



If you are staying at a shelter, hostel, hotel, care facility, or other type of non-private residence please indicate the name:

\_\_\_\_\_

Does either applicant have a case worker in the community?  Yes  No

Name of case worker: \_\_\_\_\_

May we contact your case worker?  Yes  No

If yes, please provide phone number: \_\_\_\_\_

## SECTION II: INCOME/ASSETS

1. Please indicate the monthly amount you receive from each of the following income sources (combined for both applicants):

- a. Old Age Security \_\_\_\_\_
- b. Guaranteed Income Supplement \_\_\_\_\_
- c. Other Income or Pension \_\_\_\_\_  
(specify source)

2. Total value of assets (real estate, bonds, cash in bank, etc.)

## SECTION III: RENTAL HISTORY

1. Do you own or rent your current home? If neither is applicable please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How much is your monthly rent/mortgage payment? \_\_\_\_\_

3. How long have you been at your current address? \_\_\_\_\_

4. Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

5. Name of landlord (if applicable): \_\_\_\_\_

6. May we contact your current landlord?  Yes  No

7. If yes, please provide telephone number where we can contact him/her: \_\_\_\_\_

8. Have you ever been evicted from a rental property or been involved in dispute resolution as a tenant?  Yes  No

9. If yes, please provide details (when, why):

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10. Do you currently have tenants' insurance?  Yes  No

**SECTION IV: SPECIAL NEEDS**

1. Do you have any pets?  Yes  No

1.a. If yes, how many? \_\_\_\_\_ 1.b. Type of pet: \_\_\_\_\_

2. Are you a smoker?  Yes  No

3. Do you have any physical or mental conditions that could affect your mobility, ability to live independently, or ability to safely evacuate a building in the event of an emergency? Please specify. (*Note: this information will help us determine which housing options best match your needs.*)

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**SECTION V: REFERENCES**

Please provide at least two references we can contact:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this reference (friend, former employer, physician, etc.)

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2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this reference (friend, former employer, physician, etc.)

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3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this reference (friend, former employer, physician, etc.)

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**SECTION VI: ADDITIONAL INFORMATION**

1. Are there any special circumstances we should be aware of related to your need for housing? For example, are you at risk of becoming homeless if you do not find a rental within a certain timeframe?

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***By submitting this application I hereby certify the information provided is true and complete in every respect, and can be documented if requested by the Board of Directors.***

\_\_\_\_\_  
Signature  
(Applicant #1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(Applicant #2)

\_\_\_\_\_  
Date

**Please return completed form to:** **Three Links Care Society**  
**2934 East 22<sup>nd</sup> Avenue**  
**Vancouver, BC V5M 2Y4**

**Telephone: 604-568-6895**  
**Fax: 604-568-7499**