



KEKINOW NATIVE HOUSING SOCIETY

1014 - 7445 132nd Street, Surrey, BC V3W 1J8

P: 604.591.5299 | F: 604.591.5112 | E: info@kekinow.ca | W: www.kekinow.ca

PERSONAL INFORMATION:

Application Date: _____

Full Name: _____

Present Address: _____

Telephone Number: _____ Cellular Number: _____

Email Address: _____ Date of Birth: _____

Do you have aboriginal ancestry? Yes No Band or Status Number _____

Have you lived in KNHS before? Yes No

Are you applying for subsidized housing? Yes No

Please indicate which city you would like to live in Surrey Chilliwack

CO-APPLICANTS INFORMATION:

Full Name: _____

Telephone Number: _____ Date of Birth: _____

| Other Persons | Relationship to Applicant | DOB (YYYY/MM/DD) |
|---------------|---------------------------|------------------|
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Do you or a family member require an accessible suite due to a disability? Yes / No

Are you currently in low income housing? Yes / No

Do you rent or own your current home? Rent / Own

If you rent, have you been served with an eviction notice? Yes/No (If yes, answer below)

Why are you being evicted? _____

When is the last day of your tenancy? _____

OR (check all that apply)

- Temporary housing
- Living with family/friends
- Overcrowding
- Inadequate bathroom facilities
- Inadequate kitchen facilities
- Unsafe Environment
- Breakdown of relationship
- Unaffordable
- Health affected
- Homeless

Additional Information:

Most recent rental Information (Landlord information required)

Name: _____

Address: _____

Telephone Number: _____ How Long: _____

REFERENCES (must not be a family member)

One employment and two rental references are required

| Name | Relationship | Telephone Number |
|------|--------------|------------------|
| | | |
| | | |
| | | |

FINANCIAL INFORMATION:

1. Source of Income _____ Monthly \$ _____
2. Source of income _____ Monthly \$ _____
3. Source of income _____ Monthly \$ _____

Amount of rent including utilities \$ _____

List any other major expenses _____

<< MUST READ INFORMATION >>

- All KNHS housing is **non-smoking**
- Incomplete applications will not be accepted
- Applicants **must** contact our office every 6 months to remain active on the waitlist
- Applicants **must** update the application if there are any changes such as contact information

<< OFFICIAL DECLARATION AND PERMISSION FOR VERIFICATION OF INFORMATION >>

I/We understand that all the information provided herein is held in strict confidence with KNHS, and this application will be available to me/us upon my/our request.

I/We understand that it is my/our responsibility to ensure this application is kept updated should I/We change addresses/telephone numbers. Failure to update this application at least once every 6 months will result in my/our application being put on the inactive list. Reactivations will commence when the application is updated.

I/We hereby authorize KNHS to obtain any information required concerning the above statements and application hereon.

I/We further agree to sign and abide by a "Residential Tenancy Agreement" including all Rules and Regulations of the Society and the building/project.

I/We understand that accommodation availability is subject to placement on a wait list and that the Society does not provide emergency shelter, nor can the Society accommodate urgent referrals from other agencies.

Applicants Signature

Date

Co-Applicants Signature

Date

Please return your application by: mail, email, or in person to:

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|----------------------------|---|
| For office use only | |
| Received by: | Followed up by: |
| Reviewed by: | <input type="checkbox"/> Subsidized <input type="checkbox"/> Affordable |

***Please download and save a copy for your records,
then email the completed form to: info@kekinow.ca***