

# NEIGHBOURHOOD HOUSING SOCIETY

## APPLICATION – The Oasis – 40 E. Hastings - HOUSING LOW INCOME SINGLES

NAME:

---

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_

**CURRENT ADDRESS:**

---

(Apt. No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code) \_\_\_\_\_

**Current Landord:**

---

**Proof of current address:** Please attach a rent receipt, letter, bill or other proof of address

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Day/Month/Year Applicant

Telephone: \_\_\_\_\_ Message/Contact #: \_\_\_\_\_

**Current Housing (check all that apply)**

- Share with family/friends  S. R. O.  Apartment  Bar/pub downstairs  
 Boarding house room  Emergency Shelter  No windows  
 No elevator, but more than 2 floors to my unit  Noisy

Do you have a private Bathroom  Yes  No Kitchen  Yes  No

If no private kitchen:  Hot plate  Communal Kitchen  Eat out

English  Speak  Write Other languages \_\_\_\_\_  Speak  Write

---

**Previous Addresses:**

\_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ How long? \_\_\_\_\_

If you do not live in the Downtown-Eastside, have you ever lived here?  Yes  No

If yes, how long? \_\_\_\_\_

When did you leave the area? \_\_\_\_\_

Why? \_\_\_\_\_

**Subsidised Housing History**

Do you living in subsidized housing?  YES  NO. If NO, have you ever lived in subsidized housing?  Yes  No

If YES, where? \_\_\_\_\_

Why did you move? \_\_\_\_\_

\_\_\_\_\_

**Health and Abilities**

Do you have any physical requirements or other health conditions related to your housing needs:

---

**Income and Expenses**

Source(s) of income (e.g. BC Benefits, EI, OAP, CPP) \_\_\_\_\_

**Gross Monthly Income (before deductions)** \$ \_\_\_\_\_

**Current Monthly rent/utilities amount or allowance** \$ \_\_\_\_\_

**BALANCE** \$ \_\_\_\_\_

Do you have any pets?  No.  Yes \_\_\_\_\_

**Personal References:**

---

**Name** **Contact number**

---

**Name** **Contact number**

**Support Network References**

---

**Name** **Organization** **Contact number**

---

**Name** **Organization** **Contact number**

**Freedom Of Information, FOI**

As part of my application for housing, I agree to let this landlord make any enquiries necessary only to verify the information on this form. I also agree to let this landlord contact any references provided to obtain pertinent information only to help assess my eligibility for housing with them. I also understand that this application is not an agreement to guarantee accommodation.

I declare that the above information is accurate and complete to the best of my knowledge.

---

**Applicant's Signature** **Date**

**Neighbourhood Housing Society  
Office – 40 East Hastings Street  
Vancouver, BC V6A 1N1  
Tel: 604-605-0342 Fax: 604-688-2994**