

The Lower Columbia Affordable Housing Society is a non profit society established to implement the Affordable Rental Housing Initiative in the Lower Columbia region. Funded by the Columbia Basin Trust and BC Housing (Government of British Columbia), the goal of the initiative is to increase the supply and range of affordable and appropriate rental housing for low and moderate income households.

The Lower Columbia Region includes the municipalities of Fruitvale, Montrose, Rossland, Trail and Warfield, and Electoral Areas A and B of the Regional District of Kootenay Boundary.

## **Purpose of this Form**

Your personal information is collected for the following purposes:

- determine eligibility;
- assess housing need; and
- determine the housing that suit your needs.
- This form collects personal information in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act.

If you have any questions about the collection of your information, please call (250) 231-1423 or write to [manager@lcahs.ca](mailto:manager@lcahs.ca).

You can review a glossary of terms found here: [www.lcahs-apply.ca/glossary/](http://www.lcahs-apply.ca/glossary/)

## **Application Instructions**

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**Step 1:** Check if you are eligible<sup>1</sup> and the list of exclusions<sup>2</sup>.

**Step 2:** Complete all sections of the application form below

**Step 3:** Gather and provide copies of required documents.

**Step 4:** Wait for our letter advising your application has been processed

<sup>1</sup>You can review eligibility criteria here: [www.lcahs-apply.ca/eligibility-criteria/](http://www.lcahs-apply.ca/eligibility-criteria/)

<sup>2</sup>You can review the exclusion criteria here: [www.lcahs-apply.ca/exclusion-criteria/](http://www.lcahs-apply.ca/exclusion-criteria/)

Completed applications with all supporting documents will be reviewed in the order they are received.

Applications submitted without required documents can be held for a maximum of 90 days. If you are unable to apply online, contact [manager@lcahs.ca](mailto:manager@lcahs.ca) or call (250) 231-1423 for submission instructions.

## 1. Applicant Information

List yourself and all household members, up to a maximum of 6.

Applicant <i>(Required)</i>	Date of Birth <i>(Required)</i>
<i>First Name</i>	<i>Last Name</i>
<i>(dd/mm/yyyy)</i>	

Preferred Name *(Optional)*

Gender Identity *(Required)*     Female     Male     Non-Binary     Other     Prefer not to say

Born in Canada *(Required)*     Yes     No

Status in Canada *(Required)*     Canadian Citizen     Student Visa     Refugee  
 Permanent Resident     Tourist Visa     Work Visa

### Other Household Members

First Name	Last Name	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Gender Identity	Born in Canada?	Status in Canada*
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Status in Canada: Canadian Citizen, Permanent Resident, Refugee, Student Visa, Tourist Visa, or Work Visa

**Please provide proof of permanent residence in BC for all household members as stated in the required documents.**

## 2. Residential Address and Workplace

You must currently be an eligible member of the Lower Columbia Region workforce.

Residential Street Address / PO Box <i>(Required)</i>	City <i>(Required)</i>	Postal Code <i>(Required)</i>
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*Mailing address if different from home address*

Mailing Address / PO Box <i>(Required)</i>	City <i>(Required)</i>	Postal Code <i>(Required)</i>
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Applicant's workplace is a Qualified Rossland Business <i>(Required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant has recently retired from a Qualified Rossland Business <i>(Required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant workplace is a Lower Columbia Region Business? <i>(Required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please see the Eligibility Criteria page for the full definition of a Qualified Rossland Business*

***Please provide the proof of employment or retirement as stated in the required documents.***

## 3. Applicant Contact Information

Phone Number <i>(Required)</i>	Type <i>(Required)</i> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Other Number <i>(Optional)</i>	Type <i>(Optional)</i> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Email <i>(Required)</i>
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Person we can leave messages with <i>(Optional)</i>	
<i>First Name</i>	<i>Last Name</i> <span style="float: right;"><i>Phone Number</i></span>

Other Contact <i>(Optional)</i>	
<i>First Name</i>	<i>Last Name</i> <span style="float: right;"><i>Phone Number</i></span>

## 4. Household Information (Optional)

This section is optional. Data is collected for planning and reporting purposes and does not impact eligibility for housing. However, Housing Providers with an Indigenous focus may give priority to applicants who have identified as being an Indigenous person in Canada.

Do you or anyone in your household identify as being an Indigenous person of Canada? <i>(Optional)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select the option that best describes your Indigenous identity: <i>(Optional)</i>	<input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Other

## 5. Residence History

Please provide information on where you have lived for the last five years. At least one reference (landlord or character) is required. If space is needed, attach a separate sheet.

Current Address <i>(Required)</i>	From <i>(Required)</i>	To <i>(Required)</i>
	<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>
Landlord Name	Landlord Phone Number	

### Previous Residence History

Previous Address	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Landlord Name	Landlord Phone Number

***Please provide the proof of address and rent documents as stated in the required documents.***



# Rossland Yards Tenancy Application

Have you or any members of your household ever lived in subsidized housing? *(Required)*  Yes  No

If yes, list the name(s) on the tenancy: \_\_\_\_\_

Building name and/or address: \_\_\_\_\_

*Failure to declare any previous subsidized tenancies may result in cancellation of your application. Past tenants with debt may be required to either repay the debt or enter into a repayment agreement.*

Have you or any members of your household ever been evicted? *(Required)*  Yes  No

If yes, provide the name of person(s) evicted and reason for eviction:

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*Failure to declare any previous evictions may result in cancellation of your application. Past tenants with debt may be required to either repay the debt or enter into a repayment agreement.*

## 6. References (Optional)

If you did not list a current or previous landlord in the Residence History section, please include a reference that has observed your character over a reasonable amount of time. Examples: employer, past employer, pastor, outreach worker, or health worker.

Name	Relationship	Phone Number

## 7. Asset Information

What is the total value of assets for adults (age 19 or older) in the household? *(Required)* \$ \_\_\_\_\_

### **Included**

- Bank Account Balances
- Stocks, bonds, term deposits, mutual funds and cash
- Real estate equity (net value after mortgage)
- Business equity in an incorporated company or sole proprietorship including cash, GICS, bonds, stocks or real estate equity
- TFSA

### **Not Included**

- Personal items such as vehicles, jewelry, and furniture
- Bursaries or scholarships from educational institutions for any household member who is a current student
- RRSP, RESP, RDSP, RRIF

*Please provide the suggested proof of income and assets documents as stated in the required documents.*

## 8. Income Information

List all gross (before deductions) monthly income for household members aged 19 and older. If space is needed, attach a separate sheet.

### **Sources of Income *(Required)***

Name	Income Source (income assistance, employment, EI, pension, etc.)	Gross Monthly Income (\$)	Disability Income
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Is any adult child (ages 19-24) a full-time student in the household? *(Required)*  Yes  No

*Please provide required proof of full-time student status (if applicable) and proof of income documents as stated in the required documents.*

## 9. Current Accommodation

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Are you renting? *(Required)*

Yes  No

If yes, how much is your monthly rent? \$ \_\_\_\_\_

Please describe your current living arrangements *(Required)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> House/Townhouse                   | <input type="checkbox"/> Apartment/Suite      | <input type="checkbox"/> Motel/Hotel         |
| <input type="checkbox"/> Manufactured Home/Trailer         | <input type="checkbox"/> Staying with Friends | <input type="checkbox"/> Staying with Family |
| <input type="checkbox"/> Transition Home                   | <input type="checkbox"/> Sleeping Outside     | <input type="checkbox"/> Emergency Shelter   |
| <input type="checkbox"/> Care Facility or Treatment Centre | <input type="checkbox"/> Second Stage Housing |  |

Other \_\_\_\_\_

Have you received a legal Notice to End (current) Tenancy? *(Required)*

Yes  No

If yes, when will your tenancy end? \_\_\_\_\_

Is there anything else that you want to share with the LCAHS about your current living situation?  
*(Optional)*

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## 10. Health and Mobility Information

Please describe your current living arrangements *(Required)*

I/We can do stairs     I/We cannot do stairs     I/We can only do a few stairs. How many?

Steps \_\_\_\_\_

Do you, or any members of your household, use a wheelchair? *(Required)*     Yes     No

Do you, or any members of your household, use a scooter? *(Required)*     Yes     No

If yes, which household member uses it? \_\_\_\_\_

If yes, is it used inside the home? \_\_\_\_\_

**Please only list health conditions or disabilities that would affect your housing needs. *(Required)***

Name of Household Member	Health Condition or Disability

Please describe any health concerns that are affected by your current housing. *(Optional)*

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Please describe any special requirements or features that you may need in your housing (e.g. grab bars, near transit). *(Optional)*

*Please note that special requirements or features may limit the number of units that you are eligible for.*

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## 11. Housing Policies

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According to LCAHS policy, smoking and vaping are not allowed anywhere on LCAHS property including all indoor and outdoor spaces. Contravention of this policy is grounds for a "Notice to End Tenancy". Do you acknowledge this policy? *(Required)*

Yes  No

LCAHS policy is that one existing pet (dog or cat) under 9 kilos is allowed. No new pets are allowed. A pet deposit is required. Do you have any Pets? *(Required)*

Yes  No

*Please note you may only have one pet. Any other pets will need to be rehomed*

Number of dogs \_\_\_\_\_ Number of cats \_\_\_\_\_

If you have a dog, is it an accredited dog under the "Guide Dog and Service Dog Act"?

Yes  No

***Please submit proof of guide dog accreditation (if applicable).***



## Affordable Workforce Rental Housing Required Documents Checklist

All the people in the household on your rental application and are required to provide confirmation of their eligibility.

- The applicant or co-applicants;
- All dependants (*usually children under the age of 19*)\*;
- Any other occupant that will be living in the rental unit;
- Any spouse or common-law partner (*regardless of whether or not they will be living in the unit*).

\* **Dependent child:** An unmarried child, stepchild, adopted child or legal ward, mainly supported by the applicant, who is:

- Under 19 years of age; or
- Under 25 years of age and registered in full-time school, university or vocational institute which provides a recognized diploma, certificate, or degree; or
- Of any age who, because of mental or physical infirmity, is accepted as a dependent for income tax purposes.

**Proof of permanent residence in BC for all household members**

- Copy of BC Services Card.

**Proof of employment by or retirement from a Qualified Employer**, the following documents will need to be provided to confirm eligibility as an employee of a Qualified employer:

- Completed employment form(s) from one or more Qualified Employer that includes average number of hours worked per week and
- Two (2) recent consecutive **paystubs**.

**OR**

- Completed Retirement form from a Qualified Employer that includes average number of hours worked per week and
- Two (2) recent T4.

**Proof of current address**, please provide one of the following:

- Tenant agreement; or
- Utility bill; or
- Other official government document.

**Proof of student status** for all adult children aged 19 – 24 who are full-time students.

**Proof of income and assets**

Applicants will be required to provide documentation confirming the income and assets for all household members. This includes all occupants and spouses, regardless of their intention to live in the rental unit.

**The following documents will be required to be provided to confirm Income and Net Assets:**

**Income Documentation**

- Most recent two years of T1 General Tax Form-** Full T1 form including any extra supplements and additional forms. This is the form that is required to be completed by all taxpayers to file personal income tax returns in Canada each year. You may obtain this from your accountant or the program you choose to complete your taxes with. (for example Turbo Tax or NETFILE) **and**
- Most recent two years of Notice of Assessment (NOA)-** This is a confirmation statement sent by the Canada Revenue Agency (CRA) to taxpayers detailing the amount of income tax owed or credited. This notice is the confirmation receipt that your taxes have been filed and received. You can find a copy of this in your My CRA Account on the Canada Revenue Agency's website.

**Net Asset Documentation**

Current Account Statements for the following:

- All Chequing Account(s)
- All Savings Account(s)
- All Tax-Free Savings Account(s) (TFSA)
- All non-registered Investment Accounts: (not including RRSPs, RESPs, RDSPs, RRIFs)
- Non-registered Term Deposits Account(s)
- Non-registered Stock Account(s)
- Non-registered Bond Account(s)
- Non-registered Mutual Fund Account(s)
- Documentation confirming any real estate owned
- Documentation confirming business equity in a private incorporated company, including GICs, cash, stocks, bonds or real estate equity
- BC Housing Declaration of Income and Assets (DIA)** must be signed by all applicant(s) and all intended occupants over 19 years of age.
- Rossland Yards Affordable Workforce Rental Housing Application Declaration**



# Proof of Employment by a Qualified Employer Form

**\*\* All fields in this form are required \*\***

Name of housing applicant \_\_\_\_\_

Annual average number of hours worked per week for this employer \_\_\_\_\_

Start date of employment with this employer \_\_\_\_\_

Name of Business \_\_\_\_\_ Are you self- employed? \_\_\_\_\_

Physical Address of Business

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code)

Employer's Business License # \_\_\_\_\_

Contact Info for Employer

Name of Business Owner/Manager \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Please submit this completed form and 2 recent paystubs from this employer in the online application

This form can be filled in electronically using Adobe reader – open using Adobe, click the Fill & Sign tool, add text as needed. Save changes and submit in the online application where appropriate. Use as many forms as needed for all occupants.

## Purpose of this Form

Your personal information is collected for the following purposes:

- determine eligibility,
- assess housing need, and
- determine the housing that suit your needs.

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# Proof of Employment by a Qualified Employer Form

**\*\* All fields in this form are required \*\***

Name of housing applicant \_\_\_\_\_

Annual average number of hours worked per week for this employer \_\_\_\_\_

Start date of employment with this employer \_\_\_\_\_

Name of Business \_\_\_\_\_ Are you self- employed? \_\_\_\_\_

Physical Address of Business

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code)

Employer's Business License # \_\_\_\_\_

Contact Info for Employer

Name of Business Owner/Manager \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Please submit this completed form and 2 recent paystubs from this employer in the online application

This form can be filled in electronically using Adobe reader – open using Adobe, click the Fill & Sign tool, add text as needed. Save changes and submit in the online application where appropriate. Use as many forms as needed for all occupants.

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## Proof of Retirement from a Qualified Rossland Employer Form

**\*\* All fields in this form are required \*\***

Name of housing applicant \_\_\_\_\_

Annual average number of hours worked per week for this employer \_\_\_\_\_

Year of retirement from this employer \_\_\_\_\_

Have you worked for this employer 3 of the past 5 years? \_\_\_\_\_

Name of Business \_\_\_\_\_

Physical Address of Business

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code)

Employer's Business License # \_\_\_\_\_

Contact Info for Employer

Name of Business Owner/Manager \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Please submit this completed form and 2 most recent T4 from this employer in the online application

This form can be filled in electronically using Adobe reader – open using Adobe, click the Fill & Sign tool, add text as needed. Save changes and submit in the online application where appropriate. Use as many forms as needed for all occupants.

### Purpose of this Form

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READ AGREEMENT AND INSTRUCTIONS ON REVERSE

<b>PART I</b> Name of tenant(s). Show SURNAME first, in capital letters, then GIVEN NAME and MIDDLE INITIAL		
Address of Rental Unit (Home Address)	Postal Code	Home Phone No.
Mailing Address (if different from above)	Postal Code	Business Phone No.

**PART II** LIST BELOW EVERYONE RESIDING AT THE ABOVE RENTAL UNIT.  
 PROOF OF TOTAL MONTHLY INCOME AND ASSETS FOR EACH PERSON WITH INCOME OR ASSETS MUST BE ATTACHED.  
 (IF ADDITIONAL SPACE NEEDED, ATTACH LIST ON SEPARATE SHEET OF PAPER)

Full Name(s) (Last / first / initial)	Birth Date day / month / year	Relationship To Tenant	Source(s) of Income	Current Gross Monthly Income	BC HOUSING USE ONLY
		TENANT			

<p><b>PART III AGREEMENT</b></p> <p>I/We declare that the information provided in and attached to this Declaration of Income and Assets (DIA) is true, correct and complete in all respects and understand that it is my/our responsibility to ensure that information provided is correct, even if completed with the assistance of others. Mistakes do not negate my/our responsibility to pay the correct rent.</p> <p>I/We acknowledge and agree that this agreement, including the additional terms outlined on page 2, forms part of and is material to BC Housing's acceptance of this DIA.</p> <p>I/We understand that:</p> <ul style="list-style-type: none"> <li>By itself this DIA does not constitute a Residential Tenancy Agreement or provide a right to occupy the rental unit, but shall be attached to and amend the Residential Tenancy Agreement for the tenant(s) and rental unit listed above and supersedes any previous DIA forms as of the effective date on this form.</li> <li>This DIA is valid until the Expiry Date in Part IV, unless, there is a change in the number people living in the rental unit at which time it is my/our responsibility to notify BC Housing of the change, or BC Housing provides a rent revision due to a rent calculation error, or BC Housing approves a request for rent adjustment.</li> </ul>	<table style="width: 100%;"> <tr><td style="text-align: right;">TOTAL GROSS MONTHLY INCOME</td><td style="border: 1px solid black; width: 100px;"></td></tr> <tr><td style="text-align: right;">LESS EMPLOYMENT ALLOWANCE</td><td style="border: 1px solid black;"></td></tr> <tr><td style="text-align: right;">NET INCOME <b>A</b></td><td style="border: 1px solid black;"></td></tr> <tr><td colspan="2"><b>Current Value of Assets:</b></td></tr> <tr><td>STOCKS/BONDS/TERM DEPOSITS</td><td style="border: 1px solid black;"></td></tr> <tr><td>CASH/BANK BALANCE</td><td style="border: 1px solid black;"></td></tr> <tr><td>REAL ESTATE HOLDINGS</td><td style="border: 1px solid black;"></td></tr> <tr><td>OTHER (specify)</td><td style="border: 1px solid black;"></td></tr> <tr><td>TOTAL VALUE OF ASSETS</td><td style="border: 1px solid black;"></td></tr> <tr><td>LESS EXEMPTION</td><td style="text-align: center;">\$10,000</td></tr> <tr><td>NET VALUE OF ASSETS</td><td style="border: 1px solid black;"></td></tr> <tr><td>( )% OF NET ASSETS DIVIDED BY 12 <b>B</b></td><td style="border: 1px solid black;"></td></tr> <tr><td>TOTAL MONTHLY INCOME <b>A + B</b></td><td style="border: 1px solid black;"></td></tr> </table>	TOTAL GROSS MONTHLY INCOME		LESS EMPLOYMENT ALLOWANCE		NET INCOME <b>A</b>		<b>Current Value of Assets:</b>		STOCKS/BONDS/TERM DEPOSITS		CASH/BANK BALANCE		REAL ESTATE HOLDINGS		OTHER (specify)		TOTAL VALUE OF ASSETS		LESS EXEMPTION	\$10,000	NET VALUE OF ASSETS		( )% OF NET ASSETS DIVIDED BY 12 <b>B</b>		TOTAL MONTHLY INCOME <b>A + B</b>	
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Signed _____	date _____	Signed _____	date _____																								
Signed _____	date _____	Signed _____	date _____																								
Signed _____	date _____	Signed _____	date _____																								

**PART IV NOTICE OF RENT / TENANT RENT CONTRIBUTION**  
 THE FOLLOWING SECTION, TO BE COMPLETED BY BC HOUSING, DOES NOT FORM PART OF THE TENANT(S) DECLARATION

PROPERTY /SEQ. NUMBER	Check one <input type="checkbox"/> NEW TENANT (A) <input type="checkbox"/> TRANSFER (A) <input type="checkbox"/> EXPIRY <input type="checkbox"/> OTHER (SPECIFY) _____	Unit Size	Unit Type S F D Wch.
Proof of Income/Assets Received <input type="checkbox"/> YES <input type="checkbox"/> NO - Approval to proceed to NET/Charge Market Rent (as applicable):		Applicant File No. _____	
Occupancy Date _____		Pro-Rated Amount for Portion of Month	
MARKET RENT (if applicable) \$ _____	Other Monthly Charges/Rebates (1) _____ (2) _____ (3) _____	DESCRIPTION _____	
Total Monthly Income \$ _____	From: (d/m/y) _____ To: (d/m/y) _____		Amount Due: \$ _____
_____ % of Monthly Income \$ _____	+ or -	Total of Other Charges / Rebates	=
		17. Rent / Tenant Rent Contribution	Effective Date ( d / m / y )
		Expiry Date ( d / m / y )	
Calculated / Entered By: _____ Date: _____		Revised / Entered by (if applicable): _____ Date: _____	

Information is collected under Section 26(c) of the *Freedom of Information and Protection of Privacy Act*, to determine the rent geared to income payment and/or rent subsidy for the rental unit. If you have any questions about the collection and use of this information, please contact BC Housing's Privacy Officer (604) 433-1711 or 1-800-257-7756.

# DECLARATION OF INCOME AND ASSETS (DIA)

## **PART III: AGREEMENT (continued):**

This DIA must be signed by the tenant(s) and all occupants aged 19 years or over living at the rental unit.

### **I/We understand that:**

- It is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by BC Housing to determine the applicable rent, or for audit purposes. This may include additional documents requested by BC Housing to verify total household income and assets.
- If I/we fail to disclose or misrepresent any information, such failure or misrepresentation may result in BC Housing ending my/our right to occupy the rental unit as per section 49.1 of the Residential Tenancy Act upon providing a minimum of 60 days notice.
- If misrepresentation or failure to disclose information results in an underpayment of rent, I/we will be responsible to repay all moneys representing the difference between what I/we paid as rent as a result of the misrepresentation or failure to disclose information as requested and the amount I/we should have paid in rent under or in connection with the Residential Tenancy Agreement.
- The basis for the calculation of my rent is set out in the Residential Tenancy Agreement. A minimum rent amount is applied by BC Housing based on my household size and the age of all occupants in the rental unit. If I am in receipt of income assistance, the rent will be fixed at an amount determined from time to time by BC Housing based on household size and age of occupants.
- The declaration of income and assets by an occupant who is not listed as a tenant on the Residential Tenancy Agreement is intended only for the purposes of determining my/our eligibility for the subsidized rental unit and the calculation of the rent. The declaration of income and assets, or contribution towards the rent, by an occupant who is not listed as a tenant on the Residential Tenancy Agreement or on an approved List of Additional Tenants and Occupants will not be construed as creating a tenancy between BC Housing and that occupant.

### **I/We agree and consent to:**

- BC Housing verifying all personal information required to enable BC Housing to carry out its rent calculation and audit functions.
- The BC Ministry responsible for the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act disclosing to BC Housing (if applicable), the status of my/our file, household composition and the effective dates of any payments for the purposes of verifying total household income and determining the applicable rent.
- BC Housing auditing the information provided in or with this DIA (and any previous DIA), and understand that non-compliance with the audit process may result in the loss of tenancy and/or recovery of any/all subsidy funds in addition to any other remedies available in law or equity.
- BC Housing collecting from me/us any underpayment of rent resulting from my/our misrepresentation and/or failure to disclose information as requested, and that any money owing pursuant to this DIA, a court order or Arbitrator's Order or otherwise may bear interest at the post judgment court order interest rate.

No failure or delay on the part of BC Housing in exercising any right, power or privilege under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof or the exercise of any other right, power or privilege.

## **INSTRUCTIONS & NEXT STEPS:**

1. **Complete DIA:** Please verify that Parts I and Part II are completed in full.
2. **Sign & Date:** Read the Agreement in Part III on pages 1 and 2. The tenant(s) and anyone aged 19 years or over who is living at the rental unit must sign the DIA.
3. **Attach proof of income and assets from all sources:** (Do not send original documents)
  - Proof is required for all sources for the tenant(s) and all occupants age 19 or older
  - For a complete list of income and assets to be included and acceptable proof, please contact your regional office or visit our website at [www.bchousing.org](http://www.bchousing.org).
4. **Return:** Send completed DIA with supporting documents to the Regional Office.

**IMPORTANT INFORMATION** Please have this translated

重要資料 請找人為你翻譯

**RENSEIGNEMENTS IMPORTANTS** Prière de les faire traduire

これはたいせつなお知らせです。どなたかに日本語に訳してもらってください

**INFORMACIÓN IMPORTANTE** Busque alguien que le traduzca

알려드립니다 이것을 번역해 주십시오

**CHỈ DẪN QUAN TRỌNG** Xin nhờ người dịch hộ

ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੱਥਾ ਕਰਵਾਉ

*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 with housing;
- 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 assessment;
- 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