

# 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. _____
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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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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**

<b>Applicant Last Name</b> ---->				
<b>Applicant First Name</b> ---->				
<b>Income Categories</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>
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				
<b>Total Income for member: \$</b>				

**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 :

 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 smoker?

 Yes No

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

<b>Section 5 – Senior Housing Preferences</b>		<b>Public Housing Program</b>	
<p><b>South End Halifax</b></p> <p>South End Seniors <input type="checkbox"/>                      (Joseph Howe Manor 5515 Victoria Rd, H.P. MacKeen Manor 1186 Queen St)</p>	<p><b>Dartmouth</b></p> <p>Acadia Place 8 Mount Hope Ave <input type="checkbox"/>                      Alderney Manor 1 Alderney Dr <input type="checkbox"/>                      **Eastwood Manor 55 Crichton Ave <input type="checkbox"/>                      Edgemere Manor 79 Crichton Ave <input type="checkbox"/>                      Crathorne Place 14 &amp; 16 Jamieson St <input type="checkbox"/>                      Nantucket Place 45 Ochterloney St <input type="checkbox"/></p>		
<p><b>Central Halifax</b></p> <p>Gordon B. Isnor Manor 5565 Cornwallis St <input type="checkbox"/>                      Sunrise Manor 2406 Gottingen St <input type="checkbox"/></p>	<p><b>Cole Harbour/Eastern Passage</b></p> <p>*Forest Hills 16, 18,*20, 22 Circassion Dr <input type="checkbox"/>                      Island View Apartments 36 Cow Bay Rd <input type="checkbox"/>                      D A MacDonald Manor 1935 Caldwell Rd <input type="checkbox"/>                      Spruce Grove Apartments 27 James Roy Dr <input type="checkbox"/>                      Sarah Jane Clayton Manor 1 Lower Governor <input type="checkbox"/></p>		
<p><b>Halifax West</b></p> <p>Sir John Thompson Manor 7001 Leppert St <input type="checkbox"/>                      Westmoor Lodge 6841 Cook Ave <input type="checkbox"/></p>	<p><b>Bedford/Sackville</b></p> <p>Woodlyn Manor 2 Woodlyn Dr <input type="checkbox"/>                      Bedford Manor 51 Bridge St <input type="checkbox"/>                      *McDougall Manor 20 McDougall Ave <input type="checkbox"/>                      Glendale Manor 1 Smokey Dr <input type="checkbox"/>                      Sackville Manor 51 Old Beaverbank Rd <input type="checkbox"/></p>		
<p><b>Fairview</b></p> <p>**Cornwallis Morreau Lodge 103 Main Ave <input type="checkbox"/>                      MacDonald Laurier Place 3 Ford St <input type="checkbox"/></p>	<p><b>County Area</b></p> <p>Waverley Manor 12 Faucheu Ln <input type="checkbox"/>                      Enfield Manor 41 Parker Place Crescent <input type="checkbox"/>                      Valley View Villa 28 Elm Dr <input type="checkbox"/></p>		
<p><b>Halifax North</b></p> <p>**Dr Samuel Prince Manor 3792 Novalea Dr <input type="checkbox"/>                      Richmond Manor 5594 Northridge Dr <input type="checkbox"/>                      Acadia Square Lodge **Devonshire Ave/Kenny Dr <input type="checkbox"/></p>	<p><b>Musquodoboit Harbour</b></p> <p>Forest Glen Apartments 19 East Petpeswick Rd <input type="checkbox"/></p>		
<p><b>Spryfield Area</b></p> <p>Captain William Spry Lodge 6 Arnold Dr <input type="checkbox"/>                      Cowie Hill Lodge 166 Cowie Hill Rd <input type="checkbox"/>                      Margaret Latter Manor 144 Hebridean Dr <input type="checkbox"/></p>	<p><b>Sheet Harbour</b></p> <p>Elmhurst Apartments 14 Elmhurst Dr <input type="checkbox"/></p>		
<p><b>St Margaret's Bay Area</b></p> <p>Timberlea Manor 1746 Bay Rd <input type="checkbox"/>                      Eleanor Hubley Villa 9 Eleanor Ln <input type="checkbox"/>                      Hubbards Manor 19 Fox Point Front Rd <input type="checkbox"/></p>			

<b>Section 5 – Senior Housing Preferences</b>		<b>Affordable Housing Program</b>	
<p><b>Woodside</b> 8b/8 Mount Hope Ave</p> <p>*Fort Clarence Place Minimum Income: \$22,000 per year <input type="checkbox"/></p>	<p><b>Lower Sackville</b> Minimum Income: \$23,000 per year</p> <p>*Millwood Manor 114 Millwood Dr <input type="checkbox"/>                      *Sackville Manor II 51 Old Beaverbank Rd <input type="checkbox"/></p>		
<p>Spryfield Minimum Income \$22,000 per year 110 Lyons Ave</p> <p>*Ida Mae Marriott 1 Bedroom \$640, 2 Bedrooms \$740/month <input type="checkbox"/></p>			

\*Non-Smoking Building

\*\*Building with designated non-smoking floors

# Nova Scotia Coordinated Access Housing Application

## 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.**

<b>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, <u>one letter each</u>)</b>
<b>Stubs / Letters from Superannuation to confirm your gross monthly income</b>
<b>Stubs / Letter from D.V.A. /W.V.A/ Canadian Forces Pension to confirm your gross monthly income.</b>
<b>Stubs / Letters from Retirement Pension to confirm your gross monthly income.</b>
<b>Confirmation of all investments income, from all sources. i.e., Registered Retirement Investment Funds, savings, G.I.C.s, Debentures, etc.</b>
<b>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.</b>
<b>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.</b>
<b>Employment Insurance (EI) stubs, covering the proceeding 4 week period or a Record of Employment (ROE) issued by Employer.</b>
<b>Confirmation of any insurance received monthly or yearly.</b>
<b>Current stub or budget sheet, from Income Assistance/Family Benefits</b>
<b>Confirmation of all alimony/support received monthly.</b>
<b>Verification from incomes not mentioned above</b>
<b>Additional Information: Official copy of current custody agreement</b>

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

**Nova Scotia Coordinated Access Housing Application**

**Nova Scotia Coordinated Access Housing Application**

**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**