

Return application to:
 Pleasant View Housing Society
 7530 Hurd Street
 Mission, BC, V2V 3H9
 Phone: 604.826.2154
 FAX: 604.826.2024
 Or send to Applyto@pvh

Office Use Only

File Number: _____ Date: _____

Application for Accommodation to Pleasant View Apartments 7540 Hurd St. Mission
 – a independent living - subsidy through BC Housing rent based

on 30% of income and approved by BC Housing (base rate of \$320. if on government support)

****Application for Park Side Apartments at 7530 Hurd St. Mission, Mission BC**

Self-contained with furniture, dishes and linens. "Micro" accommodations but has private front door.

Rent \$650.00 per month includes one hot meal every evening and light housekeeping and fresh linens weekly

****Application for Loft Apartments at Pleasant View 7530 Hurd St. Mission, BC**

Rate ranges all different sizes: \$740 - 1 bed; \$720 – 1 bed; \$735 1 bed; \$670 – 1 bed & patio; \$560 - bach & patio;

\$545 bach & patio; and, \$ 660.00 - 1 bed. light housekeeping bi weekly with utilities included

***These 2 types of accommodations do not fall under the Residential Tenancy Act and all rents are subject to change.*

All units are non-smoking

Preferred Locations if applying for more than one of our of our independent housing options:

Please indicate the accommodation applied for – you can apply for all three if you wish by ranking accordingly ("1" , "2" or "3", with "1" being your first choice – place a "n/a" if no interest in any one of the accommodations listed.

Pleasant View Apartments (for over 60 years of age only)	Application for Park Side Apartments	Application for Loft Apartments at Pleasant View

PLEASE PRINT OR TYPE CLEARLY and be sure to complete all questions on the application

Applicant: (Person applying asking for accommodation) Total number of persons seeking to live in the unit _____.

Last name		First name		Mr.	Miss	Home Phone
				Mrs.	Ms.	
Birth Date D/M/Y	age	Sex	Type of Disability if applicable			Wheelchair/walker access required yes: <input type="checkbox"/> no: <input type="checkbox"/>
Address: suite, house number, street, city, province, postal code (include mailing address if different)					Message Phone	
Email Address:			Alternative contact and their phone number:			
			Name:		Phone:	

Please note in order to keep your application current we must be notified of changes in contact information.

Others seeking to move in with you Name	Birth Date d/m/y	Age	Sex	Relationship to Applicant	Type of Disability (if any)	Wheelchair Requirements
1						<input type="checkbox"/> Yes
2						<input type="checkbox"/> Yes

Do you expect the number of people in your family to change in the next 12 months? Yes No

Check if yes. Please explain: _____

Is there someone else we should contact to discuss your application and who will speak on your behalf: Yes No

If yes, Name: _____ Relationship: _____ Phone Number: _____

Residency History: (Please list your address(es) for the past 2 years. Use a separate sheet if required.)

Address	From Date	To Date	Name of Landlord	Permission to contact	Landlord Phone
Above Address		Present		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list at least two people as references if not noted above that we may contact who can speak to your tenancy behaviours.

Name	Relationship to applicant	Phone number(s)	Email address:	Length of time applicant has known this reference

Have you previously lived in subsidized accommodation? Check if yes.

If yes, what was the name and/or address of the development? _____

What do you currently pay for rent? _____ What does your rent include? _____

What were the dates of your residency? From _____ To _____ Reason for leaving _____

Income Information: (List gross monthly income [before deductions] for all members of your household, age 19 and older, from all sources.) Record of Income will be required.

First Name	Income Source (i.e. employment, EI, pensions, CPP, PWD, BC Benefits, SAFER etc.)	Gross Monthly Income
1		
2		
3		
4		
Total Gross Monthly Income for Household		\$

F. Assets: (Please list the current value of all assets held by you and members of your household.)

Cash/ Bank Balance	\$	Stocks/Bonds/ Term Deposits	\$	Value of Real Estate Owned	\$

Other assets: (e.g. RIFs, RRSPs, Annuities, Mortgages held by household members) Please list below.

	\$		\$
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Please note you may be asked for proof of income and assets when your application is reviewed for acceptance.

<p>Please state:</p> <p>Your current monthly rent. \$ _____ Does your rent include: Heat? <input type="checkbox"/> Yes <input type="checkbox"/> No Electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No Cable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you believe to be your affordable maximum monthly rent amount? _____</p>
<p>Describe your current accommodation:</p> <p>1. <input type="checkbox"/> Apartment 2. <input type="checkbox"/> House/Duplex/Townhouse 3. <input type="checkbox"/> Housekeeping Room 4. <input type="checkbox"/> Basement Suite</p> <p>5. <input type="checkbox"/> Room & Board 6. <input type="checkbox"/> Trailer 7. <input type="checkbox"/> Living with Family/Friends</p> <p>8. <input type="checkbox"/> Hotel/Motel 9. <input type="checkbox"/> Other (please explain) _____</p>
<p>Are you currently struggling with an infestation of bed bugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Coments: _____</p>
<p>If no, have you ever been bothered by bed bugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and location: _____</p>

Do you:
 1. Rent 2. Own 3. Share Expenses 4. Have Free Accommodation 5. Live in a Co-op

Do you smoke? Yes No
 If you smoke, will you agree not to smoke in your apartment or anywhere on the property? Yes No

Does your current accommodation have a:
Bathroom: Private Shared None **Kitchen:** Private Shared None

Do you have any household pets? (dog(s), Cat(s), birds, fish etc.)? Yes No If yes what type _____
If you have a pet are you willing to arrange alternative living arrangements for your pet? Yes No

G: Reason for Move:

Are you under notice to end your present tenancy? Yes No If yes, date you must move is: _____
If yes, please attach a copy of the legal Notice to End a Residential Tenancy from your landlord if available.

Why do you wish to move? (Please be specific. Attach sheet for additional space is required information.)

Application Checklist: Before returning your Application for Accommodation have you:

- Completed your Application in full?
- Indicated your preferred housing locations?
- Enclosed a copy of the 'Notice to End a Residential Tenancy', if applicable?
- Signed and dated the Application in the space below?

DECLARATION: Please read and sign this statement.

I/We declare:

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), Pleasant View Housing Society has permission to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to Pleasant View Housing Society any information pertinent to the assessment of my/our application; and
- That Pleasant View housing Society can receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision making process to provide me/us with rental accommodation.

I/We understand:

- That, in accordance with section 33 (c) of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent-gear-to-income housing; and
- That this application does not constitute any agreement on the part of Pleasant View housing Society to provide me/us with rental accommodation; and it is my/our responsibility to advise Pleasant View Housing Society of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Signature of Applicant	Date
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