

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: Children/Dependants

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 _____	Occupancy From (MM/YY) _____
Address Line 1 _____	Occupancy To (MM/YY) _____
Address Line 2 _____	Landlord Name _____
City _____	Landlord Phone No. _____
Province, Postal Code _____	
Country _____	

Applicant/Co-Applicant _____	Occupancy From (MM/YY) _____
Address Line 1 _____	Occupancy To (MM/YY) _____
Address Line 2 _____	Landlord Name _____
City _____	Landlord Phone No. _____
Province, Postal Code _____	
Country _____	

Applicant/Co-Applicant _____	Occupancy From (MM/YY) _____
Address Line 1 _____	Occupancy To (MM/YY) _____
Address Line 2 _____	Landlord Name _____
City _____	Landlord Phone No. _____
Province, Postal Code _____	
Country _____	

Applicant/Co-Applicant _____	Occupancy From (MM/YY) _____
Address Line 1 _____	Occupancy To (MM/YY) _____
Address Line 2 _____	Landlord Name _____
City _____	Landlord Phone No. _____
Province, Postal Code _____	
Country _____	

Applicant/Co-Applicant _____	Occupancy From (MM/YY) _____
Address Line 1 _____	Occupancy To (MM/YY) _____
Address Line 2 _____	Landlord Name _____
City _____	Landlord Phone No. _____
Province, Postal Code _____	
Country _____	

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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:

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 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

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Select areas based on your area of preference and the unit size you require for your family.
A single individual is eligible for a bachelor or a one bedroom unit.

Section 5 – Housing Preferences		Family and Single Accommodations	
<p>Central Halifax</p> <p>La Villa (5786 North st) Bach, 1 & 2 Apts <input type="checkbox"/></p> <p>Ahern Manor (2313 Gottingen st) Bach, 1 & 2 Bdrms <input type="checkbox"/></p> <p>Vimy Arms (2030 Gottingen st) Bach, 1 & 2 Bdrms <input type="checkbox"/></p> <p>Newman Building Bach, 1 & 2 Bdrms <input type="checkbox"/></p> <p>Centre Outskirts 1, 2 & 3 Bdrms <input type="checkbox"/></p> <p>Uniacke Square 1, 2, 3 & 4 Bdrms <input type="checkbox"/></p>	<p>Dartmouth</p> <p>Dartmouth North 2 & 3 Bdrms <input type="checkbox"/></p> <p>Nova Court 1 & 2 Bdrms <input type="checkbox"/></p> <p>Kennedy Area 2 & 3 Bdrms <input type="checkbox"/></p> <p>Woodside 2,3 & 4 Bdrms <input type="checkbox"/></p> <p>Victoria Road 1, 3 & 4 Bdrms <input type="checkbox"/></p> <p>Lahey 3 & 4 Bdrms <input type="checkbox"/></p>		
<p>Halifax West</p> <p>Westwood Towers (6701 Chisholm Ave) Bach, 1 & 2 Bdrms <input type="checkbox"/></p> <p>Bayers Westwood 1, 2 & 3, 4 & 5 Bdrms <input type="checkbox"/></p>	<p>Cole Harbour/Eastern Passage</p> <p>Forest Hills 3 Bdrms <input type="checkbox"/></p> <p>Eastern Passage 3 Bdrms <input type="checkbox"/></p>		
<p>Northend Halifax</p> <p>Fairview/C. Park Bach, 1 & 2 Bdrms <input type="checkbox"/></p> <p>Richmond Street 1, 2 & 3 Bdrms <input type="checkbox"/></p> <p>Connor Lane 1, 2 & 3 Bdrms <input type="checkbox"/></p> <p>Mulgrave Park 2, 3 & 4 Bdrms <input type="checkbox"/></p>	<p>Bedford/Sackville</p> <p>Lower Sackville 2 & 3 Bdrms <input type="checkbox"/></p> <p>Bedford 2 & 3 Bdrms <input type="checkbox"/></p>		
<p>Spryfield</p> <p>Forbes/Greystone 2 Bdrms <input type="checkbox"/></p> <p>Greystone 3, 4 & 5 Bdrms <input type="checkbox"/></p>	<p>Sheet Harbour</p> <p>Jeddore 3 Bdrms <input type="checkbox"/></p> <p>East River 3 Bdrms <input type="checkbox"/></p>		
<p>St Margaret's Bay Area</p> <p>White's Lake 2 Bdrms <input type="checkbox"/></p> <p>Prospect Bay 3 Bdrms <input type="checkbox"/></p> <p>Timberlea 3 Bdrms <input type="checkbox"/></p> <p>Tantallon 3 Bdrms <input type="checkbox"/></p> <p>Glen Haven 3 Bdrms <input type="checkbox"/></p>	<p>County Area</p> <p>Enfield 2 & 3 Bdrms <input type="checkbox"/></p> <p>Nine Mile River 3 Bdrms <input type="checkbox"/></p> <p>Rawdon 3 Bdrms <input type="checkbox"/></p> <p>Elmsdale 3 Bdrms <input type="checkbox"/></p> <p>Lantz 3 Bdrms <input type="checkbox"/></p>		

Note: This program is designed to provide adequate, affordable rental housing to low income individuals and families. Rents charged are based on household income.

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METROPOLITAN REGIONAL HOUSING AUTHORITY

Tel: 420-6017 Application Fax: 420-2815

Prior to assessing your application; staff complete a Nova Scotia Power Confirmation and arrears check.

1). Power Confirmation: Nova Scotia Power is contacted to confirm that power can be installed in the leaseholder(s) name. If power arrears exist, applicant is to contact Nova Scotia Power prior to being housed to resolve arrears.

2). Arrears with a housing authority or any government funded housing agency: If arrears exist you will be notified of the amount and your application will be cancelled. Once the arrears have been paid, you may reapply.

Once an application has cleared the above checks, it is forwarded to the Applications Department. A staff member will contact you to complete an assessment within two (2) weeks.

Please be advised all income confirmations will be required. The table below lists some examples of the income verification that may apply to you.

Please call <u>Service Canada</u> to request an Income Confirmation Letter for the following: Old Age Security, Canada pension, Guaranteed Income Supplement Phone: English-1-800-277-9914, French-1-800-277-9915, TTY-1-800-255-4786 (If couples, one letter each)
Stubs / Letters from Superannuation to confirm your gross monthly income
Stubs / Letter from D.V.A. /W.V.A/ Canadian Forces Pension to confirm your gross monthly income.
Stubs / Letters from Retirement Pension to confirm your gross monthly income.
Confirmation of all investments income, from all sources. i.e., Registered Retirement Investment Funds, savings, G.I.C.s, Debentures, etc.
Self Employed / Business Income – A certified copy of this year’s Income Tax Assessment, both personal and business, including financial statements filed with the tax returns.
Last 4 current pay stubs, or a letter from the employer stating the hours worked per week and the rate of pay. Please ensure the business name and contact number is on the letter.
Employment Insurance (EI) stubs, covering the proceeding 4 week period or a Record of Employment (ROE) issued by Employer.
Confirmation of any insurance received monthly or yearly.
Current stub or budget sheet, from Income Assistance /Family Benefits
Confirmation of all alimony /support received monthly.
Verification from incomes not mentioned above
Additional Information: Official copy of current custody agreement

If you have any questions about your eligibility for housing or the assessment process, please call the Application Department at 420-6017

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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 responsibility to advise the Housing Authority of any changes to the information given in this application (i.e. change of address, telephone number, etc.) 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 with my/our current and previous landlord(s), N.S. Power and other information about me/us to be used in the decision making process to provide me/us with rental accommodation.

Applicant's Signature _____

Co-Applicant's Signature _____

Application Date _____

METROPOLITAN REGIONAL HOUSING AUTHORITY

3770 Kempt Rd, Suite 3

HALIFAX, NOVA SCOTIA B3K 4X8

PHONE: 420-6017

FAX: 420-2815