as: (PLEASE CHECK THE APPLICABLE HOUSING COMPLEX)

<b>Alpine Court/Bulkley Drive Housing, 1211 Bulkley Drive</b>			
	Family Unit (2, 3 or 4 bedrooms)		Handicapped Unit (2 bedrooms)
<b>Broadway House Apartments, 3827 Broadway Ave</b>			
	Single Person		Couple
<b>Second Avenue Property, 3951-3965 Second Avenue; 3708 Broadway Ave or 1117 King Street</b>			
	Single Person		Couple

**B. FIRST APPLICANT'S PRIMARY INFORMATION** (Person(s) asking for accommodation)  
 You must use your full legal name.

Last Name	First Name			Date of Birth		
				/Mon /Day /Yr		
Present Address	City			Ph.:		
				Cell:		
↑ E-mail address <input type="checkbox"/>	Rent	Own	How Long?	Current Rent: Includes Utilities?		
Previous Address (if less than 3 years)	City			Rent	Own	How Long?

**C. CO-APPLICANT'S PRIMARY INFORMATION** (Complete the following only where different from First Applicant)

Last Name	First Name			Date of Birth		
				/Mon /Day /Yr		
Present Address	City			Ph.:		
				Cell:		
↑ E-mail address <input type="checkbox"/>	Rent	Own	How Long?	Current Rent: Includes Utilities?		
Previous Address (if less than 3 years)	City			Rent	Own	How Long?

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**D. HOUSEHOLD COMPOSITION:** List yourself on line 1, and then list all of the other persons in your household who will be living with you.

Full Name (surname first)	Birth Date (dd/mm/year)	Age	Sex	Relationship To Applicant	Type of Disability, if any	Wheelchair Requirements
1				<b>Applicant</b>		<input type="checkbox"/> Yes
2						<input type="checkbox"/> Yes
3						
4						
5						
6						

Do you expect the number of people in your household to change in the next 12 months?

Check if yes and please explain: \_\_\_\_\_

Do require a parking space?	License Plate #	Automobile Make/Model	Year

**E. INCOME INFORMATION:** List Gross Monthly Income (before deductions) for all members of your household from all sources. **Current proof of income may be required.**

Name	Source (i.e. Employer, EI, Pension, Gain, etc.)	Gross Monthly Income (\$)
1		
2		
3		
4		
<b>Total Gross Monthly Income</b>		(entire household)

**F. CURRENT ACCOMODATION:** (Please describe your current accommodation below)

<p>Is your present accommodation:</p> <p><input type="checkbox"/> 1. Apartment      <input type="checkbox"/> 2. House/Duplex/Townhouse      <input type="checkbox"/> 3. Housekeeping Room</p> <p><input type="checkbox"/> 4. Basement Suite    <input type="checkbox"/> 5. Room &amp; Board                      <input type="checkbox"/> 6. Trailer                      <input type="checkbox"/> 7. Living with Family/Friends</p> <p><input type="checkbox"/> 8. Hotel/Motel      <input type="checkbox"/> 9. Other (please explain)</p>
<p><b>Reason for leaving:</b></p>
<p>Are you under notice to end your present tenancy? (Check, if yes) <input type="checkbox"/></p> <p>If yes, a copy of the legal Notice to End a Residential Tenancy from your current Rental Property Owner/Manager must be attached</p>

**G. PLEASE LIST REFERENCES:**

	Current Landlord Name	Property Name	Phone Number	Alternate Phone
1.				

\_\_\_\_\_

	Past Landlord Name	Property Name	Phone Number	Alternate Phone
2.				
3.				

**H. COMPLETION OF APPLICATION:**

Before bringing in your **Application for Accommodation** have you:

- Completed your application in full?
- Enclosed proof of gross income?

**I. APPLICANT’S STATEMENTS:**

<p>I/We presently insure our belongings and for third party liability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Note: Rental Property Owners and Managers are not responsible for tenants’ possessions. If accepted, we strongly recommend that you carry tenants’ insurance</b></p> <p><b>DECLARATION:</b> Please read and sign this statement.</p> <p>I/We understand all SCSA properties are non-smoking and agree not to smoke or allow our guests to smoke anywhere on the property premises, including outside, and understand this could result in eviction.</p> <p>I/We understand that this application does not constitute any agreement on the part of SCSA and/or BDHS to provide me/us with rental accommodation. I/We declare that the information given in this application is correct and complete. I/We understand that it is my/our responsibility to advise SCSA and/or BDHS of any changes to the information given in this application and to provide any supporting materials required for my/our application.</p> <p>Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give SCSA and/or BDHS my/our consent to make any inquires that are necessary to verify the information given in this application and I/we authorize any person, corporation or social agency to release to SCSA and/or BDHS any information pertinent to the assessment of my/our application.</p>	
Signature of Applicant	Date Signed
Signature of Applicant	Date Signed

**SCSA and/or BDHS abide by the National Occupancy Standards when selecting tenants for accommodation.**

National Occupancy Standards

- 1 There shall be no more than 2 or less than 1 person per bedroom.
- 2 Spouses and couples share a bedroom.
- 3 Parents do not share a bedroom with children.
- 4 Dependants aged 18 or more do not share a bedroom.
- 5 Dependants aged 5 or more of opposite sex do not share a bedroom