



APPLICATION FOR SUPPORTIVE TRANSITIONAL HOUSING

The Cridge Centre offers **Supportive Transitional Housing** on a one-year lease, renewable to a maximum of three years. Supportive Transitional Housing is offered to single or two parent families with dependent children, who are in transition and wanting to participate in the programs and services offered. The process involves an in-depth interview with a panel to determine suitability for the program. Families in the program will be expected to participate in at least one of the services each year. Renewal of the lease will be based on program participation and a goals review with staff, and tenancy suitability, in balance with the needs of those waiting to enter. Programs include individual counselling and group support for women and children leaving abuse, parenting support, community kitchens, and various courses and activities throughout the year.

Tenant rent contributions are based on the following:

- (i) If the tenant is in receipt of BC Benefits, the maximum shelter allowance for the family less a utility allowance as determined annually
- (ii) If the tenant is in receipt of income from employment or other sources, the rent is based on 30% of gross income less a utility allowance. A minimum rent applies.
- (iii) If a tenant's income is from BC Benefits and other sources, the tenant will pay rent based on : the maximum shelter allowance OR 30% of total income, whichever is greater.

Applications need to be updated monthly by telephone in order to be considered when vacancies occur.

Please sign that you have read the above:

Applicant

Co-applicant

1. APPLICANT (Please Print)

Applicant Surname	Applicant First Name(s)	Work Phone Number	Local
Co-applicant Surname	Co-applicant First Name(s)	Work Phone Number	Local
Home Address (Apt Number/Street Address)		Home Phone Number	
City	Province	Postal Code	Phone Number for Messages

2. HOUSEHOLD COMPOSITION List yourself on line 1, then list all the other persons in your household who will be living with you. If more than 7 people, attach extra names on a separate sheet.

	FULL NAME(S) - SURNAME FIRST	BIRTHDATE			GENDER	RELATIONSHIP TO APPLICANT
		DAY	MONTH	YEAR		
1.						APPLICANT
2.						
3.						
4.						
5.						
6.						
7.						

Do you expect the size of your household to change in the next 12 months? NO YES

If yes, please explain: _____

3. INCOME INFORMATION List Gross Monthly Income (before deductions) for all members of your household from all sources. *Proof of income must be attached.*

NAME	SOURCE (e.g. Employment, UIC, Gain, Pension, etc)	MONTHLY INCOME
		\$
		\$
		\$
		\$
TOTAL MONTHLY INCOME FOR HOUSEHOLD		\$

4. RESIDENCY HISTORY Please list your address(es) for the past 2 years. Previous and current landlords may be contacted for references.

Address	From (Date)	To (Date)	Name of Landlord	Landlord's Phone

5. PRESENT ACCOMMODATION Please describe your present accommodation as completely as possible by checking/completing the information below. *Verification of rent must be attached.*

Is your present accommodation:	<input type="checkbox"/> Apartment	<input type="checkbox"/> Basement Suite	<input type="checkbox"/> Living with Family or Friends
	<input type="checkbox"/> House/Duplex/Townhouse	<input type="checkbox"/> Room and Board	<input type="checkbox"/> Hotel/Motel
	<input type="checkbox"/> Housekeeping Room	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Transition House
			<input type="checkbox"/> Other
Please state:	Number of bedrooms your household presently occupies:	Your current monthly rent:	Your average monthly payment for utilities (if any):
Do you:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Share Expenses
			<input type="checkbox"/> Have Free Accommodation
			<input type="checkbox"/> Live in a Co-op

Do you have any household pets? NO YES _____

6. DISABILITIES/HEALTH PROBLEMS List, on the lines below, any member of your household with a significant disability/health problem which the Cridge Centre needs to be aware of.

NAME	WHEELCHAIR	TYPE OF DISABILITY/HEALTH PROBLEM
	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	<input type="checkbox"/> NO <input type="checkbox"/> YES	

7. REASON FOR MOVING Are you under notice to terminate your present tenancy? NO YES

If yes, a copy of the Notice to Terminate Tenancy from your landlord must be attached.

If you are not under notice, why do you wish to move? (Please be specific)

How do you hope to benefit from Supportive Transitional Housing at the Cridge Centre?

8. ATTACHMENTS This application will **NOT** be considered unless the required attachments are included.

ALL APPLICANTS:	Proof of income (pay stubs, copies of GAIN cheques, etc.)	ATTACHED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Rent verification (receipts, copies of cheques, etc.)		<input type="checkbox"/> NO <input type="checkbox"/> YES
IF APPLICABLE:	Termination notice from landlord	ATTACHED?	<input type="checkbox"/> NO <input type="checkbox"/> YES

9. APPLICANT SIGNATURE Please read and sign this statement:

I understand that this application does **NOT** constitute an agreement on the part of the Cridge Centre to provide me with rental accommodation.

I certify that the information given in this application is true, correct, and complete in every respect to the best of my knowledge, and if required by The Cridge Centre, can be verified.

I understand that it is my responsibility to advise The Cridge Centre of any changes to the information given above.

If I do not contact the Centre for a period of one year, the Supportive Housing Staff will shred my application.

Signed: _____

Date: _____