



## Purpose of this Form

The purpose of the Supplemental Application Form is to collect specific information from a third-party who can verify an applicant's current housing situation or health condition (in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*).

The Housing Registry will use this information to:

- determine eligibility for subsidized housing;
- assess housing need; and
- determine the housing developments that suit an applicant's needs.

## Instructions to Applicant:

### Who should use this form?

The Supplemental Application Form is optional.

However, some housing providers that use The Housing Registry to fill available units may give additional consideration to applicants who are:

- homeless;
- fleeing domestic violence or abuse; or
- have a serious health condition that is affected by current housing.

Applicants who meet these criteria may wish to have this Supplemental Application Form completed by someone who can verify their situation. The person who fills out this form is called a "third-party verifier."

### Step #1:

Applicant completes and signs Part One. This provides authorization for the third-party verifier to complete the form and submit it to The Housing Registry.

### Step #2:

Forward this form to the person you have chosen to verify your current living circumstances.

If you wish to have more than one person provide information to The Housing Registry, you must have each person complete a separate form.



**PART ONE** TO BE COMPLETED BY APPLICANT

**Applicant Information**

Have you already submitted an Application Form to The Housing Registry?  Yes  No

If yes, what is your File #? \_\_\_\_\_

If not, please make sure that a completed Application Form is submitted with this Supplemental Application Form. If an Application Form is not received, this form cannot be processed.

Last Name	First Name	Birth Date	Title (please circle one)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Mr. Miss Mrs. Ms.
<input type="text"/>	<input type="text"/>	<input type="text"/>	Mr. Miss Mrs. Ms.

Address	City	Province	Postal Code
Home <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone <input type="text"/>	Work phone <input type="text"/>
Message phone <input type="text"/>	Contact person (optional) <input type="text"/>
E-mail <input type="text"/>	<input type="text"/>

I, \_\_\_\_\_, am seeking special consideration of my application for housing  
(Name)  
by The Housing Registry because I or a member of my household:

PLEASE CHECK ALL THAT APPLY

- is homeless [see Section A and B];
- is fleeing domestic violence or abuse [see Section A and C];
- has a serious health condition and/or disability that is affected by our current housing [see Section A and D].

I consent to the person named below [my third-party verifier] providing personal information to The Housing Registry in support of my request for special consideration due to the circumstances indicated above.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Third-party verifier's name: \_\_\_\_\_

Organization: \_\_\_\_\_

**Please forward the entire Supplemental Application Form to the person listed above for completion. Please do not separate this page from the rest of the form.**

**Third-Party Verifier Information:**

The applicant named in Part One has applied to The Housing Registry. Housing Registry members offer housing that consists of unfurnished apartments in which tenants must be able to live and maintain a successful tenancy, either independently or with minimal support services that can be provided by community agencies.

The applicant is seeking special consideration for housing based on their current circumstances. The purpose of this form is to collect pertinent information from a person who can verify the applicant’s circumstances.

**Who can be a third-party verifier?**

A third-party verifier must be familiar with the applicant’s current housing circumstances and can not be the applicant’s private market landlord or a relative of the applicant.

Below is a partial list of accepted third-party verifiers. For a full list of potential verifiers, please contact Housing Registry staff or view online at [www.bchousing.org](http://www.bchousing.org).

<b>Homeless:</b>	<b>Fleeing violence or abuse:</b>	<b>Health condition:</b>
Shelter or Outreach Worker Health Care Professional Police Officer	Transition House Worker Police Officer MCFD Worker	Health Care Professional Case Manager Social Worker

↳ *The Housing Registry does not reimburse third-party verifiers for completing this form.*

**Instructions to Third-Party Verifier:**

**Step #1:**

Complete Part Two, Section A – General Information.

**Step #2:**

Complete the appropriate sections in Part Two as requested by applicant on page 2

- Section B – if applicant is homeless; and/or
- Section C – if applicant is fleeing domestic violence or abuse; and/or
- Section D – if applicant has a disability or serious health condition that is affected by their current housing.

**Step #3:**

Complete and sign Section E.

**Step #4:**

Return completed form to applicant, or submit to:

The Housing Registry  
101 – 4555 Kingsway, Burnaby V5H 4V8  
Fax: 604-439-4729

## Section A: General Information

Please complete all questions in this section.

**A1. Applicant's name:** \_\_\_\_\_

**A2. Describe the applicant's current living situation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A3. How long has the applicant been living in this situation?** \_\_\_\_\_

**A4. Is the applicant living in a staffed or second-stage facility (for example, a health-care setting, half-way house, transition house, second-stage housing, emergency shelter)?**  Yes  No

**If Yes**, what is the name of the facility? \_\_\_\_\_

**A5. Is there any length-of-stay deadline in their current living situation?**  Yes  No

**If Yes**, what is the deadline? \_\_\_\_\_

Why do they have to move? \_\_\_\_\_

Why can they not return to their former residence? \_\_\_\_\_

\_\_\_\_\_

**A6. In your opinion, can the applicant independently fulfill their tenancy obligations including:**

- Paying rent;
  - Caring for their unit (maintaining reasonable health, cleanliness and sanitary standards);
  - Maintaining appropriate relations with neighbours.
- Yes     No     Yes, with supports

Please explain and describe any supports needed, if applicable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

continued on next page....

**Section A: General Information continued...**

A7. In your opinion, can the applicant independently maintain their personal health and well-being in a self contained living unit?

- Yes     No     Yes, with supports

Please describe any supports that you are aware of that the applicant is currently receiving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often do they receive the supports (# hours a day/week etc.): \_\_\_\_\_

Please provide the name of the organization providing support services: \_\_\_\_\_  
\_\_\_\_\_

Are there any barriers to the applicant receiving support services in their current location/housing?

- Yes     No

If Yes, what are the barriers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any supports the applicant is not currently receiving but in your opinion could benefit from receiving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next steps**

Fill out **Section B** if applicant is **homeless**; and/or **Section C** if applicant is **fleeing domestic violence or abuse**; and/or **Section D** if applicant has a **disability or serious health condition** that is affected by their current housing. **Then** proceed to **Section E** and **complete** the **Third-Party Verifier’s Statement**.

## Section B: Homelessness

If applicant is requesting consideration because of homelessness, please complete the following three questions. Otherwise, please go to **Section C: Domestic Violence** or **Section D: Health Condition and/or Disability**.

**B1. When did the applicant last have stable housing?**

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**B2. Why did that stable housing end?**

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**B3. Please describe the barriers the applicant faces in their search for stable housing:**

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### Next steps

Fill out **Section C** if applicant is also **fleeing domestic violence or abuse**; and/or **Section D** if applicant has a **disability or serious health condition** that is affected by their current housing. **Then** proceed to **Section E** and **complete** the **Third-Party Verifier's Statement**.

**Section C: Domestic Violence or Abuse**

If applicant is requesting consideration because of fleeing domestic violence or abuse, please complete the following questions. Otherwise proceed to **Section D: Health Condition and/or Disability**.

**C1. Who is experiencing the domestic violence/abuse?** \_\_\_\_\_

Who is the abuser? (name) \_\_\_\_\_

What is their relationship? \_\_\_\_\_

**C2. If the abuse pertains to children, have the appropriate authorities been contacted regarding the reporting of child abuse?**  Yes  No

**C3. What steps has the applicant taken to permanently leave the abuser?** For example: number of times leaving abuser, number of reports to police, protection order, restraining order, custody order, etc. (please attach documentation, if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C4. Is the applicant still residing with the abuser?**  Yes  No

**If Yes**, what is the reason? \_\_\_\_\_  
\_\_\_\_\_

**If No**, how long have they lived apart? \_\_\_\_\_  
\_\_\_\_\_

**Next steps**

Fill out **Section D** if applicant also has a **disability or serious health condition** that is affected by their current housing. **Then** proceed to **Section E** and **complete** the **Third-Party Verifier's Statement**.

**Section D: Health Condition and/or Disability**

If applicant is requesting consideration because of a serious health condition and/or disability, please complete the following questions. Otherwise proceed to **Section E: Third-Party Verifier’s Statement**.

**D1. Briefly describe** (add more names on a separate sheet of paper if required):

Who is the household member?	What is the disability or health condition?	How long is it expected to continue?

**D2. How does the health condition or disability described above affect their ability to function in their current housing?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D3. Does the applicant need to be near a specific facility to receive ongoing medical treatment (e.g., kidney dialysis; HIV/AIDS treatment; Children’s Hospital)?**  Yes  No

At what locations is the medical treatment provided? \_\_\_\_\_

How frequently do they need to access the treatment (daily, weekly)? \_\_\_\_\_

Can the applicant appropriately access the treatment from their current location or accommodation?  Yes  No

**If No**, why not? \_\_\_\_\_

\_\_\_\_\_

**D4. Are there any other factors with regard to the applicant’s health or disability that should be taken into consideration?**  Yes  No

**If Yes**, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D5. Please describe any special requirements or features that the applicant may need in their housing?**

\_\_\_\_\_

\_\_\_\_\_

**Next steps**

Proceed to **Section E** and **complete** the **Third-Party Verifier’s Statement**.



## Section E: Third-Party Verifier's Statement

### Third-Party Verifier's Statement

Please complete and sign the following statement.

I am not a relative or landlord of (applicant's name) \_\_\_\_\_ and I have known him/her in my capacity as a \_\_\_\_\_ for \_\_\_\_\_ days/months/years.

I declare that, to the best of my knowledge, the information I have provided on this form is accurate and complete.

I will assist by providing further information to The Housing Registry as required and requested, in order that the applicant's request for special consideration for housing can be reviewed.

I understand that in accordance with Section 33(c) of the FOI Act, the information provided will be shared with various housing provider members of The Housing Registry in order to increase the applicant's opportunities for rent-geared-to-income housing.

Name (please print)	Position	Agency
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Telephone	
<input type="text"/>	<input type="text"/>	
E-mail	Date	
<input type="text"/>	<input type="text"/>	

Signature \_\_\_\_\_

### Next steps

Please **ensure all questions in Part Two, Section A have been completed** and that you have **completed either Section B, C or D as applicable**. Please be sure to **sign your statement** (this page).

Return this form to the applicant or send it directly to The Housing Registry:

101 - 4555 Kingsway, Burnaby V5H 4V8

Fax: 604-439-4729