

Have you or any member of your household previously lived or are living in subsidized accommodation?
If yes, please provide details.

Applying for (check all that apply): -

- Howe Street –supported living (Howe & Davie; bachelor/1 beds/2 beds)
- Seymour Place (Davie & Seymour; self-contained bachelor apartments)
- Mole Hill (Thurlow & Comox]; self-contained bachelor apartments)
- Helmcken House (Granville & Helmcken; self-contained bachelor & 1-BR apartments)
- Portable Subsidy (you may choose your own apartment with certain rent maximums)
- Supportable Programs

SECTION 3 – RESIDENCY HISTORY

Please provide the addresses and contact information for the PREVIOUS places you have resided at in the past 5 (five) years.

ADDRESS	DATES FROM AND TO	LANDLORD	CONTACT #	RENT PAID

SECTION 4 - INCOME INFORMATION

Please list gross monthly income from all sources for you, your partner, and other members of your household who would continue to live with you. Proof of income, as described on the enclosed list, must be attached.

NAME	SOURCE OF INCOME (ie: GAIN, EI, CPP, etc)	GROSS MONTHLY INCOME (before deductions)
_____	_____	_____
_____	_____	_____

Please list the current value of assets held by you and your partner or other members of your household who would continue to live with you.

	APPLICANT	PARTNER	OTHER
Value of all Assets/Cash	_____	_____	_____

SECTION 5 - HEALTH INFORMATION

Are you HIV positive? _____ Is your partner HIV positive? (if applicable) _____

Is your dependant HIV positive? (if applicable) _____

Are you able to clothe, feed and care for yourself (live independently)? _____
If no, what arrangements have you made?

Do you or any persons that will be living with you, have any other health related problems that you think McLaren Housing Society should be aware of?

Are you, your partner or dependant(s) presently receiving some form of care services such as homemaker support? Please describe the support.

SUPPORT USED:	PROVIDED BY:	HOW OFTEN USED:
_____	_____	_____
_____	_____	_____

Please supply medical or support documents that will demonstrate the positive impact housing with MHS may have on your health, wellbeing and that also confirms your HIV status.

SECTION 5 - REFERENCES

Please provide the name and phone number of two references, other than relatives, who can be contacted regarding your application. One of these should be your current landlord.

1) Name: _____ Relationship _____

Phone: _____ Alt. Phone: _____

2) Name: _____ Relationship _____

Phone: _____ Alt. Phone: _____

I give my consent to the following organizations / agencies to release my personal information to the McLaren Housing Society of BC (please check all that apply):

Above References Aids Vancouver PLS Heart of Richmond
 PWN Others (please specify): _____

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT ON THE PART OF MCLAREN HOUSING SOCIETY TO PROVIDE ME WITH HOUSING. I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE IN EVERY RESPECT, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ADVISE MCLAREN HOUSING SOCIETY OF ANY CHANGES IN THE INFORMATION GIVEN. FURTHER, I UNDERSTAND THAT IF ANY INFORMATION IS FOUND TO BE UNTRUE, MY APPLICATION WILL BE REJECTED. I HEREBY GRANT PERMISSION TO MCLAREN HOUSING SOCIETY TO VERIFY ANY AND ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION INCLUDING CONTACTING MY PREVIOUS LANDLORD(S) AND REFERENCES.

SIGNATURE OF APPLICANT

DATE

Send completed application and proof of HIV, any supporting documentation from Doctors or Support Workers along with income/assets to:

By Mail:

McLaren Housing Society of B.C.
Suite 200 - 649 Helmcken Street
Vancouver, BC, V6B 5R1

By Fax:

604-669-4092

By Email:

housingapplication@mclarenhousing.org

Applicants are expected to update their information/application every 12 months. If not, their application will be considered inactive. The file can be reactivated at the date at which the applicant updates the information. Your application will then be re-evaluated using the selection criteria. If we cannot reach you, you may be removed from our housing wait list.

If you have any questions, please call our office at 604-669-4090.