



Cobequid Housing Authority

9 Church Street, Truro, Nova Scotia B2N 3Z5

Office (902) 893-7235 Fax (902) 897-1149

Dear Applicant

Thank you for your interest in housing. Please sign, date and complete in full the enclosed application.

Applicant selection is based on the date received. The wait time will depend generally on three factors:

- 1) The receipt of your information
- 2) The availability of units in the areas of choice and
- 3) The number of applications ahead of you on the waiting list.

If we are unable to contact you, your application will be cancelled.

Rents are established on an individual basis using a percentage of the total household income received from all sources.

You will also be required to include with the application verification of your monthly income which may be in the form of the following:

- 1) Cheque stubs/copy of cheques
- 2) Copy of bank book/bank statement
- 3) Letter from income source (EI, Social Services, Employers, etc)
- 4) Document verifying maintenance or support payments
- 5) Copy of previous year's income tax return with copies of T4/T5 slips

Family housing applications, the included Nova Scotia Power form must be completed and sent directly to the power corporation by the applicant. If there is more than one, then **both** leaseholders must **complete** and **sign** the NSPC form.

The majority of **family units** consist of 3 Bedrooms, living room, kitchen and bathroom. They contain a fridge, stove and hookup for washer and dryer.

The majority of **Senior units** consist of 1 bedroom, living room, kitchenette, bathroom and storage room.

Upon receipt of these documents your application will then be processed and placed on the waiting list.

Thank you for applying. Should you have any additional questions, do not hesitate to call our office between the hours of 8.30am and 4.30pm, Monday through Friday.

Nova Scotia Coordinated Access Housing Application

Section 1 - Applicant

Primary Details

Salutation Mr. Mrs. Ms. Miss

Last Name _____

First Name _____ Middle Name _____

Maiden Name _____

Marital Status Single Divorced Common Law Married Widowed Other

Date of Birth (MM/DD/YYYY) _____ Sex Male Female

Social Insurance Number (SIN) _____

Student Yes No Name of School _____

Status in Canada Canadian Citizen Landed Immigrant

Other Specify if Other _____

Priority Access (This pertains to all household members listed on the application)

I/We are victim(s) of family abuse. *If you checked any of the checkboxes, please specify details:*

I/We are required to live in a location close to life sustaining health services

I/We currently occupy inadequate housing which poses an immediate health and/or safety risk

Current Address

Street No. and Name _____ Apt. No. _____

City _____

Province _____ Postal Code _____ Country _____

Mailing Address (if different than current address)

Street No. and Name _____ Apt. No. _____

City _____

Province _____ Postal Code _____ Country _____

Telephone Numbers

Home _____ E-Mail Address _____

Work _____ Can we safely contact you at your mailing address and home phone number? Yes No

Cellular _____ If No, where can we contact you? _____

Present Accommodation

Home Information Own Rent Temporary Homeless Shelter Boarder

Monthly Housing Expenses: Please include monthly mortgage payment or monthly rent and average monthly electricity, water, heating fuel and taxes, as applicable. \$ _____

Current Landlord Information (Please leave this section blank if you reside in you own home or are homeless)

Landlord Name _____ Telephone Number _____

Length of Tenancy (Months) _____

Have you received an eviction notice? Yes No Eviction Date _____

Eviction Reason _____

Persons to contact in your absence

Name	Relationship	Telephone Number

Nova Scotia Coordinated Access Housing Application

Section 2 - Co-Applicants / Other Members

Leaseholder Yes No Relationship to Applicant

Salutation Mr. Mrs. Ms. Miss

Last Name

First Name Middle Name

Marital Status Single Divorced Common Law Married Widowed Other

Date of Birth (MM/DD/YYYY) Sex Male Female

Social Insurance Number (SIN)

Student Yes No Name of School

Status in Canada Canadian Citizen Landed Immigrant
 Other Specify if Other

Leaseholder Yes No Relationship to Applicant

Salutation Mr. Mrs. Ms. Miss

Last Name

First Name Middle Name

Marital Status Single Divorced Common Law Married Widowed Other

Date of Birth (MM/DD/YYYY) Sex Male Female

Social Insurance Number (SIN)

Student Yes No Name of School

Status in Canada Canadian Citizen Landed Immigrant
 Other Specify if Other

Leaseholder Yes No Relationship to Applicant

Salutation Mr. Mrs. Ms. Miss

Last Name

First Name Middle Name

Marital Status Single Divorced Common Law Married Widowed Other

Date of Birth (MM/DD/YYYY) Sex Male Female

Social Insurance Number (SIN)

Student Yes No Name of School

Status in Canada Canadian Citizen Landed Immigrant
 Other Specify if Other

Leaseholder Yes No Relationship to Applicant

Salutation Mr. Mrs. Ms. Miss

Last Name

First Name Middle Name

Marital Status Single Divorced Common Law Married Widowed Other

Date of Birth (MM/DD/YYYY) Sex Male Female

Social Insurance Number (SIN)

Student Yes No Name of School

Status in Canada Canadian Citizen Landed Immigrant
 Other Specify if Other

Nova Scotia Coordinated Access Housing Application

Section 3 - Previous Tenancy

Please specify previous 3 tenancies or previous tenancies up to 3 years for Applicant and Co-Applicant(s), whichever is longer:

Have you ever been a tenant in:

- | | | | | | | | | | |
|----------------|--------------------------|-----|--------------------------|----|-------------------|--------------------------|-----|--------------------------|----|
| Public Housing | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Rent Supplement | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Non-Profit | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Other | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cooperatives | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Other, specify | | | | |

Applicant/Co-Applicant Address Line 1 Address Line 2 City Province, Postal Code Country	Occupancy From (MM/YY) Occupancy To (MM/YY) Landlord Name Landlord Phone No.
Applicant/Co-Applicant Address Line 1 Address Line 2 City Province, Postal Code Country	Occupancy From (MM/YY) Occupancy To (MM/YY) Landlord Name Landlord Phone No.
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Nova Scotia Coordinated Access Housing Application

Section 4 - Income Statement of all MONTHLY income BEFORE deductions received by all persons/family members to live in the accommodation

Applicant Last Name ---->				
Applicant First Name ---->				
Income Categories	\$ Amount	\$ Amount	\$ Amount	\$ Amount
Alimony/Child Support				
Capital Gains				
Canada Pension Plan Disability				
Canada Pension Plan Other				
Dividends				
Employment Insurance				
Employment Income				
Foster Child Payments				
Gratuities				
Immigrant Sponsorship				
Human Resource Development Canada				
Interest				
Old Age Security/Guar. Income Supp./Spouse Allow.				
Other Country Social Security				
Other Income				
Other Pension				
Rental Income				
RRSP/RIF				
Social Assistance				
Student Loan				
Workers Compensation				
Veteran Pensions & Allowance				
Total Income for member: \$				

Total Income for the household per month: \$ _____

Nova Scotia Coordinated Access Housing Application

Section 5 - Housing Preferences **Note : Select unit size based on your family size. These preferences will determine the properties that are suitable for your selection based on your requirements. Housing accommodations may not be available to meet all of your requirements.**

Unit Size :

<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom
<input type="checkbox"/> 4 Bedroom	<input type="checkbox"/> 5 Bedroom	<input type="checkbox"/> 6 Bedroom	

Resident Type:
 I/We want to live in a community for:

<input type="checkbox"/> Family	<input type="checkbox"/> Senior	<input type="checkbox"/> Non Elderly (57 yrs old or under)
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Accessibility:

Is anyone in your household disabled? Yes No

I/We require one or more of the following:

Wheel Chair Accessibility	<input type="checkbox"/>
Ground Floor due to inability to climb stairs	<input type="checkbox"/>
Paraplegic Unit / Modified Unit	<input type="checkbox"/>
Hearing Impaired Unit	<input type="checkbox"/>
Visually Impaired Unit	<input type="checkbox"/>
Other	<input type="checkbox"/>

If Other Specify:

Supportive Services Required:

I/We are required to live in a location where essential support services are available:

Specify:

Do you currently have home support services? Yes No

Other Details:

Is anyone in the household a Single Parent? (This is voluntary information) Yes No

Is an additional child expected (baby, adoption, etc.) ? (This is voluntary information. This information will be used to determine your future housing requirements.) Yes No

If yes, Due Date (MM/DD/YYYY)

Do you own a house? Yes No

Do all household members reside in present accommodation? Yes No

If No provide information in notes box

Do you currently have a pet? (This is subject to Housing Authority Approval) Yes No

Do you require parking? Yes No

Nova Scotia Coordinated Access Housing Application

Declaration and Consent: Please read and sign this statement:
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I/We declare that the information provided in the application form is correct and complete.

I/We understand that falsification of any or all information provided by me/us may be cause for the cancellation of the application.

I/We understand that it is my/our responsibility to advise the Housing Authority of any changes to the information given in this application and to provide any supporting materials required for my/our application.

I/We authorize the Housing Authority or its representatives to make inquiries that are necessary to verify the information submitted in this application.

I/We authorize the Housing Authority to receive and exchange information with my/our current and previous landlord(s).

Applicant's Signature

Co-Applicant's Signature

Application Date

Dear Applicant:

This is to advise that certain building materials used in apartment buildings, office buildings and homes until the mid-1980's may contain asbestos fibres. Asbestos may typically be found in drywall filler, texture coats (stucco), floor tiles, tile adhesive, gaskets, hard board, plaster, ceiling tiles, caulking and seamless flooring. Asbestos can be a hazard if the fibres in the building material are released or separated from the material or become air borne. In order for asbestos fibres to be released from this material, it must be sanded or crumbled into small pieces.

Asbestos is not otherwise poisonous and it does not off-gas any toxic chemicals. Under normal conditions of day-to-day usage, these materials do not pose a risk to occupants, as they are not releasing dust.

As many Regional Housing Authority (RHA) buildings were constructed prior to the mid-1980's we are advising that asbestos may be present in building materials. When properly managed these materials are not a cause for concern.

Typically, if asbestos is found in RHA buildings it is in the drywall filler (the material used to cover the seams where two (2) pieces of gyproc meet or the corners of a room or where the ceiling and walls meet), stucco or plaster. Gyproc itself does not contain asbestos. Some floor tiles and vinyl flooring contain asbestos fibres; as well as the insulating material in some older style light fixtures contain asbestos fibres.

It is not possible to test the drywall compound in all the walls or test every floor.

Therefore when you become a tenant, you will be advised of the following instructions:

- Ceiling and wall repairs are not to be carried out by tenants, their families or contractors hired by tenants. Call your site office, RHA will repair.
- Where a ceiling or wall is damaged and cleanup involves small pieces of material that has crumbled, do not clean up the damaged material. Call your site office, RHA will clean up the material and arrange repair of the wall or ceiling.

Please note that Schedule B, Section 2(d) of the HA lease states tenants shall not make any changes or alterations to the premises without first obtaining written approval from your RHA.

You will be asked to sign this letter at your lease signing.

If you require any further information, please contact your RHA Property Manager.

Yours truly,

Regional Housing Authority



Cobequid Housing Authority

9 Church Street, Truro, Nova Scotia B2N 3Z3

Office (902) 893-7235 Fax (902) 897-1149

PLEASE HAVE THIS FORM SIGNED BY THE NOVA SCOTIA POWER INCORPORATED TO VERIFY YOUR ABILITY TO OBTAIN ELECTRICAL SERVICES IN YOUR NAME, IF AWARDED A UNIT.

NAME: _____

S.I.N. NO: _____

SPOUSE: _____

S.I.N. NO: _____

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____

Have you ever had service with Nova Scotia Power Incorporated before?

YES _____ NO _____

* NOTE: → FAILURE TO FORWARD THIS FROM TO N.S.P.I. FOR COMPLETION MAY DELAY THE PROCESSING OF YOUR LEASE.

* MAIL TO: NOVA SCOTIA POWER INCORPORATED
P.O. BOX 510
HALIFAX, NOVA SCOTIA B3J 2W5

ATTENTION: WEB REPS.

I, hereby authorize the Nova Scotia Power Incorporated to forward completed form directly to the Cobequid Housing Authority.

SIGNED: _____

DATED: _____

THIS IS TO VERIFY THAT THE ABOVE NAMED IS ELIGIBLE FOR ELECTRICAL SERVICES.

DATE: _____

SIGNED: _____
NOVA SCOTIA POWER INCORPORATED