

#### PLEASE READ AND SIGN

### I/We declare:

- This is my/our application; and
- All the information in it is correct and complete to the best of my/our knowledge.

## I/We permit:

- Lower Columbia Affordable Housing Society (LCAHS) to make any inquiries that are necessary to verify the information given in this application;
- Any person, corporation or social agency to release to LCAHS any information pertinent to the assessment of my/our application;
- Members of LCAHS to receive and exchange with credit bureaus and my/our previous landlords' credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us
- The Ministry of Social Development and Poverty Reduction to release information to LCAHS regarding my/ our income.

### I/We understand:

- That, in accordance with section 33.2 (a) of the Freedom of Information and Protection of Privacy Act, the information on this application may be shared with other affordable Housing Providers in order to increase my/our opportunities for rent-geared-to-income housing;
- That this application is not an agreement on the part of LCAHS or its members to provide me/us with housing;
- That if I/we refuse two offers of housing, my/our application will be cancelled;
- That if I/we are being considered for an available unit, Housing Providers will gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this
- That it is my/our responsibility to tell the LCAHS of any changes to the information given in this application and to provide any supporting documents required;
  That false information given by me/us may result in my/our application being cancelled from
- consideration;
- That if I/we have deliberately worsened my/our current housing situation (e.g., terminated a tenancy for no reason) that my/our application may not be accepted or my/our current living situation may not be taken into consideration

# This application must be signed by all household members aged 19 and older.

Print name	Signature	Date