

Who should use this form?

You may be eligible for Supportive Housing if you:

- are low-income;
- are homeless or at-risk of homelessness;
- may have mental health and/or mental and physical health needs;
- require support services to help maintain a successful tenancy.

Note: If you are living in supportive housing and want to move, speak to your housing provider or contact the Supportive Housing Registry and ask for a Transfer Form.

Additional Information:

Most supportive housing units are studios suitable for a single individual. Very few buildings have units with one or more bedrooms.

If you wish to live with or near another individual, you both must:

- complete a Supportive Housing Registry Application Form; and
- sign a SHR Request to Link form.

The SHR Request to Link form can be obtained by contacting our office or downloaded from our website at www.bchousing.org/SH.

What is Supportive Housing and the Supportive Housing Registry (SHR)?

Supportive housing provides a private room or apartment in a building with support services. Buildings and units vary in style, size and supports provided.

The Supportive Housing Registry provides a single point of access for supportive housing. Applicants apply only once instead of separate applications with multiple housing providers.

BC Housing works with supportive housing providers, health authorities and other community partners to access the accommodation that best meets your needs.

More information on supportive housing is available online at www.bchousing.org/SH.

How to Apply:

Step #1: Complete Page 2 and 3 of the Application Form in full.

Step #2: Sign and date the Declaration and Consent on page 4.

Step #3: Submit the application to one of the addresses below:

Burnaby: 101 – 4555 Kingsway, Burnaby, BC V5H 4V8

Vancouver: 297 E. Hastings Vancouver, BC V6A 1P2

Victoria: 201 – 3440 Douglas St, Victoria, BC V8Z 3L5

Penticton: 451 Winnipeg St. Penticton, BC V2A 5M6

Prince George: 1380 2nd Avenue, Prince George, BC V2L 3B5

By Fax: 604-439-4729

If faxing, only pages 2, 3 and 4 are required.

Information for Outreach Workers:

If you are working with staff at a BC Housing office, please speak to them to discuss how and where you should submit completed Supportive Housing Registry Application Forms.

SHR: FOR OFFICE USE ONLY

File: _____ Date: _____

Please Print Clearly

1. Applicant: Please tell us about yourself.

Last Name	First Name(s)	Alias or Nickname (Optional)
Birth Date (dd/mm/yyyy)		Gender

2. What city/town do you currently stay in?

City/Town	How long have you been here?
Is there a specific neighbourhood you stay in? (optional)	

3. How can we reach you?

Your Phone #	Your Email Address
Your Address <u>or</u> an address you can receive mail (if applicable)	

3a. Is there anyone we can leave a message with in order to contact you? Provide as many options as possible.

Contact or Organization Name	Phone Number	Email	Contact's relationship to you	*Authorized Contact (Yes/No)

**By saying Yes under Authorized Contact, you are confirming that you have the contact's permission to provide their information and you are giving permission for the Supportive Housing Registry and any supportive housing provider to exchange information with that contact in order to maintain and update your application. Authorized Contacts can be added or removed by contacting the Supportive Housing Registry.*

➔ Important: If we are unable contact you, we will move to the next applicant.

4. What are your sources of income?

On income assistance
 Other income
 No income

Income Source <small>List all sources and amounts. (if on income assistance specify if employable, PWD or PPMB)</small>	Amount (Monthly)
	\$
	\$

5. Do you identify as being an Indigenous person of Canada? (Optional)

Yes
 No
 Prefer not to answer

➔ Note: Some housing providers manage supportive housing that gives priority to Indigenous persons. This answer will assist them with identifying Indigenous applicants. This information is also used for planning and reporting purposes.

Housing Needs and Preferences *The following questions will assist with assessing your eligibility for supportive housing and matching you to housing that best meets your needs.*

6. Current Living Situation: Please select the one option that best describes your current living situation:

<input type="checkbox"/> Staying with friends/relatives <input type="checkbox"/> Sleeping outside <input type="checkbox"/> At an Emergency Shelter <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Treatment facility/detox <input type="checkbox"/> Hospital <input type="checkbox"/> Private Market – Single Room Occupancy Hotel <input type="checkbox"/> Private Market – own unit/suite
Is there a deadline to leave your current living situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the date? _____	
Why do you need or want to move? _____	

7. Health and Mobility: Describe health conditions or disabilities that impact your ability to obtain or maintain housing.

Description/Impact
<input type="checkbox"/> Mental Health _____
<input type="checkbox"/> Physical Health _____
<input type="checkbox"/> Substance Use _____
<input type="checkbox"/> No Health Conditions

7a. Stairs and Wheelchair Access: Let us know if you have any difficulty with stairs or use a wheelchair.

<input type="checkbox"/> Stairs are OK <input type="checkbox"/> No Stairs <input type="checkbox"/> Limited number of stairs. How many? _____
Do you require wheelchair accessible housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Pets: Please tell us about any pets you have.

Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____	What kind? _____
Do you have a registered therapy or service animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe: _____

9. Where would you prefer to live?

➔ **Important:** Eligible applicants are considered for supportive housing units located in or near the city or town where they currently stay. If you wish to be considered for other areas, please list below.

In addition to buildings in or near where I currently stay, please consider me for:		
Cities or Towns	Neighbourhoods	Buildings
_____	_____	_____
_____	_____	_____
_____	_____	_____

➔ **Important:** If we don't hear from you **at least every 6 months** your file goes on hold and an offer of housing cannot be made. You can contact the Supportive Housing Registry to update your preferences at any time.

PLEASE READ AND SIGN
I declare:

- This is my application to be considered for supportive housing and all the information in it is true, correct and complete.

I consent:

- To BC Housing sharing my information with supportive housing providers, health authorities, shelter providers, outreach providers, and/or other organizations partnering with BC Housing to coordinate access to suitable housing for me.
- To supportive housing providers, health authorities, shelter providers, and/or outreach providers who are directly involved in finding suitable housing for me to make any necessary inquiries to verify the information given in this application; and, for any person, corporation or social agency to release any necessary information to the assessment of my eligibility for supportive housing.
- To members of the Supportive Housing Registry to exchange information with my Authorized Contact(s) in order to maintain and update my application.

I understand:

- This application is not an agreement on the part of the Supportive Housing Registry or supportive housing providers to provide me with housing.
- It is my responsibility to contact the Supportive Housing Registry at least once every six (6) months for my file to remain active.
- If there is a unit available and I cannot be contacted, the Supportive Housing Registry will offer the unit to another applicant.
- If I am being considered for an available unit, I may be asked to provide additional information to assess if the supports provided in that building will meet my needs and it is my responsibility to provide or cause to be provided information requested to assist with this assessment.
- If I wish to withdraw this Declaration and Consent, I may do so at any time by contacting the Supportive Housing Registry; however, withdrawal will result in my no longer being considered for supportive housing.

Applicant Name (Print)	Applicant Signature	Date

Purpose of this form:

Personal information is collected on this form to identify and contact you, to assess your eligibility for supportive housing and to determine the housing that meets your needs. The information is collected in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about your personal information, please call or write the Privacy Officer at BC Housing, 1701 - 4555 Kingsway, Burnaby, BC, V5H 4V8, 604-433-1711.

Office Use Only:

HIFIS: <input type="checkbox"/> No <input type="checkbox"/> Yes - File #:	VAT: <input type="checkbox"/> No <input type="checkbox"/> Yes - Date:	
Processed by:	Date:	Transfer? <input type="checkbox"/> Yes