

| Date Applied: | |
|----------------|--|
| Date Received: | |
| Letter Sent: | |

Housing Application

Please consider my application for Canadian Mental health Association Vernon Branch (CMHA) Housing Programs. CMHA provides housing to people that live with a mental health issue; in partnership with Interior Health Authority – Mental Health and Substance Use and BC Housing.

We also have low income family housing in partnership with BC Housing.

* PLEASE NOTE: CMHA units are NON-Smoking & have a pet policy *

I am interested in applying for housing at:

□ 53RD Ave (family & modified units) 2, 3, 4 Bedroom Units
 □ Yin Ho (family & modified units) 2 and 3 Bedroom Units

The following CMHA's housing units are program based. By applying residing at these Housing Programs you are agreeing to be part of the program which includes Mental Health and Substance Use Management.

Albert Place

I am interested in applying for housing at:

Bachelor

1 Bedroom

2 Bedroom

3 Bedroom 4 Bedroom

| Albert Flace | |
|----------------------------|--|
| The Belvedere | |
| The Melrose | |
| SILP (Rental | |
| Assistance Program) | |

I am interested in:

Doctor/CSW:

I also understand that my application will only be kept on file for 12 months and that if I wish to be considered for the program after this period, I will need to contact CMHA Vernon to update my application.

| Name | |
|-----------|-----------|
| Phone | Phone |
| Address | Birthdate |
| Signature | |

Phone:

| OFFIC | CE U | SE O | NLY |
|-------|------|------|-----|
| | | | |

Update:

| (Malling if different from above) Home Phone Cell Phone *Message Number (optional) *Message Person Name *by providing an authorized contact, you are giving permission to CMHA Vernon & District to exchange information with that authorized contact in order to maintain and update your file. To remove an authorized contact please contact CMHA Vernon 3. Household Information a. List yourself, then all other household members - if needed attach a separate sheet for more nar Last Name First Name & Initial Relationship Birth Date to Applicant (dd/mm/yy) Age Sex Born in Canada Self | | | | | | | | | | |
|--|-------------------------------------|---------|----------------------|---------------|----------------|----------|--|--------------------------|--------------|------------------------------|
| 2. Contact Information Address City Province Postal C (Mailing If different from above) Home Phone Cell Phone Email *Message Number (optional) *Message Person Name *by providing an authorized contact, you are giving permission to CMHA Vernon & District to exchange information with that authorized contact in order to maintain and update your file. To remove an authorized contact please contact CMHA Vernon 3. Household Information a. List yourself, then all other household members - if needed attach a separate sheet for more nare to Applicant (dd/mm/yy) Birth Date to Applicant (dd/mm/yy) Self b. Do all of the people listed live with you full time right now? If NO, please provide the following information for all persons not living with you full time. Name # days per week Yes or No? If not shared custody, why are the not living with you full time? | Last Name | First N | ame | | | | Initial | Mr. | and a second | Miss |
| Address City Province Postal C (Malling If different from above) Home Phone Cell Phone *Message Number (optional) *Message Person Name *Message P | | | | | | | | | | |
| Address City Province Postal C (Mailing if different from above) Home Phone Cell Phone *Message Number (optional) *Message Person Name *Description ** *Message Person Name *Description ** *Message Person Name *Message Person Name *Description ** *Desc | 2. Contact Information | | | | | | | | | |
| Home Phone Cell Phone Email *Message Number (optional) *Message Person Name *Messag | | | | | City | | | Provi | nce | Postal Code |
| Home Phone Cell Phone *Message Number (optional) *Message Person Name *Message Perso | (Mailing if different from above) | | | | | | | | | |
| *Message Number (optional) *Message Person Name *Message Person | | | | NA/ - rele | Dhaira | | | | | |
| *Message Number (optional) *Message Person Name *Message Person | * | | | | Pnone | | | | | |
| *by providing an authorized contact, you are giving permission to CMHA Vernon & District to exchange information with that authorized contact in order to maintain and update your file. To remove an authorized contact please contact CMHA Vernon 3. Household Information a. List yourself, then all other household members - if needed attach a separate sheet for more nare to Applicant (dd/mm/yy) Age Sex Canada Self b. Do all of the people listed live with you full time right now? If NO, please provide the following information for all persons not living with you full time. Name # days Per week Yes or No? If not shared custody, why are the not living with you full time? | | | | Email | | | | | | |
| information with that authorized contact in order to maintain and update your file. To remove an authorized contact please contact CMHA Vernon 3. Household Information a. List yourself, then all other household members - if needed attach a separate sheet for more nare and the separate sheet for more nare | *Message Number (optional) | | | *Mess | sage Pe | rson Na | ame | | | |
| b. Do all of the people listed live with you full time right now? If NO, please provide the following information for all persons not living with you full time. Name # days per week Yes or No? If not shared custody, why are the not living with you full time? | | | | Relati | onship | Birth | Date | | | more names |
| If NO, please provide the following information for all persons not living with you full time. Name # days per week Yes or No? If not shared custody, why are the not living with you full time? | I | | | | | (dd/r | · · · · · / y y / | | | Born in Canada? |
| If NO, please provide the following information for all persons not living with you full time. Name # days per week Yes or No? If not shared custody, why are the not living with you full time? | | | | | | (dd/r | , уу) | | | |
| If NO, please provide the following information for all persons not living with you full time. Name # days per week Yes or No? If not shared custody, why are the not living with you full time? | | | | | | (dd/r | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| c. Do you expect the number of people living with you to change in the next 12 months? Yes or No | | | | | | (dd/r | , уу) | | | |
| c. Do you expect the number of people living with you to change in the next 12 months? Yes or No | If NO , please provide the f | | informatio # days | time right no | ow? sons no | ot livin | g with y | ou full custoc | time | Canada? No No hy are they |
| c. Do you expect the number of people living with you to change in the next 12 months? Yes or No | If NO , please provide the f | | informatio # days | time right no | ow? sons no | ot livin | g with y | ou full custoc | time | Canada? No No hy are they |
| c. Do you expect the number of people living with you to change in the next 12 months? Yes or No | If NO , please provide the f | | informatio # days | time right no | ow? sons no | ot livin | g with y | ou full custoc | time | Canada? No No hy are they |
| The state of the s | If NO , please provide the f | | informatio # days | time right no | ow? sons no | ot livin | g with y | ou full custoc | time | Canada? No hy are they |

| 4. | Res | ide | ncy | Hi | st | orv |
|----|-----|-----|-----|----|----|-----|
|----|-----|-----|-----|----|----|-----|

| a. | Please provide | information of | on where voi | u have lived | for the | last five ve | ears. |
|----|----------------|----------------|--------------|--------------|---------|--------------|-------|
| | | | | | | | |

| Rental Address (street/city) | From Date | To Date | Landlord Name & Number | Reason for Leaving |
|------------------------------|-----------|---------|------------------------|--------------------|
| | | | | |
| | | | | |

b. Have you or any members of your household ever lived in subsidized housing? Yes or No

If YES, please provide the following information.

| Name on Tenancy | Name & Address of Development | Reason for Leaving | Money Owing Yes or No? |
|-----------------|----------------------------------|--------------------|------------------------|
| | 7 | | |
| | | | |

5. Income and Asset Information

a. Is anyone in the household receiving income assistance form the Ministry of Social Development and Social Innovation? Yes or No

If YES, please complete the table below for each person receiving assistance.

| Name | Monthly Amount | Program Name |
|------|----------------|---|
| | \$ | Person with Disability (PWD) Employable Person with Persistent Multiple Barriers (PPMB) |
| | \$ | Person with Disability (PWD) Employable Person with Persistent Multiple Barriers (PPMB) |
| | \$ | Person with Disability (PWD) Employable Person with Persistent Multiple Barriers (PPMB) |

b. For all other income sources, list gross monthly income (before deductions) for everyone age 19 and older

| Name | Income Source (employment, EI, pension, etc.) | Gross Monthly Income (\$) |
|------|---|---------------------------|
| | | |
| | Total gross monthly income for household | \$ |

| c. For any adult (age 19 or older) with | h no income, please tell us why there is not income. |
|---|--|
|---|--|

^{*}If an adult child (age 19 to 24) is a full-time student, attach proof of student status to application

| 3 | d. List the current value of all assets held by you and members of the household. | | | | | | | | | | | | | | | |
|---|---|-------------------------------|---|------------------|----------|------|--|--|--------------------------|------------------|--|--|--|--|--|--|
| | Cash/Bank Balance | | | es . | \$ | | | | | | | | | | | |
| | Stocks/ Bonds/ Term Deposits | \$ | Residential Real Estate | | \$ | | | | | | | | | | | |
| | Other Assets | \$ | Other Real Estat | e Holdings | \$ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 6. | Current Accommodation | | | | | | | | | | | | | | | |
| | a. Do you: Rent Own Share Expense Other | | | | | | | | | | | | | | | |
| | b. How much is your rent payment? \$ Monthly Weekly Nightly | | | | | | | | | | | | | | | |
| | Is heat included in the rent? Yes No | | | | | | | | | | | | | | | |
| | c. How many bedrooms does your household have? | | | | | | | | | | | | | | | |
| | d. Please describe your current living arrangements (check one): | | | | | | | | | | | | | | | |
| | House/Townhouse | Apartment/ Bas | ement Suite | Care Facility | , | | | | | | | | | | | |
| | | | Treatmer | | 7.75 | | | | | | | | | | | |
| | Second-Stage Housing | Trailer in park with Services | | Transition House | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Housekeeping | ily/Friends | Emergency : | Shelter | | | | | | | | | | | | |
| | Room & Board | | | | | | | | | | | | | | | |
| Motel/Hotel Other (describe): | | | | | | | | | | | | | | | | |
| ļ | | | | | | | | | | | | | | | | |
| e. Do you have a bathroom? | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | If YES, what date do you | have to move by? | | | | | | |
| | , | , | | | | | | | | | | | | | | |
| 7. Health and Mobility Information | | | | | | | | | | | | | | | | |
| | To assist with matching you to h | | ts vour needs. ple | ase complete t | he follo | wing | | | | | | | | | | |
| | questions. | | , | | | | | | | | | | | | | |
| | a. Do you, or any members of your household, have restrictions with stairs? | | | | | | | | | | | | | | | |
| | No Restrictions Cannot manage stairs Limited number of stairs | | | | | | | | | | | | | | | |
| b. Do you, or any members of your household, use a: | | | | | | | | | | | | | | | | |
| Wheelchair? Yes No Scooter? Yes No | | | | | | | | | | | | | | | | |
| Wilediciali:iesinoinoino | | | | | | | | | | | | | | | | |
| | If Vec who? | | | | | | | | | | | | | | | |
| If Yes, who? | | | | | | | | | | | | | | | | |
| Yes No | | | | | | | | | | | | | | | | |
| If a wheelchair is used, is it used inside your home? | | | | | | | | | | | | | | | | |
| | If Yes , is it used in a ki | tchen? | | | | | | | | | | | | | | |
| If Yes , is it used in the bathroom? | | | | | | | | | | | | | | | | |

| | d. | Other than mobility concerns, do you, or any members of you condition or disability? | | s of your household, have a | nealth No | |
|----|--------|--|---------------------------------------|---------------------------------------|-----------|--|
| | | Name | Explain the health condition or | disability | | |
| | | oes the health cond t housing? Please e | ition or disability described above a | | | |
| | | Thousing: Thease c | | | - | |
| | | describe any specia obility or health co | adition | u may need in your housing related to | | |
| 8. | Do you | ı have any pets? | | Yes | No | |
| | | | | | | |

Your application will go through once you press submit, you do not need to hit submit multiple times. Please be aware that it may be a couple weeks until your application is seen and put into the system. *Should there be an available unit open up we always ensure all applications, even brand new ones, are seen and considered before a unit is awarded.*

* Please have a look at the attached FAQ sheet. This answers many of the most commonly asked questions applicants may have and contains additional information and useful resources that are available to people.*



1 – I need a place to live by the end of the month. Can you help me?

Unfortunately, CMHA Vernon does not provide emergency housing.

Emergency shelter options in Vernon:

1. Turning Points For men 250-542-3555

2. Gateway Support Services for Men and Women Men: 250-260-2792

Women: 250-260-2786

3. Archway for Women

250-542-1122 or text 250-540-0656

2 - How can I rent affordable housing from CMHA?

The first step in renting is to complete a housing application. Applicants are then put onto a waiting list and when a unit becomes available, an applicant is chosen from the waiting list.

Applications are available on our website at https://cmhavernon.ca/housing-services/ and clicking on the "Housing Application" link which can be filled out and submitted online or faxed (250-549-8446). Additionally, applications can be picked up at our office at 3100 28th Ave, Vernon.

3 – Do I qualify for affordable housing? What type of unit would I get?

Applicants are categorized into one of two income levels for the purpose of determining what rental subsidy the household will qualify for. Secondly, each applicant is placed on a waiting list for the size and type of unit they qualify for i.e – 4 bedrooms, family, and disabled.

4 – How long will it take?

There is a BIG demand for affordable housing. The number of applicants is much greater than the number of units available. The length of time an applicant waits will vary depending on the type of request and the number of units available. It is not uncommon for applicants to wait a number of years. New placements can only take place when a current tenant moves out. CMHA does not have units available for emergency situations, units are always appropriately filled to maintain full occupancy.

5 - Where am I on the waiting list?

CMHA is not able to provide this information since new applications are taken every week and the priority of placement is constantly changing. As a result, CMHA only reviews the priority of the waiting list when a unit becomes available which could be many months or years.



6 - How does CMHA choose the applicant for the next available unit?

Placements are made from the waiting list and are based on a number of factors. These include but are not limited to:

- Availability: What type of unit is coming up (i.e. 1, 2, 3 or 4 bedrooms?)
- Eligibility: What type of subsidy is available for this unit
- Suitability: Are there any physical limitations of the applicant such as stairs.
- Need Point Score: Guidelines are set by BC Housing to objectively evaluate the needs of each applicant. The guidelines consider: the cost of rent as a percentage of income, current living conditions, assets, length of time on waiting list, etc.
- References: Good references from prior landlords are an <u>important</u> factor in the evaluation process.

7- Can I Keep my pets?

CMHA allows small caged animals such as hamsters or birds.

Cats, dogs and rabbits are not allowed.

Registered service dogs that perform a specific task (i.e owner is blind and requires a seeing eye dog) and are certified, trained, or accredited through a recognized program (PADS etc) are allowed.

Emotional and therapy animals are not recognized or allowed.

Keep CMHA Up to date!

Report any changes in your:

- ✓ Household size
- ✓ Income
- ✓ Address
- ✓ Housing needs

8- How much will I be expected to pay?

If you are offered a rent-geared to income unit, the amount you will pay depends on the size of your family and your gross household income (income **before** taxes). Payments are generally set at approximately 30% gross household income. Debt load is not taken into consideration when payments are calculated. You may qualify for a small hear allowance.

9 - What happens if my income changes? Will I have to move out?

For rent-geared-to-income units, payments are re-calculated when household income changes. Payments may also be re-calculated when there is a change in the number of occupants in the household. If a household's income rises beyond the eligibility guidelines, a tenant may be asked to move out within a reasonable time frame.



10 – How can someone who applied after I did, get into a unit before me?

Most often the timing of placements relates to the differences in eligibility for one of the units. CMHA manages a wide variety of housing units with 1, 2, 3 or 4 bedrooms. Some units are for families and some for those with disabilities. In addition to the configuration of the units, each unit is further categorized into one of 2 income levels. In all, CMHA has 5 categories of units and each application is filled according to the eligibility for one of the categories.

When a unit becomes available, only the applications eligible for that unit are reviewed and current eligibility is confirmed. Due to the complexity of determining eligibility for each category, we ask that applicants contact CMHA to update their file when they have a change of income, accommodation, phone number or family size.

11- When I am in such great need, how can someone else be placed before I am?

As difficult as some situations are, there are always applicants with equal or greater needs. When choosing between very needy households, CMHA must rely on the most current information supplied by the applicants and carefully review all the factors noted in point #6 above.

12 - What can I do?

KEEP YOUR FILE UP TO DATE

If the office receives no contact from the applicant within a 12-month period, the application is marked inactive. (this means the applicant will not be considered if a unit becomes available).

If a call is received from an applicant after the 12 months period, the application is archived. (this means the application is removed from the wait list).

If you no longer desire to live in a CMHA housing unit, please let the office know so that your application can be removed from the application waiting list.

It is important to remember that things move slowly in regard to housing, and it is for that reason we ask people to only update **annually** (once a year) except for cases where relevant household information has changed. Weekly or monthly calls to check on your application has no bearing on an applicants chances to get in as only after an entire year do we mark an application as inactive.

If you are needing to update your housing application or are advocating for someone and want to either email additional information or support them please email housing.vernon@cmha.bc.ca or call **250-542-3114 (ext 214)**.



13 – Are there other housing providers in Vernon?

CMHA is one of a number of affordable housing organizations in Vernon. Since the various organizations do not share waiting lists, we encourage applicants to contact each group in order to apply for housing.

Other housing societies include:

- 1. Vernon Native Housing Society http://www.vernonnativehousing.ca/ or 250-542.2834
- 2. Kindale Developmental Association https://www.kindale.net/ or 250-546-3005
- 3. Turning points Collaborative Society- http://turningpoints.ngo/ or 250-542-3555

Definitions

Affordable Housing: Both the federal and provincial governments have set up programs that are aimed at assisting low to moderate income households by providing housing at a cost below the going market rates. Over the years, both levels of government have instituted numerous programs to accomplish this objective. Many affordable housing programs are operated in partnership with non-profit organizations like CMHA.

Family: for the purposes of housing allocations, means a minimum of 2 persons and must include at least 1 dependent child (under 19 years of age)

BC Housing: The British Columbia Housing and Management commission (also known as BCHMC) is a crown corporation of the Province of BC.

CMHC: Canada mortgage and Housing Corporation is a crown corporation of the Government of Canada and is the agency responsible for the admissions of many of the housing related programs offered through the federal government

Rent-Geared-To-Income: refers to the setting of the monthly payment amount for a tenant. The formula is set by BC Housing and tenants pay approximately 30\$ of gross household income.

Person with a Disability: for the purposes of housing allocations, means a person who, in the written opinion of a medical doctor or registered psychologist, has a significant permanent disability that cannot be significantly permanently improved by medical treatment.