



Antigonish Affordable Housing Society (AAHS)



Resident Application Form

Property/Address: Riverside Estates **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Area Resident (Y/N)	Social Security Number

Current Address: _____

Primary Phone: (____) _____ **Alternate Phone:** (____) _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan, located on our Website, for greater detail.*

Suddenly Homeless - living with family or friends.
 Overcrowding.
 Inadequate Facilities.
 Other or Local Preference: _____

Type:

Would you or anyone in your household benefit from a barrier free unit?
 (Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____
 Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

Please respond to the following questions. We want Riverside Estates to be home and a safe community for all residents. Knowing this information will help us make decisions.

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No
If YES, explain _____
- Do you expect the number of household members to change in the future? Yes No
If YES, explain how many members will be added or reduced, and when that change will take place.

- Have any of the household members used names other than the names and numbers used above? Yes No
If YES, explain _____
- Are any or ALL members of the household full-time students? Yes No
If YES, explain

- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No
If YES, provide the nature of the crime(s): _____
Date: _____ Province: _____ City: _____
County: _____
Are you or any members of your household subject to a lifetime registration requirement under a sex offender registration program? Yes No **If YES, Please explain** _____
Are there any criminal charges pending now? Yes No **If YES, please explain** _____

NOTE: If you have a criminal record, this information will remain confidential, and it will not necessarily affect your chances of being eligible or accepted as a resident.

6. Do you live in subsidized housing now or have you in the past? Yes No
 If YES, where? _____ From _____ To _____
 Were you evicted? _____ If YES, why? _____
7. Have you ever filed or are you currently filing for bankruptcy? Yes No
 If YES, give reason _____
 Date of filing: _____
8. Why do you want to move from your current residence? _____
9. How did you hear about us? _____
10. Do you know or are you related to any of our residents or staff? _____

Income Information: Our rental units are for individuals and families who are eligible for affordable housing based on their annual income. As a result, we require you to provide us with the following information about your income sources. Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months.

(Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?

Yes No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?

Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. (a) Child Support or Spousal Support (alimony)?

Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Income assistance from the Nova Scotia Department of Community Services?

Yes No

<u>Household Member</u>	<u>DCS Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

5. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
6. Regular payments from a severance package? Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
7. Regular payments from any type of settlement? (For example, insurance settlements) Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
8. Disability, death benefits or life insurance dividends? Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
9. Child tax credit, orphan's allowance, CPP, widow's allowance? Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
10. Educational grants, scholarships, or other student benefits? Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
11. Any other income sources or types not listed above? Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
12. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____

Other Information:

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ Date Issued: _____ Make/Model/Year: _____
2. License #: _____ Date Issued: _____ Make/Model/Year: _____

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for affordable housing through the Antigonish Affordable Housing Society (AAHS). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I hereby grant this property owner, Antigonish Affordable Housing Society AAHS, the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date

For Office Use Only

Application Date: _____ **Time:** _____ **Desired Move-In Date:** _____ **Application**
Received By: _____ **As Agent for Owner**