

Code



**KEKINOW NATIVE HOUSING SOCIETY**

1014-7445 132<sup>nd</sup> Street • Surrey, BC V3W 1J8 • Telephone (604) 591-5299  
Fax (604) 591-5112 • Email info@kekinow.ca

**PERSONAL INFORMATION**

**Application Date** \_\_\_\_\_

Full Name: \_\_\_\_\_

Present address: \_\_\_\_\_

Phone/Cellular Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you have aboriginal ancestry?  Yes  No

Name of Band: \_\_\_\_\_ Are you applying for  Subsidized or  L.E.M housing?

Have you lived in KNHS before?  Yes  No If yes, which complex and year \_\_\_\_\_

Are you related to anyone who lives in or works for KNHS? If yes, who? \_\_\_\_\_

Do you have any pets?  Yes  No If yes, what? \_\_\_\_\_ (pls. read last page)

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 (dd/mm/yyyy)

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 If yes, where: \_\_\_\_\_

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

If you rent, have you been served 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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**Landlord(s) information required.**

**\*Previous Landlord**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ How Long: \_\_\_\_\_

**\*Current Landlord**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ How Long: \_\_\_\_\_

**REFERENCES (Not a family member) \*One employment and two rental references are required\***

Name	Relationship	Telephone Number

**FINANCIAL INFORMATION (required)**

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

Amount of rent including utilities \$ \_\_\_\_\_

List of major expenses \_\_\_\_\_

**<<MUST READ INFORMATION>>**

- Absolutely **No pets** are permitted in KNHS housing (Tenants and Guests)
- 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 at least once every 6 months may result in my/our application being put on the inactive list. (Housing Update request available on our website).*

*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. I have read and understood this information before signing this application.*

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicants Signature**

\_\_\_\_\_  
**Date**

**Please return your application to:**

**Mail OR In Person: 1014-7445 132<sup>nd</sup> Street • Surrey BC • V3W 1J8**

**Email: [info@kekinow.ca](mailto:info@kekinow.ca) • Fax: 604-591-5112**

<b>For office use only</b>	
Received by:	Followed up by:
Reviewed by:	<input type="checkbox"/> Subsidized <input type="checkbox"/> Affordable (L.E.M)