


KEKINOW NATIVE HOUSING SOCIETY

11-15243, 91 Avenue • Surrey, BC V3R 9K2 • Telephone (604) 591-5299

Fax (604) 591-5112 • Email info@kekinow.ca

PERSONAL INFORMATION
Application Date _____

Full Name: _____ Phone#: _____

Address: _____ Email: _____

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

 Band name: _____ Have you lived in KNHS before? Yes No If yes, which Complex

& Year _____ Are you related to anyone who lives or works for KNHS?

 If yes, who? _____ Do you have any pets? Yes No

If yes, what? _____ (See last page)

 Which are you applying for Subsidized housing Yes or Lower End Market (LEM)? Yes

 Indicate which one of the two (2) cities you are applying for? Surrey Chilliwack Both

CO-APPLICANTS INFORMATION

Name: _____ Relationship: _____ Phone: _____

Date of Birth: _____ Income: _____ Email: _____

Others who are with you.
Print clearly

First & last name	Relationship	DOB (dd/mm/yyyy)	Income (adult)

 Do you or do a family member require an accessible suite due to disability? Yes / No Are you currently in low-income housing? Yes No If yes, where: _____?

 If you rent, have you been served an eviction notice? Yes No (Answer questions below)

What is the reason you are being evicted? _____

When was the last day of your tenancy? _____ Did you get your damage deposit back? _____

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:

Landlord(s) full information required.

Previous landlord

Name: _____

Address: _____

Telephone Number: _____ How Long: _____

Current landlord

Name: _____

Address: _____

Telephone Number: _____ How Long: _____

REFERENCE One employment and two rental references are required.

Name	Relationship	Telephone Number

FINANCIAL INFORMATION (Ministry, Employment, Band, etc.)

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

List any other income or expense: _____

<<MUST READ INFORMATION>>

- Absolutely **No Pets** are permitted in KNHS housing (Tenants and Guests)
- All KNHS housing buildings are **non-smoking. (Exterior Smoking destination area only)**
- **Incomplete** applications will **not** be accepted.
- Applicants **must update** every 6 months to remain active on the waitlist.
- Applicants **must** update their file using the Update request form. (in office or website)

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

Applicants Signature

Date

Co-Applicants Signature

Date

Please return your application to:

Unit 11-15243, 91 Avenue • Surrey BC • V3R 9K2

Email: info@kekinow.ca • Fax: 604-591-5112

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