

HOUSING PROVIDER ANNUAL INFORMATION FORM

Housing Provider (Sponsor): Mailing Address:	Sponsor #:				
E-Mail Address:					
Contacts:					
Name (Receives BC Housing Correspondence)	Title/ Position	Telephone & Cell Phone	Fax		
1					
Board of Directors:					
Name	Title	Address	Telephone		

Management Letter:

Has your auditor provided your board of directors with a management letter? Yes \square No \square If "yes", please attach a copy of the letter to this form and return it to BC Housing.

Information for *The Link*

BC Housing's Directory of Affordable Housing

SE(CTION 1 (If BC Housing maintains your applicant list than skip to secti	on 2)		
a)	Do you maintain an applicant list?	Yes □	No □	
b)	What is the best way for an applicant to contact you for an application?			
	□ Mail			
	Street Address for mail-in applications			
	City, Postal Code for mail-in applications			
	☐ By contacting us directly: Phone ☐	Fax □		
	\square By coming to your \square development or \square office in person.			
	Name of your Development:			
	Development Street Address & City:			
	Office Street Address & City:			
	Development's closest major intersection:			
	What are your office hours?			
c)	Do you have an application update process?	Yes □	No □	
	How often should an applicant contact you?			
	How many applications do you keep on file?			
	Are applications cancelled after a number of months?	Yes □	No □	
	If ves. after how many months?			
d)	Does your development allow pets?	Yes 🗆	No □	
	If yes, are there any restrictions?	Yes □	No □	
	What are the pet restrictions?			
	Are tenants/members required to pay any additional	Yes □	No□	
	costs (i.e. parking or hydro)? If yes, what are the costs associated with?			
	Is a damage deposit required?	у П	<u></u>	
۵)	Does your development have a residency requirement	Yes □	No □	
e)	(i.e. applicant must have lived in BC for 6 months)?	Yes □	No □	
	If yes, how many months?			
SE	CTION 2			
f)	Does your development have bachelor or 1 bedroom suites?	Yes □	No□	
•	Is there a minimum age requirement?	Yes □	No□	
	If yes, what age?			
	If yes, are applications under the minimum age requirement	Yes □	No□	
	accepted if the applicant is disabled?			
SECTION 3				
g)	-			
	Does your co-op have a participation requirement?	Yes 🗆	No □	
Sia	nature: Date:			