



Application for Accommodation Individual and Couple Housing

Please complete the entire application and return to
765 Tranquille Road, Kamloops, BC V2B 3J3 or fax to 250-376-3040

A. Applicants: (Person(s) applying for accommodation)

Last Name:	First Name:	Mr. Mrs.	Miss Ms.	Home Phone:
Last Name:	First Name:	Mr. Mrs.	Miss Ms.	Work Phone:
Address: suite, number, street, city, province, postal code (include mailing address if different)				Message Phone:

B. 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)	Date of Birth	Age	Sex	Relationship to Applicant	Type of Disability (if any)	Wheelchair Requirements
1.						
2.						

Do you expect the number of people in your family to change in the next 12 months (pregnancy, family joining, family leaving)?

Check if Yes. Please explain:

C. Residency History: Please list your address(es) for the past 3 years.

Address	From Date	To Date	Name of Landlord	Landlord Phone #
Above Address (current)	Present			

Have you previously lived in BC Housing accommodations? Check if yes.

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

What were the dates of your residency? From _____ to _____

Under whose name was the tenancy? (i.e. head of the household)

D. Income Information: List Gross Monthly Income (before deductions) from all sources, for all household members age 19 and over.

First Name	Source (i.e. employment, UIC, pension(s), GAIN, etc.	Gross Monthly Income (\$)
1.		
2.		

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

Cash/ Bank Balance	\$	Stocks/Bonds/ Term Deposits	\$	Value of Real Estate Owned	\$
-----------------------	----	--------------------------------	----	-------------------------------	----

Other: (e.g.: RRSP, annuities, mortgage held by household members). List below.

	\$		\$
--	----	--	----

E. Current Accommodation: (Please describe your current accommodation as completely as possible by checking and/or completing the information below).

Please state:

Your current monthly rent: \$ _____

Does your rent include heat? Yes. Your average monthly payment for heat, if any: \$ _____

Is your present accommodation:

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Apartment | <input type="checkbox"/> 2. House/Duplex/Townhouse | <input type="checkbox"/> 3. Housekeeping Room |
| <input type="checkbox"/> 4. Basement Suite | <input type="checkbox"/> 5. Room & Board | <input type="checkbox"/> 6. Trailer |
| <input type="checkbox"/> 7. Living with Family/Friends | <input type="checkbox"/> 8. Hotel/Motel | <input type="checkbox"/> 9. Other _____ |

Please state the number of bedrooms your household presently occupies: _____

Do you:
 1. Rent 2. Own 3. Share Expenses 4. Have free accommodation 5. Live in a co-op

Does your present accommodation have:

Bathroom	<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None
Kitchen	<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None
Laundry	<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None

Do you have any household pets? Yes (Please note: ICS has a strict pet policy)

What type of pet(s) do you have _____

Are you willing to give up your pet? Yes No

F. Reasons for Move:

Are you under notice to end your present tenancy? (Check if yes) Yes
If yes, a copy of the legal Notice to End a Residential Tenancy from your landlord must be attached.
If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information.)

G. References: Please list 3 people, not family members, as references. (Preferably Landlords, current and previous)

Name	Phone number

DECLARATION: Please read and sign this statement. Please note that “We” is understood if there is more than one applicant.

I/we understand that this application does not mean *Interior Community Services* will provide me/us with housing. I/we confirm that the information in this application is true, correct and complete. I/we agree to advise *Interior Community Services* of any changes to the information in this application and to provide any supporting materials needed for my application.

I/we understand that this application can be kept on file for up to one year provided I/we maintain contact with *Interior Community Services*, updating information as need be and/or expressing a continued interest in housing. I/we understand that this application will be considered inactive if information is not updated at least every year.

Pursuant to the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act, I/we give *Interior Community Services* 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 *Interior Community Services* any information pertinent to the assessment of my/our application. I/we understand that this application may be shared with other housing providers.

Signature of Applicant	Date Signed
Signature of Applicant	Date Signed