

TOQUAHT NATION

**Housing Act and
Housing Regulation
Form HA-2**

ALLOCATION APPLICATION**Date received:****File no:**

*(for housing and infrastructure
manager use only)*

I, _____ (*Name of Applicant*) hereby apply under the Housing Act to rent the following unit of Toquaht housing:

PROPERTY INFORMATION

Address of Rental Property:	
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APPLICANT'S PERSONAL INFORMATION

Full name:			
Toquaht Citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Birth:		Current Age:	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law
Phone #s:			
Mailing Address:			
Email Address:			

SPOUSE'S PERSONAL INFORMATION (if applicable)

Spouse's Full Name:	
Toquaht Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT CHILDRENS' PERSONAL INFORMATION (if applicable, attach list as a schedule if more than 4 children)

	Child 1	Child 2	Child 3	Child 4
Child's Full Name:				
Date of Birth:				
Toquaht Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT YOUR CURRENT RESIDENCE

How many adults (18 years and over) are living in your current residence? _____

How many children (under 18 years) are living in your current residence? _____

How many bedrooms are in your current residence? _____

Please describe the nature in which you occupy your current residence, for example live rent-free with parents, couch-surfing, single room occupancy (rent a single room in a multi-unit building with shared kitchen and bathroom), boarding (rent a single room in a house with shared kitchen and bathroom), rent an apartment or house alone or with a spouse, children or roommates

Did you lose your most recent residence due to fire, natural disaster, because the residence was condemned as unfit for habitation or due to another reason outside your control (e.g. eviction for the purposes of renovation)?

Yes No

If yes, please indicate the date of loss of residence? _____

A) Are you 65 years of age or over?

Yes

No

B) Are you physically or mentally disabled?

Yes

No

C) If yes to A) or B), do you receive in-home care?

Yes

No

D) Do you have a physically or mentally disabled dependent?

Yes

No

If yes to D) do you provide in-home care to that dependent?

Yes

No

Have you been convicted of an indictable offence within the past 10 years?

Yes

No

PETS

Do you intend to keep one or more pets in the unit?

Yes

No

If yes, please complete the following for each pet (refer to the Housing Regulation for the type and number of pets permitted and terms and conditions regarding the keeping of pets):

	Pet 1	Pet 2	Pet 3	Pet 4
Name of pet:				
Type of pet:				
Breed of pet:				
Licence No.:				
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

Age:				
Approximate adult weight:				
For dogs and cats, spayed or neutered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last vaccination:				

REFERENCES

Please provide the name and contact information for three references. At least ONE of the references must be from a previous landlord or provide evidence of prudent home ownership in the last five years.

Name	Contact Information	Relationship to Applicant (e.g. former landlord, relative, business partner)

HOUSEHOLD INCOME DECLARATION (only complete this portion of the application if you are applying for Toquaht social housing)

A. APPLICANT

Employer:	
Position:	
Full-time, part-time or other:	
Before tax annual income:	

B. SPOUSE (if applicable)

Employer:	
Position:	
Full-time, part-time or other:	
Before tax annual income:	

C. OTHER RESIDENTS (complete for each other person earning income in your household, attach list as a schedule if more than 4 residents)

	Resident 1	Resident 2	Resident 3	Resident 4
Name of resident:				
Employer:				
Position:				
Full-time, part-time or other:				
Before tax annual income:				

I have attached the following documents in support of my application: (check all that apply)		
<input type="checkbox"/> My tax return <input type="checkbox"/> My pay stub <input type="checkbox"/> Letter from my employer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse's tax return <input type="checkbox"/> Spouse's pay stub <input type="checkbox"/> Letter from spouse's employer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Other resident's tax return <input type="checkbox"/> Other resident's pay stub <input type="checkbox"/> Letter from other resident's employer <input type="checkbox"/> Other: _____

DECLARATION

I hereby solemnly declare that the information I have provided is complete and the contents are true to the best of my knowledge.

Signature: _____ Date: _____

The Housing Committee may request additional information it considers necessary or desirable from the applicant or any other person before making a determination regarding allocation of the applicable unit of Toquaht housing. Any additional information provided between the date of the original application and the date an allocation decision is made is deemed to from part of the original application.