

Union Gospel (Heatley) Housing Society

Application for Tenancy - Single Occupancy Housing (SOH) Units Only

About Heatley Housing

Heatley Housing is designated as a "Drug and Alcohol Free" Property and use of drugs and alcohol, in any manner is strictly prohibited. The use of drugs and/or alcohol by a Tenant is in and of itself sufficient grounds for immediate termination of the Tenancy.

Pets, barbecues, and liquid-filled furniture or equipment are not allowed on the Premises or Property.

All tenant agreements are on a month-to-month basis. Applicants must have a minimum of 3-months sobriety to qualify for tenancy.

OFFICE USE ONLY	
Date Application Received	
Referred By	

What to do with the completed application?

To submit your application for Heatley Housing, please email UGM's Housing Team with your completed form at propertymanagement@ugm.ca.

A. Applicant

Person asking for accommodation

Last Name	First Name	Gender	Date of Birth (MM/DD/YYYY)
Address (SUITE #, STREET, CITY, BC POSTAL CODE. INCLUDE MAILING ADDRESS IF DIFFERENT)			Cell Phone Home Phone
Email:			Perferred Contact Method

B. Residency History

Please list your address(es) for the past 3 years

Address	From Date	To Date	Name of Landlord	Landlord's Phone #

Have you ever been evicted from a place of residence?

No

Yes – *if yes, why?*

Have you, at any time, lived in subsidized accommodations?

No

Yes – *if yes, where?*

Describe your present accommodation:

Apartment

Housekeeping Room

Trailer

Room & Board

Living with Family or Friend

Basement Suite

House/Duplex/Townhouse

Hotel/Motel

Homeless

Other

Please state

Current Rent: \$ _____ Utilities Cost: \$ _____

Do you have any vehicles?

Yes

No

Are you under notice to terminate your present tenancy?

Yes

No

If yes, why?

Why do you want to move to Heatley Housing?

C. References

Please list 3 persons whom we can contact. *Examples: Pastor, doctor, former landlord*

Name	Address	Phone #

D. Disabilities/Health Problems

Please list any health conditions you're experiencing

Name	Type of Disability	Requires Modified Unit? (YES/NO)	Is it managed? (YES/NO)

E. Emergency Contact Info

Your Next of Kin

Name	Telephone Number	Relationship
Address (STREET, CITY, POSTAL CODE)		

F. Family Doctor

Name	Telephone Number	Hospital
Address (STREET, CITY, POSTAL CODE)		

G. Income Information

List Gross Monthly Income before deductions from all sources and attach all documentation.

Examples: Employment, EI, pension(s), BC Benefits, etc.

Employment \$	EI \$	Pension \$	BC Benefits \$
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H. Other Income & Amount

Please specify any other sources of income you are receiving and the amount(s)

Income Source & Amount

I. Assets

Please list current value of all assets held by you

Cash/Bank Balance \$	Stocks/Bonds/Term Deposit \$	Value of Real Estate Owned \$	Other (e.g. RRSP Annuities) \$
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J. Substance Use

1. Are you currently using any prescription or street drugs or alcohol?	Prescription	Yes	No
	Street Drugs	Yes	No
	Alcohol	Yes	No
2. If not, when was the last time you used:	Prescription		
	NAME OF DRUG(S):		
	DATE:		
	Street Drugs		
	NAME OF DRUG(S):		
	DATE:		
	Alcohol		
	DATE:		
3. Please list the prescription drugs that you are currently taking or have taken within the past year:			

K. Insurance

Do you presently insure your personal belongings and 3rd party liability? Yes No
(Landlord is not responsible for personal possessions)

L. Comments

We no longer permit tenants to smoke inside the building which includes their suite.
Is this something you are able to adhere to? Yes No

Is there anything you would like us to know about you or your requirements? Yes No
If yes, please explain:

Declaration

Please read and sign this statement.

I understand that this application does not constitute any agreement on the part of Union Gospel (Heatley) Housing Society (the Society) to provide me with rental accommodation. I declare that the information given in this application is correct and complete. I understand that it is my responsibility to advise the Society of any changes to the information given in this application and to provide any supporting materials required for my application.

For purposes of determining my application for tenancy is acceptable, I give the Society my consent to obtain credit/ personal or medical reports that are necessary to verify the information given in this application and I authorize any person, corporation or social agency to release to the Society any information pertinent to the assessment of my application.

I authorize consent to the Society receiving and exchanging, with credit bureaus, my previous landlords, reporting agencies and other persons with whom I have had dealings, credit and other information about me. I understand that such information will be a factor in the Society's decision to provide me with rental accommodation.

I further understand that I may be required to submit to a Drug Test as part of the pre-entry requirement to secure occupancy.

Dated at Vancouver, BC this ____ day of _____, 20____.

Applicant's Signature

Note: Successful applicants will be required to sign a Fixed Term Tenancy Agreement.

Suitable applicants will be contacted for an interview as suites come available. Applications will need to be re-submitted every 6 months for them to remain valid.