



Eagle Harbour

APPLICATION FORM

LONG TERM HOUSING UNIT

What is Eagle Harbour?

Eagle Harbour is a building that uniquely supports women and children within their second-stage housing program, as well as supplying affordable units for elder women and families. This application is geared towards those who are interested in the affordable market units- which will not be program based.

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.

Note: women over the age of 54 will be at priority

How to Apply?

- Complete the attached application form.
- Fax, email or drop off completed application form to Rose Harbour, Eagle Harbour or Women's Centre

What are the Conditions of Stay?

- Applicant must be willing to commit to residing without a partner during their residency.
- Applicant must agree to not have guests stay for more than 2 weeks in a calendar year.
- Applicant must agree to rules of residence, confidentiality agreements and working with a Tenancy Support Worker to continue correspondence with BC Housing requirements (if needed.)
- Pet friendly building- all pets must be registered and approved by landlord/agent before move in.

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. Laundry and reserved parking will be included. Hydro will not be 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.

It is important that you complete ALL sections of the application form. The information requested here will assist you and will be treated with strict confidentiality.



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APPLICANT INFORMATION:

Last Name	First Name(s)	Date of Birth (DD/MM/YYYY)
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CURRENT ADDRESS:

Street Address	City	Postal Code
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☐ no fixed address

CONTACT INFORMATION:

Cell Phone	Other Phone	Email
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ACCOMODATION REQUIRED & PREFERENCES:

Number of bedrooms required:

☐ Bachelor ☐ 1 Bedroom ☐ 2 Bedrooms ☐ 3 Bedrooms

Do you require a wheelchair accessible suite? ☐ Yes ☐ No

Do you have any special living requirements? If yes, please summarize:

Do you require parking? ☐ Yes ☐ No If yes, how many vehicles do you have? ☐ 1 ☐ 2

Do you have pet(s)? ☐ Yes ☐ No

If yes, please briefly describe the breed of pet and a quick description:

PLEASE NOTE: Smoking is prohibited inside suites; residents/guests may only smoke on their balconies or in designated outdoor areas.



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HOUSEHOLD INFORMATION: Please list yourself on the first line and then all those who will live with you.

Full Names (FIRST, LAST)	Birth Date (DD/MM/YYYY)	Pronouns (SHE/HE/THEY)	RELATIONSHIP TO APPLICANT APPLICANT

RESIDENCY HISTORY: Please list your addresses for the past 2 years.

Address	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Landlord's Name and Number

*As part of the application process, you may also be asked for character references.

CURRENT ACCOMODATION:

Are you currently renting? ☐ Yes ☐ No

If you are renting, how much is your monthly payment? \$_____ How many bedrooms? _____

What kind of rental is it?

☐ House ☐ Apartment ☐ Shared space, private room ☐ Other, please specify: _____

INCOME ELIGIBILITY BRACKETS: Annual gross household income required to be eligible in many affordable housing programs. 2024 level grid:

UNIT TYPE	INCOME MUST BE UNDER
1 Bedroom/Studio	\$41,500
2 Bedroom	\$49,500
3 Bedroom	\$68,500

To comply with BC Housing's standard of HIL (Housing Income Limits) and prioritizing those with limited income; the chart above will state the eligibility of specific units for applicants based on yearly income.

Eagle Harbour's Long-Term Housing units are classified as affordable rentals- therefore rent will vary dependant on the household's income. 30% of the household's income will be the deemed rent.



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INCOME INFORMATION:

Required to establish Low & Moderate Income Limit eligibility.

Proof of income must be provided for the Applicant(s) as well as all adult household members identified in this Application (anyone age 19 older). **Please attach the following:**

- Notice of Assessment for current year from Canada Customs and Revenue Agency. (CCRA) for all occupants 19 years and older (if you do not have this document, contact CCRA at 1-800-959-8281 to request it)
- **If employed**, copies of three current consecutive pay stubs which show your gross income and deductions. Please provide **employment reference**:

Company Name	Employer Name and Phone #	Start Date

- If self-employed, copy of Statement of Business Activities and Income Tax Return Attached
- If other income (example: EI, pensions, Ministry benefits), please explain: _____

Name (FIRST, LAST)	Income Source (JOB, EI, PWD, PENSION, ETC.)	Monthly Income \$
		\$
		\$
		\$
		\$
TOTAL HOUSEHOLD INCOME:		\$

APPLICANT CHECKLIST

- ☐ Complete application and sign Consent to Release Personal Information
- ☐ Attach proof of current and consistent income
 - ☐ Release of Information form from Ministry (indicating monthly income assistance amount)
 - ☐ 5 most recent and consecutive pay stubs if employed
 - ☐ 3 most recent months of bank statements
- ☐ Statement of business activities and Income Tax (if applicable)
- ☐ Copy of government issued ID (back and front)

We will not be able to process your application without all the required information completed.



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DECLARATION

Please read and sign this statement.

I/We certify that the information on this form is true, correct, and complete in every respect to the best of my/our knowledge and can be verified by CRNITS including obtaining credit and/or personal reports on me/us from one or more agencies or individuals.

I/We hereby authorize agencies or individuals to provide whatever information they have to the Agency relative to assessment of the application.

I/We understand this application does not constitute an agreement on the part of the Agency to provide me/us with rental housing.

Signed: _____

Date: _____

Reviewed by: _____

Date: _____

This form collects personal information in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of determining your eligibility, assessing your housing needs and to determine the housing developments that suit your needs.

To apply for housing, please email your completed application, including all requested documents (see applicant checklist above) to:

aeh@annelmorehouse.ca

Completed housing applications can also be delivered to Campbell River & North Island Transition Society reception at:

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

PLEASE NOTE: Applications expire after 1 year. If you are deemed ineligible for the housing you applied for, your application and any documents you submitted will be securely destroyed after 1 year.



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Consent to Release Personal Information

Applicant's Name:	Applicant's Birth Date (DD/MM/YYYY)

The applicant hereby authorizes Campbell River & North Island Transition Society to obtain and disclose the following information as part of my application to become a tenant:

- **Employment Verification:**
 - Confirmation of current employment status, including job title, employer name, and contact information.
 - Verification of income, including salary, wages, bonuses, and any other relevant compensation.
- **Rental History:**
 - Contacting previous landlords or property management companies to obtain rental references, including payment history, lease compliance, and overall tenancy performance.
 - Verification of rental periods, addresses, and contact information for the past 2 years.

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to determine eligibility for housing and/or social services.

This consent will expire one year from the date of submission of this application.

By my signature below, I affirm that I have read this release, or it has been read to me, and I understand its content.

Applicant's Signature		Date (DD/MM/YYYY)
Staff's Name	Staff's Signature	Date (DD/MM/YYYY)