

METRO VANCOUVER HOUSING CORPORATION

TENANCY APPLICATION FORM

This is an application to Metro Vancouver Housing Corporation (“**MVH**”) to rent residential premises governed by the *Residential Tenancy Act*, SBC 2002, c. 78 (the “**Application**”). The singular of any term in this Application includes the plural and vice versa. Where in this Application the words, “the Act,” are used, they refer to the *Residential Tenancy Act*, SBC 2002, c. 78, as amended, and its Regulation(s) made from time to time.

MVH is a “public housing body” as defined in the Act. The Applicant(s) must demonstrate that they meet MVH’s eligibility criteria relating to income, number of occupants (as determined by the Canadian National Occupancy Standards), health or other similar criteria as a condition of MVHC accepting this Application. This Application does not create a tenancy or constitute a residential tenancy agreement with MVH. This Application only constitutes an application to rent which is subject to MVH’s sole discretion to accept in writing.

If you have any questions about completing this Application or the information collected on this Application, please visit us at 4515 Central Boulevard, Burnaby BC or contact MVH by e-mail at housing.inquiries@metrovanancouver.org or by telephone at 604-432-6300.

1. Applicant(s) Information

Last name of Primary Applicant

First Name of Primary Applicant

Street address

Apartment Number

City

Province

Postal Code

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

Last name of Secondary Applicant (if applicable)

First Name of Secondary Applicant (if applicable)

Street address

Apartment Number

City

Province

Postal Code

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

2. Household Information

- List all proposed household members, including the Applicant(s). If necessary, attach a separate page to add more names.

Last Name	First Name	Relationship to Applicant(s)	Birth Date (mm/dd/yyyy)	Sex
		Applicant (You)		

- Do all of the people listed above live with the Applicant(s) full time right now? Yes No

If no, please provide the name(s) of the person(s) and the number of days per week they live with you:

Name	Days per week	Shared custody?	If not shared custody, why does the person not live with the Applicant(s) full-time?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Are you or any other household member a party to a child custody agreement or subject to a custody order?

If yes, please attach a copy with your application. Yes No

- Do you expect the number of people living with you to change in the next 12 months? (For example, because of pregnancy, family joining, family leaving, child in care) Yes No

If yes, please explain:

3. SENIORS ONLY – Application for a MVH Seniors Only Building

- Is this Application for a seniors only property? Yes No
- If yes***, please provide the following information.
- Are you 55 years of age or older? Yes No
- Are all of the proposed household members 55 years of age or older? Yes No

4. NO SMOKING

- All Metro Vancouver Housing sites are transitioning to smoke-free status. As such, should your Application be accepted, your tenancy agreement will include a material term that prohibits smoking of any substances anywhere on the residential premises, including but not limited to the rental unit, balcony, courtyard and all interior and exterior common areas as applicable.

The Applicant(s) understand(s) the property they are applying to rent prohibits smoking as a material term of the tenancy such that any breach of this term could result in a Notice to End Tenancy being issued in accordance with the Act. (

Name of Primary Applicant

Signature

Date

Name of Secondary Applicant

Signature

Date

5. INCOME & ASSET INFORMATION

Required to establish Low & Moderate Income Limit eligibility and confirm Assets are below limits set by policy.

Proof of income must be provided for the Applicant(s) as well as all adult household members identified in this Application (anyone age 19 or older). **Please attach the following**

- Notice of Assessment for current year** from Canada Customs and Revenue Agency Attached
(CCRA) for all occupants 19 years and older (if you do not have this document, contact CCRA at **1-800-959-8281** to request it)
- If employed**, copies of three current consecutive pay stubs which show your gross Attached Not applicable
income and deductions. Please provide employment reference:

Start date with current employer

Company Name

Contact Name

Phone Number

- If self-employed**, copy of Statement of Business Activities and Income Tax Return Attached Not applicable
- If other income** (example: EI, pensions, Ministry benefits), please explain: _____

Income Summary

Name	Income Source (job, EI, pension, etc.)	Gross Monthly Income
		\$
		\$
		\$
		\$
	Total	

• **Asset Summary**

Total value of Assets does not exceed \$100,000 Yes No

Funds held in a financial institution, including banks, trust companies, etc.	\$ _____
Stocks, bonds, and exchange-traded funds.	\$ _____
Cash and other items of a potential income earning nature.	\$ _____
Equity in real property.	\$ _____
Equity in a business, including cash, GICs, bonds, stocks, equity in real estate, or equity in any other tangible asset.	\$ _____
Items of personal property valued over \$10,000.	\$ _____
Total	\$ _____

6. Health and Mobility Information - Application for an Accessible Unit

Is this Application for an accessible unit? Yes No

If yes, please provide the following information.

• Do you or any members of your household use one of the following?

Wheelchair Yes No Scooter Yes No

If yes, who uses the wheelchair or scooter? _____ Do they use it in the home? Yes No

• Do you or any members of your household have any other health conditions or disabilities that would affect your housing needs that you wish to share with us? Yes No

If yes, please explain:

Name	Explain the health condition or disability and how it affects your housing needs. Describe any special requirements needed due to mobility or health conditions.

NOTE: MVHC may require you to provide additional documentation, such as a doctor’s note, about the health condition or disability and how it affects your housing needs.

7. Other Housing Preferences

• **Preferred unit size*** 1bd 2bd 3bd 4bd

***Note:** MVHC follows the Canadian National Occupancy Standards (NOS) for unit size. A rental application that requests a rental unit size with either too many or too few bedrooms to comply with the NOS may be declined on this basis. However, MVH maintains the residual discretion to permit an exception in the event of a very high vacancy rate or to comply with other laws as applicable.

• **Do you have any pets?** Yes No

If yes, please provide the following information:

Type of Pet	License or ID Number	Age	Approximate Adult Weight

Preferred Location/Building

Before completing, please consider which sites offer the community and unit type you are looking for.

1.	2.	3.
----	----	----

8. Housing History

- Have you previously been a tenant of MVH (formerly the Greater Vancouver Housing Corporation or “GVHC”)?
 Yes No

If yes, please provide the following information.

Date Occupied	MVH/GVHC Building Name	Address/Municipality
Date Occupied	MVH/GVHC Building Name	Address/Municipality

- Please provide the following information for your last three landlords:

Rental Address	From MM/DD/Y Y	To MM/DD/YY	Name of Landlord	Landlord’s Phone #	Reason for Leaving

- Have any of the adult household members (anyone age 19 and older) listed on this Application lived with the Applicant(s) for less than two years? Yes No

If yes, please provide the following information for their last three landlords:

Household member Name	Rental Address	From MM/DD/YY	To MM/DD/YY	Name of Landlord	Landlord’s Phone #	Reason for Leaving

9. Consent to Collection, Use, and Disclosure of Personal Information

In accordance with *the Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165 and/or *Privacy Act*, RSBC 1998, c. 373, the Applicant(s) consent(s) to MVH collecting, using and disclosing the personal information contained in this Application for the purpose of identifying the Applicant(s), communicating with the Applicant(s), assessing the eligibility of the Applicant(s) and the proposed household members for the requested tenancy, determining credit worthiness, determining suitability for the tenancy, verifying the information submitted on this Application, and managing any resulting tenancy should this Application be accepted.

The Applicant(s) further consent(s) to MVH collecting and exchanging their personal information from any landlord and employment reference(s) submitted on this Application, consumer credit agency, reporting agency, Court Services Online, electronic and social media for the purpose of assessing the eligibility of the Applicant(s) and the proposed household members for the requested tenancy, determining their credit worthiness, determining their suitability for the tenancy, verifying the information submitted in this Application, and managing any resulting tenancy should this Application be accepted. The Applicant(s) consent(s) to any person, corporation, social or government agency, including but not limited to ICBC, Human Resources Development Canada, Veteran's Affairs Canada, the Canada Pension Plan, Canada Revenue Agency, and the British Columbia Ministry responsible for income assistance, to release their financial and medical information to MVH as may be required to assess the eligibility of the Applicant(s) and the proposed household members for the requested tenancy, including but not limited to information about CPP disability pension, Persons with Persistent Multiple Barriers, and Person with Disabilities applications, but only as applicable to this Application and only for the purpose of MVH assessing and verifying the eligibility of the Applicant(s) for the requested tenancy.

Applicants may contact MVH's Information and Privacy Officer at 4515 Central Boulevard, Burnaby BC V5H 4J5 or 604-451-6530 if they have questions about the collection of personal information on this Application.

10. Warranty and Declaration

The Applicant(s) and all adult household members (anyone age 19 and older) must warrant and declare to MVH that all of the information submitted in this Application is true, current, complete, and accurate as of the date of this Application. Should this Application be accepted by MVH, any material misstatement, misrepresentation, error or omission made in this Application upon which MVH relied in deciding whether or not to accept this Application gives MVH the immediate right to issue a notice to end tenancy in accordance with the Act and to take whatever steps available at law to recover any and all damages, loss or expense from the Applicant(s) arising from any false, incomplete, or misleading information. The Applicant(s) acknowledge(s) and agree(s) that any incomplete Application may be returned to the Applicant as unprocessed or declined on this basis.

I warrant and declare that:

- This is my Application;
- All of the information submitted in this Application is true, current, complete, and accurate;
- If I require this Application to be translated into another language in order to fully understand it, it is my responsibility to have this Application translated for me by a translator of my choice, and I agree to assume the risk of any incorrect translation of this Application;
- It is my responsibility to inform MVH about any changes to the information given in this Application;
- This is not a tenancy agreement or agreement to provide me with rental housing; and
- I will assist by providing further information to MVH, as may be requested, for the purpose of considering this Application and verifying the information submitted in this Application.

_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date

To Be Completed by Authorized Metro Vancouver Housing Staff

- Decision to conduct criminal record check? Yes No
- Decision to conduct credit record check? Yes No
- Past MVHC tenancy check? Yes No
- Rent Registry check? Yes No
- Offer to proceed? Yes No

Based on the information provided, the applicant and other occupants qualify for the following MVHC rental unit:

- 1) Income of \$ _____
- 2) Number of occupants _____ thus unit size _____
- 3) Disability _____ explain _____
- 4) Senior's Unit (age 55 and older) _____ explain _____
- 5) Other (specify) _____

Current market rent for this rental unit is: \$ _____

Name

Title

Signature

Date