

# SOMERVILLE PLACE HOUSING APPLICATION

Somerville Place provides affordable housing for 31 individuals on fixed and/or low incomes in studio apartments in the Downtown Eastside. Please note that pets are not permitted.

Applications for residency at Somerville Place are considered on a case-by-case basis. Priority is given to those who are experiencing homelessness or are at risk of homelessness. It is the responsibility of the applicant to provide updates to the Somerville Place housing staff should any changes in the applicant's housing needs occur during the application process.

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Please complete the enclosed application along with any supporting documentation. Applications can be submitted <u>Attention: Somerville Place Coordinator</u> via:

- Email: <u>nbelcham@thebloomgroup.org</u>
- Fax: 604.606.0369
- In person: 250 Powell Street, Vancouver, buzzer #0137

If you have any questions, please contact Nata Belcham, Somerville Place Coordinator, at 604.558.7784.

Please complete all sections of the application.

1. APPLICANT INFORMATION (Person(s) applying for housing)

	First and Last Name:				
	Date of Birth (YYYY-MM-DD):				
	Gender:  Male  Female  Transgender				
2.	CONTACT INFORMATION				
	Current Address:       Suite #       Street # and Street       City       Postal Code				
	Suite #Street # and StreetCityPostal Code				
	Mailing Address (if different from above):       Suite #       Street # and Street       City       Postal Code				
	Telephone:   Message OK:   Yes   No				
	Work Telephone: Message OK:  Ves  No				
3.	ADDITIONAL INFORMATION Do you expect the number of people in your household to change in the next 12 months (i.e. family members joining or leaving, etc.)?  Yes  No				
	If <b>yes</b> , please explain:				
	Do you use a mobility aid (walker, cane, wheelchair)?  Yes  No  Other				
	Comments:				
4.	HOUSING INFORMATION				
	Current Housing:				
	Current monthly rental cost: <u>\$</u>				
	Does your monthly rent include heat?   Yes  No  Other				
	If <b>no</b> , what is the average monthly payment for heat: <u>\$</u>				

## Which of the following describes your current housing?

Apartment	□ Hotel/Motel
Emergency shelter	□House/Duplex/Townhouse

- □ Boarding house room □ Living with family/friends
- □ Single room w/ housekeeping □ Trailer

How many bedr	ooms does your	current household have?	
Bathroom:	Private	$\Box$ Shared with another household	□ None
Laundry:	Private	$\Box$ Shared with another household	□ None
Kitchen:	Private	$\Box$ Shared with another household	□ None
	□ Hotplate	$\Box$ No sink in room	□ Eat out mostly

**Residential History:** Please list all your address(es) for the past 3 years. Use a separate sheet if needed.

Address	From Date	To Date	Name of Landlord	Landlord Phone
Address above (current)		Present		

### Have you lived in subsidized housing before? □ Yes □ No

If **yes**, please explain: \_\_\_\_\_

When did you live there? From (YYYY-MM-DD): \_\_\_\_\_\_To (YYYY-MM-DD): \_\_\_\_\_

\_\_\_\_\_

# 5. INCOME / FINANCIAL

#### Source of Income:

List Gross Monthly Income (before deductions) from all sources, for all household members age 19 years and over.

Source of Income (i.e. CPP/OA	Amount	
Name:		\$ per month:
Name:		\$ per month:
Name:		\$ per month:
Total Gros	s Monthly Income for Household:	\$ per month:

#### Assets:

Please list current value of all assets held by you and members of your household.

Assets	Amount
Cash, bank balance	\$
Stocks/bonds/term deposits	\$
Real estate, RRSP, annuities	\$
Total Assets:	\$:

### 6. REASON FOR MOVE

### Are you under notice to end your present tenancy? $\Box$ Yes $\Box$ No

If **yes**, a copy of the legal Notice to End Residential Tenancy from your landlord must be included with this application.

If No, explain why you would like to move? (Please be specific). Use a separate sheet if needed:

# 7. SIGNED DECLARATION

### Please read and sign the statement below

### 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 Personal Information and Protection Act (PIPA) The Bloom Group to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to PIPA, any person, corporation or social agency to release to The Bloom Group any information pertinent to the assessment of this tenancy application; and
- The Bloom Group to 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 this application does not constitute any agreement on the part of The Bloom Group to provide me/us with rental accommodation; and
- That it is my/our responsibility to inform The Bloom Group 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	
Signature of Applicant	Date	

For office use only:				
Date received (YYYY-MM-DD):	Interview Date (YYYY-MM-DD)	Unit size req'd:		
Comments:				

Phone: 604 558 7784 · Fax: 604 606 0369 · www.thebloomgroup.org

The Bloom Group Community Services Society is a charitable, non-profit organization. Our charitable tax number is BN108021544RR0001