



Western Regional Housing Authority

It is important to ensure that all sections of your application are completed by you and returned to the office including all documentation required.

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 yours on the waiting list. When your application reaches the top of the waitlist, an interview will be arranged, at which time a landlord reference check will be completed. **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.

All applications must be accompanied by verification of your monthly income in the form of a cheque stub, bank book or statement, letter from your employer as well as a copy of any maintenance order for child support etc. We also require a copy of your most recent Income Tax Summary page or Notice of Assessment.

FAMILY UNIT APPLICANTS ONLY: You are required to complete and forward the attached Nova Scotia Power Confirmation sheet to the fax number indicated to confirm your ability to get power in your own name prior to being approved for a housing waitlist.

Note: if there is more than one, **both** leaseholders must **complete** and **sign** the NSPC form.

- The majority of **family** units consist of three bedrooms, living room, kitchen and bath. They contain a fridge, stove and hookup for a washer and dryer.
- The majority of **senior** units consist of one bedroom, living room and kitchenette, bath and storage room. They contain a fridge and stove and there are laundry facilities in every complex.

Thank you for applying. Should you have any additional questions, do not hesitate to call our office between the hours of 8:30 am and 4:30 pm, Monday through Friday.

25 Kentucky Court, New Minas, NS, B4N 4N1

Phone: 902.681.3179 Toll Free: 1.800.441.0447 Fax: 902.681.0806

Western Regional Housing Authority
 25 Kentucky Court, New Minas, N.S. B4N 4N1

NOVA SCOTIA POWER CONFIRMATION SHEET - APPLICATIONS DEPARTMENT

TO: Residential Customer Service FAX NO: (902) 428-6108 DATE _____, 20____.

FROM: Theresa B. PHONE NO: (902) 681-3179 Pages: _____ (including this page)

The Housing Authority would like to confirm whether or not the following client/clients are able to obtain power in their own name/names.

No.	Last Name	First Name & Initial	Phone Number	Social Insurance No.	Current Address	{N.S.P.C. Use only}		
						Yes	No	Remarks

CLIENT AUTHORIZATION: _____ Applicant Signature _____ Date _____, 20____.

CLIENT AUTHORIZATION: _____ Applicant Signature _____ Date _____, 20____.

CONFIRMED BY: _____ Nova Scotia Power Corporation _____ Date _____, 20____.

Please return by fax to (902) 681-0806 - Attn: Theresa

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 *If you checked any of the checkboxes, please specify details:*
- 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 Yes No

Cellular _____ number? _____

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 your 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
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 : 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	<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:

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

WESTERN REGIONAL HOUSING AUTHORITY
FAMILY UNIT LOCATIONS

New Minas
25 Kentucky Court
New Minas, N.S.
B4N 4N1
Telephone: 902-681-3179
Toll Free: 1-800-441-0447

Middleton
P.O. Box 1000
Middleton, N.S.
B0S 1P0
Telephone: 902-825-3481
Toll Free: 1-800-564-3483

Please check (✓) all areas where you would be interested in living. NOTE! You will only be placed on the waiting lists for the areas that you have indicated.

HANTS COUNTY

Town of Windsor	<input type="checkbox"/> Crossley Court
	<input type="checkbox"/> Underwood Drive
	<input type="checkbox"/> O'Brien St.
	<input type="checkbox"/> Burgess Crescent
Upper Burlington	<input type="checkbox"/> Hwy #215
Centre Burlington	<input type="checkbox"/> Cheverie
Three Mile Plains	<input type="checkbox"/> Panuke Rd.
	<input type="checkbox"/> Alexander St.
	<input type="checkbox"/> Denise Dr.
	<input type="checkbox"/> MacLeod Court
Bramber	<input type="checkbox"/> Lantz Rd.
Falmouth	<input type="checkbox"/> Town Rd.
	<input type="checkbox"/> Gabriel Rd.
Mun. West Hants	<input type="checkbox"/> Cameron Lake
	<input type="checkbox"/> Highway 215, Walton
NewPort	<input type="checkbox"/> Highway 14
Curry's Corner	<input type="checkbox"/> Kendall Lane

KINGS COUNTY

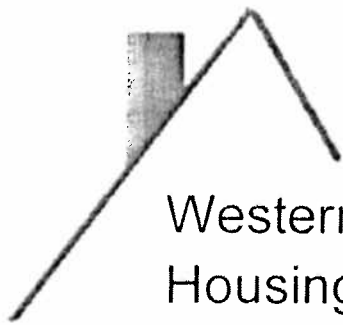
Town of Berwick	<input type="checkbox"/> Orchard St.
	<input type="checkbox"/> Robinson Dr.
Town of Kentville	<input type="checkbox"/> Inglewood Dr.
	<input type="checkbox"/> Minas St.
	<input type="checkbox"/> Prospect St.
	<input type="checkbox"/> Sherry Ave.
	<input type="checkbox"/> Brooklyn St.
	<input type="checkbox"/> Cornwallis Cres.
	<input type="checkbox"/> Main St.
North Kentville	<input type="checkbox"/> Mee Rd.
	<input type="checkbox"/> Applecrest
	<input type="checkbox"/> Belcher St.
	<input type="checkbox"/> Marjorie Dr.
	<input type="checkbox"/> Marie Court
Town of Wolfville	<input type="checkbox"/> Cherry Lane
	<input type="checkbox"/> Dale Street
Aldershot	<input type="checkbox"/> Aldershot Rd.

KINGS COUNTY - cont'd...

Waterville	<input type="checkbox"/> Rafuse Rd.
	<input type="checkbox"/> Highway #1
	<input type="checkbox"/> Thompson Rd.
Canning	<input type="checkbox"/> Country Home Rd.
	<input type="checkbox"/> Cavelle St.
	<input type="checkbox"/> Hwy #358, Canning Mtn.
	<input type="checkbox"/> Summer St.
	<input type="checkbox"/> Cavelle Terrace
	<input type="checkbox"/> Black Hole Rd
Aylesford	<input type="checkbox"/> Kelly Dr.
	<input type="checkbox"/> Sandy Court
New Minas	<input type="checkbox"/> Colonial Crescent
	<input type="checkbox"/> Dow Rd.
	<input type="checkbox"/> Castleloma Dr.
	<input type="checkbox"/> Memory Lane
Cambridge	<input type="checkbox"/> Old Ratchford Rd.
Lakeville	<input type="checkbox"/> Hwy #221
Centreville	<input type="checkbox"/> Hwy #359
	<input type="checkbox"/> Rockwell Mtn. Rd.
	<input type="checkbox"/> Mary Ave.
	<input type="checkbox"/> Anthony Ave.
Avonport	<input type="checkbox"/> Bluff Rd.
	<input type="checkbox"/> West Brooklyn Mtn.
Kingston	<input type="checkbox"/> Lincoln St.
	<input type="checkbox"/> Bowlby Park Rd.
	<input type="checkbox"/> Park St.
	<input type="checkbox"/> Tufts Ave.
	<input type="checkbox"/> Pleasant St.
Greenwood	<input type="checkbox"/> Spinney St.
	<input type="checkbox"/> Rocknotch Rd.

ANNAPOLIS COUNTY

Deep Brook	<input type="checkbox"/> Dunn Rd.
Middleton	<input type="checkbox"/> Meadow Lane
	<input type="checkbox"/> Sunset Cres.
	<input type="checkbox"/> Commercial St.
	<input type="checkbox"/> Hollow Drive
Granville Ferry	<input type="checkbox"/> Granville Beach
Brickton	<input type="checkbox"/> Hwy #1
Nictaux	<input type="checkbox"/> Bonavista Dr.
	<input type="checkbox"/> Hwy #201
Lawrencetown	<input type="checkbox"/> Fitch Rd.
Inglisville, Lawrencetown	<input type="checkbox"/> Inglisville Rd.
Carleton Corner, Bridgetown	<input type="checkbox"/> Morse Rd.
Beaconsfield, Bridgetown	<input type="checkbox"/> Inglewood Rd.
Centrelea, Bridgetown	<input type="checkbox"/> Hwy #201
Clementsport	<input type="checkbox"/> Old Post Rd.



Western Regional Housing Authority

PET POLICY

Permission to keep a pet may be granted, subject to the "Pet Policy Rules and Regulations", to tenants who reside in a house or apartment that has direct access to the outside. Residents in other locations may be permitted to keep a pet by reason of Special Need (ie. Seeing Eye dog).

All requests to have a pet must be in writing on the prescribed "Application for Permission to Keep a Pet Animal". You will be notified in writing if your application is approved. This permission is subject to the "Pet Policy Rules and Regulations" and may be withdrawn for failure to comply with any of these rules. The Authority may also, at its sole discretion, withdraw permission to meet changing conditions.

RULES AND REGULATIONS:

A pet for the purpose of eligibility refers to "common household pets" such as a dog, cat or rabbit, which are usually kept for pleasure. Each household will only be permitted to have one pet (such as one cat or one dog) at a time.

RESTRICTIONS:

Reptiles, farm animals or animals that would be dangerous or frightening to other tenants will not be permitted. No Pit Bulls, Rottweilers, Dobermans, German Shepherds, Mastiffs or cross breeds thereof, will be permitted. Pets must not be kept for breeding purposes.

EXCEPTIONS:

Permission will be given to those residents who require a special needs dog. A letter confirming official training for purpose of special needs will be required in these instances.

LICENSING:

The Pet shall be licensed according to applicable local bilaws. Owners may be required to provide evidence of this license.

INOCULATIONS:

All pets shall be inoculated in accordance with provincial and municipal laws. Pet owners shall be required to provide proof of this when requested.

SANITARY STANDARDS:

It is the responsibility of the tenant to ensure that waste is cleaned up from the property on a regular basis. If a litter box is used, it must be cleaned regularly to prevent odors.

RESTRAINT:

A pet shall be properly restrained and controlled while in any common or public area at the project. A pet shall not be allowed to run at large. If repeated incidents of allowing a pet to roam or make unnecessary noise are noted, the owner may be advised that the animal must be removed from the project.

REGISTRATION WITH THE AUTHORITY:

A tenant must make application to the Authority for permission to keep a pet. A pet shall be registered with the Authority before it is brought to the project. The following information will be required:

- A. Proof of inoculation and licensing.
- B. Description (size, type, etc.).
- C. The name, address and telephone number of someone who will look after the pet in the tenant's absence.

EMERGENCY SITUATIONS:

If a pet is vicious, displays symptoms of severe illness or demonstrates other behavior that constitutes an immediate threat to the health or safety of the tenants in general, the Authority shall have the pet removed from the property by whatever process it deems necessary. The Housing Authority reserves the right to charge the tenant for any damage done by the pet.