

REFERRING AGENT INFORMATION			
DATE OF REFERRAL			
REFERRING AGENT			
ORGANIZATION			
PHONE NUMBER		EMAIL	
CHECK THOSE THAT APPLY FOR THE CLIENT			
<input type="checkbox"/> IDENTIFIES AS ABORIGINAL <input type="checkbox"/> VICTIM OF VIOLENCE <input type="checkbox"/> LEAVING CORRECTIONAL SYSTEM <input type="checkbox"/> LEAVING HEALTH CARE SYSTEM <input type="checkbox"/> YOUTH AT RISK <input type="checkbox"/> OTHER: _____			
HOMELESSNESS STATUS	<input type="checkbox"/> ABSOLUTE <input type="checkbox"/> AT-RISK <input type="checkbox"/> HIDDEN HOMELESS <input type="checkbox"/> HOMELESS DUE TO CRISIS		
WHAT IS PREVENTING THE CLIENT FROM FINDING OR MAINTAINING HOUSING? (SELECT ALL THAT APPLY)	<input type="checkbox"/> HYGIENE ISSUES <input type="checkbox"/> ACTIVE IN ADDICTIONS <input type="checkbox"/> PETS <input type="checkbox"/> NO REFERENCES <input type="checkbox"/> LACK OF DAMAGE DEPOSIT <input type="checkbox"/> LANGUAGE BARRIERS <input type="checkbox"/> MISSING IDENTIFICATION <input type="checkbox"/> MOBILITY LIMITATION/ WHEELCHAIR ACCESS <input type="checkbox"/> BEHAVIOUR NOT CONDUCIVE TO LIVING WITH OTHER PEOPLE OTHER: _____ _____		
NOTES ON HOUSING BARRIERS (INDIVIDUAL OR SYSTEMIC)			
OTHER SUPPORTS INVOLVED			
PROBATION / PAROLE			
MENTAL HEALTH SUPPORT			
ALCOHOL & DRUG SUPPORT			
FAMILY PHYSICIAN			
PSYCHIATRIST			
FAMILY / FRIEND			
OTHER			

CLIENT INFORMATION

LAST NAME		FIRST & MIDDLE NAME	
PHONE NUMBER			DOB
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDERED	FAMILY STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY (TOTAL NUMBER)
ARE YOU CURRENTLY HOUSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF CURRENT RENTAL:	<input type="checkbox"/> APARTMENT IN MARKET HOUSING <input type="checkbox"/> HOTEL/ ROOMING HOUSE <input type="checkbox"/> ROOM IN A HOUSE <input type="checkbox"/> SECONDARY SUITE <input type="checkbox"/> RECOVERY/TREATMENT <input type="checkbox"/> CAMPSITE <input type="checkbox"/> SOCIAL HOUSING/SUPPORTED HOUSING <input type="checkbox"/> OTHER:
ADDRESS			
IS THIS A NEW TENANCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TENANCY START DATE	MONTHLY RENTAL AMOUNT

INCOME

SOURCE OF INCOME <i>(CHECK ALL THAT APPLY)</i>	<input type="checkbox"/> NONE <input type="checkbox"/> EMPLOYMENT INSURANCE (EI) <input type="checkbox"/> CANADA PENSION PLAN (CPP) <input type="checkbox"/> OLD AGE SECURITY (OAS) <input type="checkbox"/> SAFER <input type="checkbox"/> CHILD TAX BENEFIT <input type="checkbox"/> INCOME ASSISTANCE - PERSONS WITH PERSISTANT MULTIPLE BARRIERS (PPMB) <input type="checkbox"/> INCOME ASSISTANCE – PERSONS WITH DISABILTY (PWD) <input type="checkbox"/> INCOME ASSISTANCE – VOLUNTEER INCENTIVE <input type="checkbox"/> OTHER:	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> BASIC INCOME ASSISTANCE (IA) <input type="checkbox"/> CANADA PENSION PLAN – DISABILITY (CPP-D) <input type="checkbox"/> GUARANTEED INCOME SUPPLEMENT (GIS) <input type="checkbox"/> BCH RENTAL ASSISTANCE PROGRAM (RAP) <input type="checkbox"/> EMPLOYMENT
MONTHLY INCOME AMOUNT: \$ _____		

REASONS FOR APPLYING FOR READY TO RENT

TO HELP ME FIND HOUSING I HAVE HOUSING – I WANT TO LEARN HOW TO BE A BETTER TENANT
 OTHER: _____

WHAT I AM MOST INTERESTED IN LEARNING: (CHECK ALL THAT APPLY)

<input type="checkbox"/> WHAT DO LANDLORDS NEED? <input type="checkbox"/> RESIDENTIAL TENANCY LAW <input type="checkbox"/> RENTAL APPLICATIONS <input type="checkbox"/> FIRE SAFETY, INSURANCE AND KEEPING PAPERWORK SAFE <input type="checkbox"/> PESTS <input type="checkbox"/> BANKING, CREDIT AND DEBT <input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> COMMUNICATION <input type="checkbox"/> HUMAN RIGHTS AND PRIVACY INFORMATION <input type="checkbox"/> SHOPPING FOR A NEW RENTAL UNIT <input type="checkbox"/> PREPARING A BUDGET <input type="checkbox"/> COMMUNITY RESOURCES
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WHAT ARE YOUR RIGHTS?

- WE ARE GOING TO RECORD SOME PERSONAL INFORMATION ABOUT YOU. THE INFORMATION GATHERED WILL REMAIN CONFIDENTIAL AND IS COLLECTED AND PROTECTED UNDER THE PRIVACY LAWS.
- BC HOUSING FUNDS OUR PROGRAM. STATISTICAL REPORTING FROM THE INFORMATION COLLECTED WILL BE SHARED WITH BC HOUSING UNDER S.26 OF THE *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. BC HOUSING NEEDS THE STATISTICAL REPORTS TO IMPROVE SERVICES AND FUNDING TO HELP AS MANY PEOPLE AS IT CAN. ANY REPORTS GENERATED FROM THE STATISTICAL DATA WILL NOT INCLUDE INFORMATION THAT IDENTIFIES YOU PERSONALLY.
- IF YOU CHOSE NOT TO SIGN THIS DOCUMENT, YOU WILL STILL RECEIVE ALL SERVICES.
- IF YOU WANT TO WITHDRAW YOUR CONSENT AT A LATER DATE YOU CAN, BUT WE CANNOT DESTROY THE INFORMATION WE HAVE COLLECTED SO FAR. FROM THE DATE YOUR CONSENT IS WITHDRAWN NO MORE OF YOUR PERSONAL INFORMATION WILL BE SHARED WITH BC HOUSING.
- IF YOU WANT TO TALK TO SOMEBODY ABOUT THE USE OR WITHDRAWAL OF YOUR PERSONAL INFORMATION FROM THE BC HOUSING DATABASE, YOU CAN CALL THE DIRECTOR, BUSINESS SUPPORT SERVICES AT BC HOUSING AT 604-433-1711, OR WRITE TO #601 – 4555 KINGSWAY, BURNABY, V5H 4V8.

CONSENT

I, *(CLIENT NAME, PLEASE PRINT)* _____ HEREBY AUTHORIZE THE ISSUING ORGANIZATION TO OBTAIN AND/OR RELEASE INFORMATION THEY DEEM NECESSARY REGARDING MYSELF FROM OR TO ANY PERSON, FIRM, CORPORATION, OR SOCIETY REQUIRED IN ORDER TO ASSIST AND SUPPORT ME WHILE I AM RECEIVING SERVICES FROM THE ORGANIZATION.

CMHA, JOHN HOWARD SOCIETY, AND READY TO RENT BC WORK IN COLLABORATION TO RESPONSIBLY ADMINSISTER FUNDS AND ENSURE APPROPRIATE CLIENT SERVICE IN A COMMUNITY CONTEXT.

I HEREBY RELEASE THE ISSUING ORGANIZATION ITS STAFF FROM ALL MANNER OF LIABILITY, CLAIM OR DEMAND THAT I MAY OR WILL HAVE AS A RESULT OF THEIR OBTAINING AND/OR RELEASING INFORMATION.

AUTHORIZATION IS IN EFFECT FOR A PERIOD OF ONE YEAR.

CLIENT SIGNATURE

DATE