Code

KEKINOW NATIVE HOUSING SOCIETY
11-15243 91 Ave • Surrey, BC V3R 9K2 • 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)

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

Additional information:

_____

_____

_____

_____

_____

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 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: 11-15243 91 Ave • Surrey BC • V3R 9K2
Email: info@kekinow.ca ***• Fax: 604-591-5112***

For office use only	
Received by:	Followed up by:
Reviewed by:	☐ Subsidized ☐ Affordable (L.E.M)

Renting It Right parts 1 & 2 certificates are required.