



APPLICATION #: \_\_\_\_\_  
BEDROOM SIZE: \_\_\_\_\_  
SURNAME: \_\_\_\_\_

**M'AKOLA HOUSING SOCIETY**   
**M'AKOLA LEASEHOLD SOCIETY**   
**RURAL NATIVE HOUSING**

**Tenant Application**

*Do you need help filling out this application? Please contact your local office.*

The M'akola Housing Society is a non-profit society established to provide comfortable, affordable rental accommodation for families and single parent families who are of Aboriginal Ancestry. The information that is being requested is to help assist you in locating suitable accommodation to meet your current needs. The information in this form shall be kept in compliance with the Personal Information Protection Act.

**To keep your application active in our filing system, contact your local office annually to keep your application current, or you will be taken off the waitlist.**

Have you ever applied for M'akola in the past? yes  no

When? \_\_\_\_\_ Under what name? \_\_\_\_\_

**IF YOUR CONTACT INFORMATION HAS CHANGED, PLEASE INFORM US!**

**Main Office**

2009 Fernwood Road  
Victoria, BC V8T 2Y8  
Tel: (250) 384-1423  
Fax: (250) 381-1438  
Toll-Free 1-877-384-1423

**Nanaimo Office**

22 – 3201 Shenton Rd  
Nanaimo, BC V9T 5X6  
Tel: (250) 756-4217  
Fax: (250) 756-4262

**Duncan Office**

#26 – 3170 Gibbins Rd  
Duncan, BC V9L 1G5  
Tel: (250) 746-1785  
Fax: (250) 746-1707

**Port Alberni Office**

17 – 3777 Argyle Way  
Port Alberni, BC V9Y 8C7  
Tel: (250) 723-9855  
Fax: (250) 723-1744

**Campbell River/Laketrail**

47A – 300 Robron Road  
Campbell River, BC V9W 5P2  
Tel: (250) 923-4145 Fax: (250) 923-2597

**A - HOUSEHOLD COMPOSITION**

Applicant Information

Name:	Home #
Address:	Work #
City / Province	Message #
Postal Code	E-mail
Birth Date:	SIN:

Other Applicant information (if there are more than 5 people in your household, please attach information on a separate sheet of paper).

Full Name	Birth Date dd/mm/yyyy	Age	Gender M/F	Relationship to Primary Applicant
1.				
2.				
3.				
4.				
5.				

Do you expect your family size to change in the next 12 months?    YES  NO   
 (Pregnancy, family leaving or joining)

Please list where you would like to live; towns, cities or specific complexes/buildings

Location:
Location:

How do you feel about living in a “dry” complex?


**B – ABORIGINAL ANCESTRY**

Are you  Aboriginal  Non-Aboriginal

Band Name:
Band Address:
Band Phone #:

**C – DISABILITIES / HEALTH PROBLEMS**

Please list any member(s) of your household with a significant disability / health problem that M'akola needs to be aware of.

Name	Disability	Wheel Chair Unit Required Yes / No
1.		
2.		

**D – INCOME INFORMATION**

List your gross monthly income (i.e. before deductions) from all members of your household and list the sources (i.e. income assistance, employment, E.I. pension)

Name	Income Source	Gross Monthly Income (\$)
1.		
2.		
3.		
4.		
Total Household Monthly Income:		\$

**E – Have you at any time lived in subsidized housing?**  Yes  No

If yes, what was the organization?
What were the dates of Residency? From: _____ To: _____
Under whose name was the tenancy:

**F – RESIDENCE HISTORY**

Please list your two most recent residential addresses. Note: This information must be completed. If you need more space please attach a separate sheet of paper.

NOTE: Information MUST be completed

**Residence #1**

Address	Date From (dd/mm/yyyy) To: (dd/mm/yyyy)
City / Province	Name of Landlord
Postal Code	Landlord's Phone #

**Residence #2**

Address	Date From (dd/mm/yyyy) To: (dd/mm/yyyy)
City / Province	Name of Landlord
Postal Code	Landlord's Phone #

**G – PRESENT ACCOMODATION**

Please describe your present accommodation as completely as possible by filling in the information below:

Please choose one:

- Apartment
- House / Duplex
- Townhouse
- Other \_\_\_\_\_

Is your present accommodation?

- Housekeeping Room
- Basement Suite
- Room & Board
- Trailer
- Living with Family/Friends
- Hotel / Motel
- Emergency Shelter
- Other \_\_\_\_\_

Number of bedrooms your household presently occupies: \_\_\_\_\_

Your current rent amount:
Your current hydro bill:
Your current furnace oil/Teresa gas bill:

Is your bathroom:            Shared            Private

Does your present accommodations have:

Kitchen:            Shared            Private            None

Laundry:            Shared            Private            None

Outdoor Play Area:            Yes            No

Do you have any household pets?            Yes            No

If yes, please specify: \_\_\_\_\_

Are you willing to give up your pets?            Yes            No

**H – REASON FOR MOVING**

Are you under a notice to end your present tenancy?    Yes            No

If yes, please attach a copy of the legal Notice to End a Residential Tenancy from your Landlord, and give your explanation below:


If you are not under notice, why do you wish to move? (Please be specific attach an extra sheet for additional information).

Repairs Required?    Yes            No           Children Allowed?    Yes            No

High Rent?            Yes            No           Over Crowded?    Yes            No

**I – PERSONAL DATA**

Please list the names of three relatives or close friends we can contact in case of an emergency.

Name:	Relationship to you	Telephone #
1.		
2.		
3.		

Have you been convicted of an offense involving a child?    Yes            No

Comments:
-----------

Do you own a vehicle?

If yes, please describe: \_\_\_\_\_



**J – DECLARATION**

Please read carefully and sign this agreement

I/We declare:

- This is my application; and,
- All the information provided is correct and completed to the best of my knowledge and belief.

I/We Authorize:

- Pursuant to the Protection of Privacy Act (PIPA), the Housing Registry to make any inquiries that are necessary to verify the information given in this application;
- Pursuant to the PIPA Act, any person, corporation or social agency to release to the Housing Registry any information pertinent to the assessment of my/our application; and,
- The Society to receive and exchange with credit bureaus and my/our previous Landlord credit and other information about me/us, will be used in the decision making process to provide me/us with rental accommodation.

I/We Understand:

- That in accordance with the PIPA Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rental geared to income housing;
- That this application does not constitute any agreement on the part of the Society and/or Housing Registry to provide me/us with rental accommodation;
- That it is my/our responsibility to advise the Society and/or Housing Registry of any changes to the information given in this application and to provide any supporting materials required for my/our application; and,
- That this application will remain on file for a period of twelve (12) months. If at any time during this period I/we move or need to update the information given in this application, it is my/our responsibility to contact M’akola Housing Society and make the necessary changes.

Signature of Adult Applicant	Date

M’akola Housing Signature	Date Application Received