



PLEASANT VIEW HOUSING SOCIETY 1980

7530 Hurd St., Mission, B.C. V2V 3H9
Telephone: 604-826-2154 Fax: 604-826-8672



Dear Applicant,

Thank you for your interest in the Pleasant View Apartments. Your application can be mailed, faxed or dropped off in person to the above address. When we receive your application we review it to ensure it appears to meet the eligibility criteria for Pleasant View Apartment Tenancy. Once we have reviewed it we will notify you by mail or phone of your application status. If accepted as eligible, your application will then be placed with other eligible applicants. When an apartment becomes available the applications are reviewed and based on the eligible criteria and verified information the next tenant is selected. There are no guaranteed timelines of being offered tenancy as it can vary greatly.

We usually maintain a 100% occupancy rate. We never know when an apartment will become available and when it does, we move quickly to have a seamless transition from previous to new tenant. Therefore, it is very important to note it is your responsibility to **keep your application up to date**. If you change your contact information you must notify us. Failure to do so may result in losing a tenancy opportunity. It would also be appreciated that should your circumstance change and you wish to withdraw your application that you let us know.

If you have any questions please don't hesitate to call. I would be happy to answer any questions you may have. I can be reached most business hours at 604.826.2176 local 113.

Sincerely,

Annette Condon, MBA, MA, BCR, RRP, CHE
Executive Director
Pleasant View Housing Society

Pleasant View Housing Society
7530 Hurd Street
Mission, BC, V2V 3H9
604-826-2154 local 113

Office Use Only

File Number: _____

Date: _____

Application for Accommodation to Pleasant View Apartments

PLEASE PRINT OR TYPE CLEARLY)

A. Applicants: (Person(s) asking for accommodation)

Last name	First name	Mr. Mrs.	Miss Ms.	Home Phone
Last name	First name	Mr. Mrs.	Miss Ms.	Work Phone
Address: suite, house number, street, city, province, postal code (include mailing address if different)				Message Phone

B. Household Composition:

Full Name (last name first)	Birth Date d/m/y	Age	Sex	Relationship to Applicant	Type of Disability (if any)	Wheelchair Requirements
1				Applicant		<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?

☐ Check if yes. Please explain: _____

C. 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	

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

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

What were the dates of your residency? From _____ To _____

D. Preferred Locations: Please list where you would like to live. You may choose cities or towns, or specific buildings.

E. 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	Source (i.e. employment, EI, pensions, BC Benefits, SAFER etc.)	Gross Monthly Income (\$)
1		
2		
3		
4		
5		
6		
7		
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	\$
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Other assets: (e.g. RRSPs, Annuities, Mortgages held by household members) Please list below.

	\$		\$
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G. Current Accommodation: (Please describe your current accommodation as completely as possible by checking and/or completing the information below.)

Please state:

Your current monthly rent. \$ _____ Does your rent include heat? ☐ Yes ☐ No

Describe your current accommodation:

1. ☐ Apartment 2. ☐ House/Duplex/Townhouse 3. ☐ Housekeeping Room 4. ☐ Basement Suite

5. ☐ Room & Board 6. ☐ Trailer 7. ☐ Living with Family/Friends

8. ☐ Hotel/Motel 9. ☐ Other (please explain) _____

How many bedrooms do you have now? _____

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 apartment property? ☐ Yes ☐ No

Does your present accommodation have a:

Bathroom: ☐ Private ☐ Shared ☐ None **Kitchen:** ☐ Private ☐ Shared ☐ None **Outdoor play area:** ☐ Yes ☐ No

Do you have any household pets? ☐ Yes (It is important that you list all pets.) Number of pets _____

Do you have a dog(s)? ☐ Yes ☐ No Do you have a cat(s) ☐ Yes ☐ No Other pets? ☐ Yes ☐ No type: _____

If you have a pet are you willing to give up your pet? ☐ Yes ☐ No

H. Reason for Move:

Are you under notice to end your present tenancy? (check, if yes) <input type="checkbox"/>
If yes, please attach a copy of the legal Notice to End a Residential Tenancy from your landlord if available.
If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information.)

I. 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 shaded 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), The Housing Registry 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 The Housing Registry any information pertinent to the assessment of my/our application; and
- The Housing Registry 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, 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-geared-to-income housing; and
- That this application does not constitute any agreement on the part of The Housing Registry to provide me/us with rental accommodation; and
- That it is my/our responsibility to advise The Housing Registry 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