



## KEKINOW NATIVE HOUSING SOCIETY

1014 - 7445 132<sup>nd</sup> 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)

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:

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**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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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](mailto:info@kekinow.ca)***