



**Antigonish Affordable Housing
Society (AAHS)**



Resident Application Form



**Application Deadline:
Completed applications must be received by 4:00pm, January 6, 2021**

Eligibility Criteria.

You must meet the following criteria in order to apply for housing:

1. At this time, applications are being accepted for two bedroom units. Applications for this round will only be accepted for households consisting of two or more people.
2. Income: Household total income must be less than the maximum threshold of \$42,800 (multiple bedroom household). You must provide a current CRA Income Tax Assessment (2019) for everyone in your household if selected for an interview.
3. You must have been a resident of Antigonish Town or County for at least the past three years.
4. You must not have a violent criminal record or be on the sex offender registry. All adult household members will have to pass a criminal record check before being selected for tenancy.

Please drop off your application at the circulation desk of the People's Place Library or the Antigonish Women's Resource Centre in a sealed envelope marked AAHS – Riverside Estates Application. Completed applications may also be scanned and emailed to the address below.

*If you need assistance, please contact us by email at: affordable.antig@gmail.com
or by phone at (902) 863.2047 or (902) 870.3894*

Property/Address: Riverside Estates _____

Household Information: Complete the following information for each household member that will occupy the unit:

Name (Full Name)	Birth Date (mm, dd, yyyy)
1.	
2.	
3.	
4.	
5.	

Have you been a resident of Antigonish Town or County for at least the past 3 years? Yes No

Current Address: _____

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

Email Address: _____

Number of Bedrooms Required: One Bedroom (1 – 2 people) Two bedroom (2 or more people)

Do you or anyone in your household require the use of a wheelchair and therefore require a barrier-free unit?
 Yes No

Do you have any health conditions, such as mobility impairments, that you would like us to be aware of in considering your application (All comments are to be on a volunteer basis):

Will you or anyone in your household require an overnight care attendant? Yes No

Please provide details: _____

Please tell us why you would like to live in our affordable housing units:

Housing References:
 List your current and past landlords. *Please note we require landlord references when available but may accept character references if a landlord reference is not available.*

Reference's Name/Address

1. _____

 Phone: (____) _____ Email: _____ Landlord Reference
 Yes No

2. _____

 Phone: (____) _____ Email: _____ Landlord Reference
 Yes No

Income Information: Our rental units are for individuals and families who are eligible for affordable housing based on their total annual income. As a result, we require you to provide us with a current CRA Income Tax Assessment for everyone in your household.

Include all *GROSS* household income (before taxes) for the current tax year:
 \$ _____.

*Please note: Gross income includes employment wages, employment insurance benefits, maternity-leave benefits, child/spousal support, income assistance from Department of Community Services, regular payments from a pension, retirement benefit, annuities, or veteran's benefits, regular payments from a severance package or any type of settlement, disability, death benefits or life insurance dividends, child tax credit, orphan's allowance, CPP, widow's allowance, educational grants, scholarships, or other student benefits.

Current Housing Costs:

Please list your monthly costs:

Rent: \$ _____

Utilities: \$ _____ (heat, lights, water)

Income thresholds noted below are set by Housing Nova Scotia.

If total income is greater than the maximum threshold of \$ 37,500 (single bedroom household) or \$42,800 (multiple bedroom household) your application will not be accepted.

Signature Clause:

I understand that Antigonish Affordable Housing Society (AAHS) is relying on this information to prove my household’s eligibility for affordable housing. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I further understand that if a tenancy is granted based on information that I have certified to be true, AAHS reserves the right to immediately terminate that tenancy, should AAHS later find my certification to be unreliable.

All household members aged 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

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