



McLaren Housing

Society of British Columbia

POSITIVE HOUSING FOR POSITIVE PEOPLE

APPLICATION FOR HOUSING

Please only complete this application if you are HIV+ and have been a resident of BC for at least 6 months. The applicant/family unit income and assets must also fall below the Housing Income Limits (HILs), set annually by BC Housing; go to www.bchousing.org for more information.

SECTION 1 - GENERAL INFORMATION

Full Name of Applicant:

Last name	First Name	Gender	Date of Birth	HIV+?
_____	_____	_____	_____	_____

Address: _____

Phone Number: _____ Alt. phone number/email _____

Name of Partner and/or other members of your household who would continue living with you (if applicable):

Last name	First Name	Gender	Date of Birth	HIV+?
_____	_____	_____	_____	_____

Do you have a pet? If so, please give details: _____

Country of Origin: _____

Do you identify as Indigenous (First Nations, Metis, Inuit)? Please circle: Yes No

Do you identify as part of a visible minority group? Yes: _____ No Prefer not to say

SECTION 2 – HOUSING PROGRAM SELECTIONS

Applying for (check all that apply):

- Howe Street:** (Howe and Drake; 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 managing their living space, connecting to health care/social programming. At move-in, residents must register with BC housing's Supportive Housing Registry – *Pet friendly. Some restrictions apply. Proof of licensing, vaccinations and spay/neuter is required.*

- 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. *Pet friendly. Some restrictions apply. Proof of licensing, vaccinations and spay/neuter required.*

Portable Subsidy: (You may choose your own market rental with certain rent maximums). These subsidies are with the person and allows, within the parameters of the funding, flexibility on where one can reside. **PLEASE NOTE: Due to funding limitations, we are not accepting applications for this program at this time.**

- Supportable Programs:** (25 program spots; you may choose your own market rental with certain rent maximums). These subsidies are with the person and allow, 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.
- Seymour Place:** Affordable Housing Society Partnership; (Davie & Seymour; 20 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: Partnership:** (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. *Pet friendly. Some restrictions apply. Proof of licensing, vaccinations and spay/neuter required.*
- Nicholson Towers:** Bloom Group Partnership; (Pendrell & Nelson; 20 self –contained bachelor apartments for seniors, individuals who are 55+). Referrals are made from the society waitlist to the housing provider at Nicholson Towers. All applicants must have an active BC Housing file number. As the landlord, Nicholson Towers will conduct the final housing interview. – *Pet friendly but only cats & smaller dogs allowed; some restrictions apply. Pet deposit required.*

BC Housing Number # _____

SECTION 3 - 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 (include applicant and any other adults)	Source of Income (MSDSI, EI, CPP etc)	Gross Monthly Income (before deductions)	Total Value of Assets

SECTION 4 - PRESENT ACCOMMODATION

Which of the following best describes your present accommodation?

- Apartment/basement suite
 House/ townhouse
 Number of bedrooms _____
 Living with family/ friend
 Room and board
 SRO/motel/trailer

Other: _____

What is your current monthly rent? (your portion) \$ _____

Does your rent include: Electricity Heat Cable

Is your present accommodation unsatisfactory? Please explain why.

SECTION 5 – 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/how long	Landlord name	Landlord phone	Rent paid

SECTION 6 - HEALTH INFORMATION

*Please provide proof of HIV+ health status using our attached Medical Need Form.

Are you able to clothe, feed and care for yourself (live independently)? _____
If not, 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?

SECTION 7 – REFERENCES AND COMMUNITY CONTACTS

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):

Oak Tree Clinic AIDS Vancouver Positive Living BC Heart of Richmond
 IDC/St.Paul's Hospital Spectrum Health Dr. Peter Centre Others (please specify): _____

SECTION 8 – DECLARATION AND SIGNATURE

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

SECTION 9 – DOCUMENT CHECKLIST AND SUBMISSION INFORMATION (We must receive all of these documents in order for your application to be 'complete' and to add you to the waitlist).

Required

- Completed and signed application
- Proof of HIV+ health status indicating recent CD4 and viral load counts (Medical Info Form attached, p.5)
- Proof of income/assets (e.g. proof of MSDSI, 3 months bank statements, Notice of Assessment etc.)

Additional

- Supporting documentation from doctors and/or support workers demonstrating the positive impact housing with MHS may have on your health and well-being.

Send documents:

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

IMPORTANT

Applicants are expected to update their information/application every 12 months or the application will be considered inactive. The file can be reactivated on the date the applicant updates the information. The 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.



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MEDICAL INFORMATION FORM

The McLaren Housing Society of BC provides housing and support services to low-income individuals and families living with HIV/AIDS.

Confirmation of HIV+ Status:

This certifies that the applicant is HIV+:

Name of applicant: _____

Applicant's DOB: _____

Personal Health Number: _____

Recent CD4 Count: _____

Recent viral load count: _____

Name of clinician: _____

Office Phone: _____

Date: _____

Office Stamp