

APPLICATION FOR HOUSING



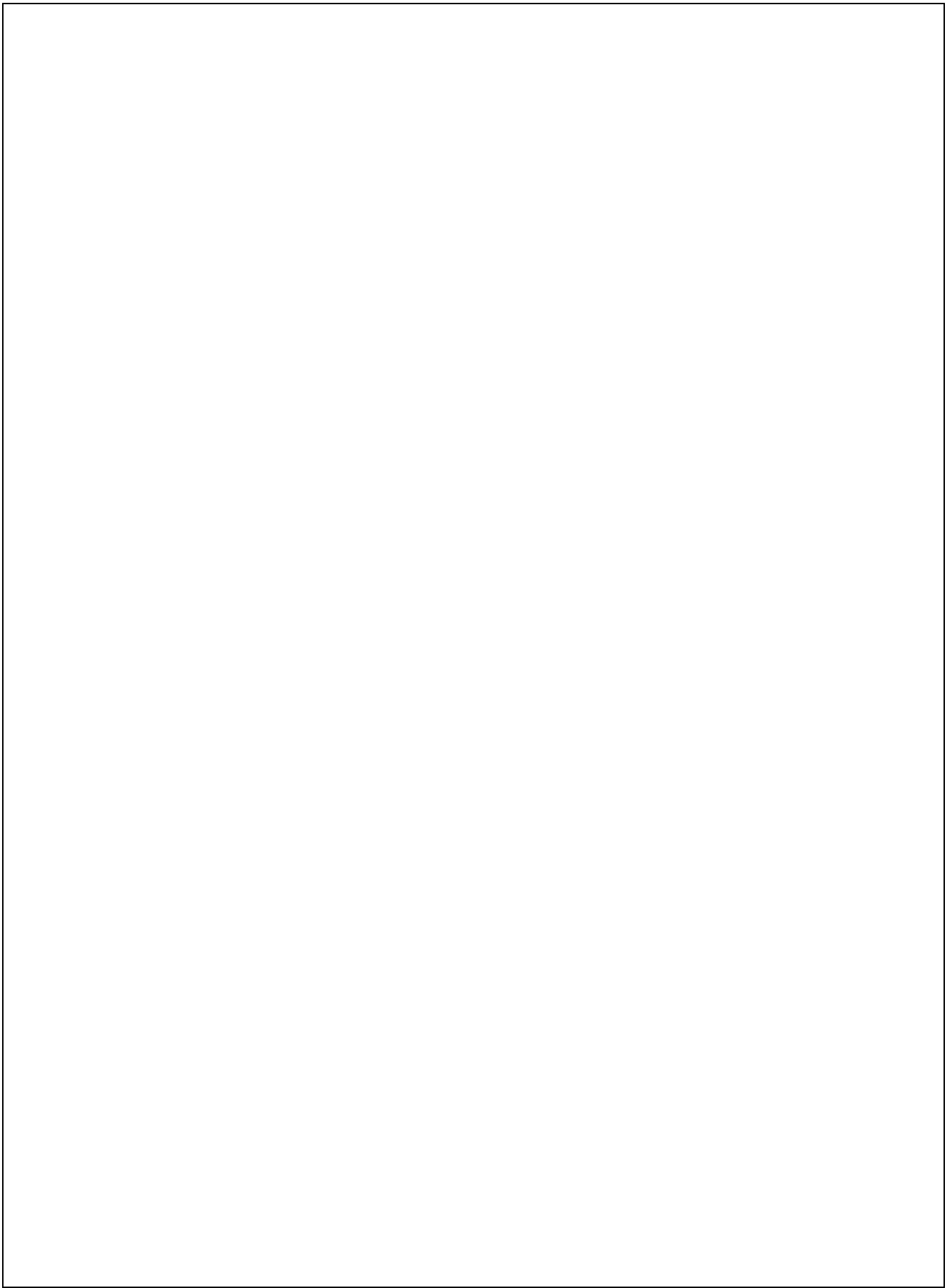
EASTERN MAINLAND HOUSING AUTHORITY

7 Campbell's Lane

New Glasgow, N.S. B2H 2H9

Tel. (902) 752-1225

Fax. (902) 752-1315



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

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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 _____

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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. _____
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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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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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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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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: \$ _____

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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 :

 Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom 6 Bedroom

Resident Type:

I/We want to live in a community for:

 Family Senior Non Elderly (57 yrs old or under)

Accessibility:

Is anyone in your household disabled?

 Yes No

I/We require one or more of the following:

Wheel Chair Accessibility

Ground Floor due to inability to climb stairs

Paraplegic Unit / Modified Unit

Hearing Impaired Unit

Visually Impaired Unit

Other

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

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Declaration and Consent: Please read and sign this statement:

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 Housing Authority 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 the Housing Authority office and they will do the repairs.
- 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 you the Housing Authority and they 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 Housing Authority Property Manager.

Yours truly,

Eastern Mainland Housing Authority

FAMILY HOUSING

RESIDENCY REQUIREMENT

An applicant applying for Family Public Housing shall:

- have been a resident of the Municipality where the unit is located for a period of any twelve (12) consecutive months during the past twenty-three (23) months, or
- have been a resident of the Municipality where the unit is located for a period of sixty (60) consecutive months of their adult life.

Where a vacancy or vacancies exist and there are no applicants from the relevant Municipality, then applicants from other areas may be considered.

HOUSEHOLD INCOME LIMIT

Applicants will only be considered for housing if their gross household income does not exceed a certain limit outlined in the housing authority guidelines. Please consult the housing authority regarding the current maximum limits.

CHRONOLOGICAL WAITING LIST

The Housing Authority adheres to a chronological waiting list system (based on application date) for all eligible family applicants applying for suitable, affordable housing.

Exceptions to the chronological list are considered for those who:

Require a Life Sustaining Support System (close to hospital)

- Victims of Family Violence
- Condemned Building

RENT

Up to twenty-five percent of tenant's monthly gross household income from all sources or a set rate for those on Income Assistance. Tenants are responsible for paying their own electricity.

PET POLICY

Please consult the housing authority regarding the pet policy that restricts the number and type of pets allowed. You must get permission first before keeping a pet.

RENT-SUPPLEMENT HOUSING

ELIGIBILITY REQUIREMENT

- _ Must be a Canadian Citizen
- _ Residency requirement not necessary

Rent is based on your income. Tenants pay electric heat and lights.

Units available in the Towns of Trenton, Stellarton, Westville & New Glasgow.

List of Family Units

NEW GLASGOW

Birch Street
Brother Street Extension
Brother Street
Munroe Ave
Terra Nova Avenue
Tremont Street
Cameron Avenue
Willow Avenue
Reservoir Street
North Avenue
North Street
Munroe Avenue
View Street (**wheelchair accessible**)

PICTOU

Hector Ave
Veterans Drive
Oak Street

TRENTON

13th Street
Duchess Avenue
Hampson Street
Scotia Street

WESTVILLE

Spring Garden Road
Matheson Street
Acadia Ave.
Greenhithe Street
Park Street
Acadia Ave
Church Street
Court Street
Temperance Street
Dufferin Street
Porters Lane
Tremont Street