

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 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 |
|------|--------------|------------------|
| | | |
| | | |

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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. _____ |
|--|---|

| | |
|--|---|
| 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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|--|---|

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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 fibers. 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 fibers in the building material are released or separated from the material or become air borne. In order for asbestos fibers 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 fibers; as well as the insulating material in some older style light fixtures contain asbestos fibers.

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