



**1307 Hillside Avenue Victoria BC V8T 2B3 PH: (250) 384-8058 FAX: (250) 384-5267**

## **APPLICATION FOR SUPPORTIVE TRANSITIONAL HOUSING**

### **Contact Information:**

Louise N. @ 250-995-6418 (Tel.) or 250-384-5267 (Fax)

### **What is The Cridge Supportive Transitional Housing?**

- The Cridge Supportive Transitional Housing is low-rent, time limited housing with specialized support services for tenants.
- The housing is offered on a one-year lease, renewable to a maximum of three years on a conditional basis.
- Specialized support services are provided through The Cridge Dovetail Programs.

### **Who is eligible to apply?**

- The Cridge Supportive Transitional Housing is available to women with or without children who are impacted by relationship violence, and to immigrant and refugee families wanting the support services of our Cridge Dovetail Program.

### **What are the rents?**

- If the tenant receives income assistance, the rent is based on the maximum shelter allowance
- If the tenant is in receipt of income from employment or other sources, the rent is based on 30% of gross income (a minimum rent applies)

### **How to apply?**

- Complete and sign the attached form.
- Mail, fax or drop off the form to The Cridge Centre (at the above address)

### **Privacy Declaration**

- All personal information collected is for the management of service delivery by The Cridge Supportive Transitional Housing and Cridge Dovetail Programs staff.
- No information will be shared with anyone outside of the organization without the express permission of the applicant/tenant.

**Submitted applications need to be updated monthly by telephone in order to be considered.**

**PLEASE KEEP THIS PAGE FOR YOUR FUTURE REFERENCE**

# APPLICATION FOR THE CRIDGE SUPPORTIVE TRANSITIONAL HOUSING

*Please note: It is important that you answer ALL the questions in order to be considered for housing*

## 1. APPLICANT (Please Print)

<b>Applicant Surname</b>	<b>Applicant First Name</b>	<b>Work Phone Number</b>
<b>Home Address (Apt Number/Street Address)</b>		<b>Home Phone Number</b>
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>		<b>Safe Phone Number For Messages</b>

**2. HOUSEHOLD COMPOSITION** List yourself on line 1, then list all the other persons in your household who will be living with you. If more than 7 people, attach additional names on a separate sheet.

FULL NAME(S) SURNAME FIRST	BIRTHDATE			GENDER	RELATIONSHIP TO APPLICANT
	DAY	MONTH	YEAR		

**Do you expect the size of your household to change in the next 12 months?**     NO     YES

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**3. INCOME INFORMATION** List Gross Monthly Income (before deductions) for all members of your household from all sources. *Proof of income must be attached.*

NAME	SOURCE (eg. Employment, Income Assistance, Employment Insurance, Pension)	MONTHLY INCOME
		\$
		\$
		\$
		\$
<b>TOTAL MONTHLY INCOME FOR HOUSEHOLD</b>		\$

**4. RESIDENCY HISTORY** Please list your address(es) for the past 2 years. Previous and current landlords may be contacted for references.

Address	From (Date)	To (Date)	Name of Landlord	Landlord's Phone

**No References? Please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. PRESENT ACCOMODATION** Please describe your present accommodation as completely as possible by checking/completing the information below.

<b>Is your present accommodation:</b>	<input type="checkbox"/> Apartment	<input type="checkbox"/> Basement Suite	<input type="checkbox"/> Living with family or friends		
	<input type="checkbox"/> House/Duplex/Townhouse	<input type="checkbox"/> Renting a room	<input type="checkbox"/> Transition House		
	<input type="checkbox"/> Other (specify): _____				
<b>Do you:</b>	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Share Expenses	<input type="checkbox"/> Have Free Accommodation	<input type="checkbox"/> Live in a Co-op
<b>Please state:</b>	Number of bedrooms in your household:	Your current monthly rent cost:	Your current monthly utilities cost:		

**Do you have any household pets?** (Not all Cridge housing allows pets. Some Cridge Housing permits 1 cat per household)

NO  YES (Please specify: \_\_\_\_\_)

**6. DISABILITIES/HEALTH ISSUES** List on the lines below, any member of your household with a significant disability/health issues which should be considered in your housing needs (Please note: Our units are NOT wheelchair accessible).

Name	Type of disability/health issue

**7. REASON FOR APPLYING**

*Please note: Our housing is based on individuals' need for support. Please be specific in answering these questions.*

**Please check the box (or boxes) which best describes your current circumstances:**

- I have recently received a notice to end tenancy (if so, a copy of the Notice to Terminate Tenancy from your landlord must be attached)
- I am leaving an abusive situation
- I am an immigrant/refugee in transition
- Other (please describe: \_\_\_\_\_)

**Please describe your reason for applying for The Cridge Supportive Transitional Housing? (Please be specific)**

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**Tenants of The Cridge Supportive Transitional Housing are required to participate in our support services, known as The Cridge Dovetail Program. How do you hope to benefit from the services of The Cridge Dovetail Program?** (For more information about The Cridge Dovetail Program's services, please see our website, or call Louise N. at the number listed on Page 1 of this document.)

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**8. ATTACHMENTS** This application will NOT be considered unless the required attachments are included.

ALL APPLICANTS	Proof of income (pay stubs, copies of Income Assistance cheques)	ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF APPLICABLE	Termination notice from landlord	ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO

**9. APPLICANT SIGNATURE** Please read and sign this statement:

I understand that this application does NOT constitute an agreement on the part of The Cridge Centre to provide me with rental accommodation.

I certify that the information given in this application is true, correct, and complete in every respect to the best of my knowledge, and if required by The Cridge Centre, can be verified.

I understand that it is my responsibility to advise The Cridge Centre of any changes given to the information above,

**If I do not contact The Centre for a period of one year, the Supportive Housing Staff will shred my application.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**10. THE CRIDGE OUTREACH SUPPORT**

Would you like to be connected with a Cridge Outreach Worker?

Yes, please

No, thank you