

If you are applying for a portable subsidy, do you plan to stay in your current accommodation? _____

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; 110 units of supported housing for individuals, couples and families. Many of the residents have a history of inadequate housing and complex health concerns. Building attendants 24/7, life skills workers and support workers to assist residents with connecting to health care professionals, housekeeping issues and money management.
- Seymour Place; (Davie & Seymour; self-contained bachelor apartments) – Referrals are made from the society waitlist to the housing provider at Seymour Place, who conducts the interviews and acts as the landlord. No Pets
- Mole Hill; (Thurlow & Comox; 10 self-contained bachelor apartments). Referrals are made from the society waitlist to the housing provider at Mole Hill who conducts the interviews and acts as the landlord.
- Helmcken House; (Granville & Helmcken; 32 self-contained bachelor & 1-BR apartments). Independent living, close to other ASO's and St. Pauls' Hospital. McLaren's head office is located in this building.
- Portable Subsidy; (you may choose your own apartment with certain rent maximums). These subsidies are with the person and allows, within the parameters of the funding, flexibility on where one can reside.
- Supportable Programs; (you may choose your own apartment with certain rent maximums). These subsidies are with the person and allows, within the parameters of the funding, flexibility on where one can reside. A support worker is assigned to the person with an expectation that the participant will meet with them as required.

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 |
|---------|-------------------|----------|-----------|-----------|
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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 Centre for Excellence in HIV/AIDS IDC/St.Paul's Hospital 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.