

ROSE HARBOUR SUPPORTIVE TRANSITIONAL HOUSING

#101 – 1116 Dogwood Street, Campbell River, BC V9W 3A2

Society Office: 250-287-7384 Society Fax #: 250-286-6252 Email: aeh@annelmorehouse.ca

APPLICATION FOR SERVICES

What is Rose Harbour?

- Is a change program which includes time limited subsidized housing and specialized support services for clients
- Is based on a six-month contract with the possibility of renewal up to two years.
- Offers specialized support services to clients
- Offers specific support services which promote and support a healthy lifestyle

Who is Eligible to Apply?

- Women with or without children who are impacted by homelessness, abuse, violence and/or addiction
- Women who want to make changes in their lives.

How to Apply?

- Complete the attached application form
- Fax, email or drop off completed application form to Rose Harbour

What are the Conditions of Stay?

- Applicant must be willing to commit to residing without a partner during their residency
- Applicant must be interested in making self-driven lifestyle changes
- Applicants must be willing to attend mandatory meetings
- Applicant must be willing to live in a pet free environment

What are the housing costs?

- This housing is subsidized by BC Housing and the costs are either 30% of income or your income assistance shelter portion. Hydro and Wi-Fi are included.

Privacy Declaration

- All personal information collected in this application is for the management of service delivery by Campbell River and North Island Transition Society
- No information will be shared with anyone outside of the organization without the express permission of the applicant/client

Identification and confirmation of income must be submitted with application.

ROSE HARBOUR SUPPORTIVE TRANSITIONAL HOUSING

APPLICATION

Applicant's Full Legal Name: _____ Birthdate: _____

Please List other Names you may be known as: _____

Current address: _____

City: _____ Province: _____ Postal Code: _____

Please circle your preferred form of communication from the numbers you provide below:

Phone/message number: _____ Email: _____

Text number: _____ Other Contact Number: _____

Please check the unit size requested:

Studio suite

One bedroom

Two bedrooms

Three bedrooms

**Please List ALL Persons Who Will Be Residing in the Residential Premises (including applicant)
(Note: Please include month, day and year for birthdate)**

Name: _____ Birthdate: _____ Gender: _____

Name: _____ Birthdate: _____ Gender: _____

Name: _____ Birthdate: _____ Gender: _____

Name: _____ Birthdate: _____ Gender: _____

Name: _____ Birthdate: _____ Gender: _____

Are you expecting any changes to your household composition in the next year? If so, please explain:

Reason for applying:

Please note our program is based on everyone's need for support. Please be specific in answering these questions.

Please tick the box or boxes that best describe your current circumstances:

- I received a notice to end tenancy I am staying in a shelter
- I am leaving an abusive situation I am staying with others
- I recently completed a recovery/treatment program I am staying in a transition house
- I am homeless
- Other - please describe: _____

How long since you have had stable housing: Days _____ Months _____ Years _____

- Please describe your reason for applying to Rose Harbour Supportive Transitional Housing (**please be specific**): _____

Rental History:

Landlord Name and Phone Number	Rental Address	Tenancy date: From - To

No references? Please explain: _____

Income Information:

Source of Income	Gross Monthly Amount

Disability/Health Issues:

List all significant disability/health issues experienced by any member of your household. This will enable us to make an informed decision regarding your application.

Name	Disability/Health Issue

Mobility Issues:

Do you require wheelchair accessible housing? Yes: _____ No: _____

What changes/goals would you like to make while residing at Rose Harbour

The following must be provided with Your Application:

Proof of income: check if attached: _____

Identification: check if attached: _____

Appropriate identification could include: BCID, Driver's License, Status Card and/or Birth Certificate. One piece of ID is sufficient if it is government issued and has applicant's birthdate and picture.

Please read and sign if you agree with this statement:

I understand that this application does not constitute an agreement on the part of Campbell River and North Island Transition Society to provide me with rental accommodation.

I certify that all the information given in this application is true, correct, and complete in every respect to the best of my knowledge and, if required by Campbell River and North Island Transition Society, can be verified.

I understand it is my responsibility to advise Campbell River and North Island Transition Society of any changes to the information provided.

Signed: _____ **Dated:** _____

Please Note: This application will be held for a period of one year. Please reapply after one year if you are still interested in our supportive transitional housing program