



## TEMPORARY APPLICATION FORM



## Project Description

The Nicola Native Lodge will open in the spring of 2025. It is comprised of the following:

20 – Studio Units

20 – Single Bedroom Units

6 – Two Bedroom Units

6 – Three Bedroom Units

**6 of the units are fully accessible and 36 Units are adaptable**

## Eligibility

- Priority will be given to members of the Nicola Five First Nations
  - Upper Nicola Band
  - Lower Nicola Indian Band
  - Coldwater Indian Band
  - Nooaitch Indian Band
  - Shackan Indian Band
- First Nation applicants from other Bands wanting to apply to the Nicola Native Lodge must indicate what Band/First Nation they are from along with a copy of their status card

It is understood that the online applications through BC Housing will be available at a later date and the information collected now will then be transferred.

The Nicola Native Lodge Society is working on a pet policy, and it is anticipated that the NNL facility will be smoke free.



# Nicola Native Lodge Society Housing Application

**\*\*Applications are kept on file for one year. If you decline an available suite, your application will be removed from the list and you will need to reapply and re-enter the wait list.\*\***

Please check your family's need:		<input type="checkbox"/> Studio	<input type="checkbox"/> 1 bedroom	<input type="checkbox"/> 2 bedroom	<input type="checkbox"/> 3 bedroom
Do you require an accessible unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p><b>National Occupancy Standards</b> - No more than 2 or less than 1 person per bedroom. Spouses and couples share a bedroom. Parents do not share a bedroom with children. Dependents aged 18 or more do not share a bedroom. Dependents aged 5 or more of opposite sex do not share a bedroom.</p>					

## 1. Applicant Information

Last Name	First Name	Initial	Status #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SIN: (Optional)	DL or BCID	Date of Birth	Age	Band Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Applicant 2

Last Name	First Name	Initial	Status #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SIN: (Optional)	DL or BCID	Date of Birth	Age	Band Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Contact Information

Mailing Address	City	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



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### 3. Residency Information Please provide information or references

Address	Start Date	End Date	Landlord Name	Landlord Contact	Reason for Leaving

**Have you received a legal notice to End Tenancy?**  Yes  No

**If Yes, what date do you have to move by?** \_\_\_\_\_

If you are NOT under notice to move, please tell us why you want to move.

### 4. Household Information

List all other household members.

Last Name	First Name & Initial	Relationship	Birth Date	Age	Sex

**If there is money owing due to a past subsidized housing tenancy, complete the following.**

Is there a written repayment schedule in place?  Yes  No

**If yes,** a copy of the repayment agreement will be required How much is owing? \_\_\_\_\_

Reason for debt

**NOTE: Failure to declare past subsidized housing or debts owed to subsidized housing providers may result in cancellation of your application. Past tenants with a debt may be required to either repay the debt or enter into a repayment agreement.**

\_\_\_\_\_ Initial



**5. Income and Asset Information**

Is anyone in the household receiving income assistance from the Ministry of Social Development and Social Innovation? Yes  No

If Yes, please complete the table below for each person receiving assistance.

Name	Monthly Amount	Category
	\$	<input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Employable <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB)
	\$	<input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Employable <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB)

For all other income, list GROSS monthly income (before deductions) for everyone age 19 and older.

Name	Income Source (employment, EI, CPP, OAS/GIS, other)	Gross Monthly Income (\$)
		\$
		\$
		\$
Total gross monthly income for household		\$

For any adult (age 19 or older) with no income, please tell us why there is no income.

*∨ If any adult child (age 19 to 24) is a full-time student, proof of student status will be required.*

List the current value of all assets held by you and members of the household.

Cash/Bank Balance	\$	RRSPs/Annuities	\$
Stocks/Bonds/Term Deposits	\$	Residential Real Estate	\$
Other Assets (describe)	\$	Other Real Estate Holdings	\$

\_\_\_\_\_ Initial



Nicola Native Lodge Society  
Housing Application

∨ **Proof of income and assets must be provided when a tenancy is offered.**

**6. Health and Mobility Information**

To assist with matching you to housing that best suits your needs, please complete the following.

**Do you, or any members of your household, have restrictions with stairs?**

<input type="checkbox"/> No restrictions	<input type="checkbox"/> Cannot manage stairs	<input type="checkbox"/> Limited number of stairs. How many? _____
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**Do you, or any members of your household, use a**

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Scooter	If yes to either, who? _____
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If a wheelchair is used, is it used inside your home? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is it used in the kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, is it used in the bathroom? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Can you and your household members access and function in all rooms in your current housing?** Yes  No

If No, please explain.

**Other than mobility concerns, do you, or any members of your household, have a health condition or disability?** Yes  No

Name	Explain the health condition or disability

**Do you, or any members of your household, receive home support?** Yes  No   
If Yes, which agencies are providing home support?

Support Type	Hours per Week	Agency	Worker

**Purpose of This Form**

This application is designed to collect information from applicants seeking affordable housing in accordance with section 26(c) of the Freedom of Information Act and Protection of Privacy Act (the FOI Act). This temporary application will be available until such time as the online application is available.



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**7. Additional Information**

Do you smoke? It is anticipated that there will be NO SMOKING in or on the Property Yes  No

Do you own more than one vehicle? One stall per unit is assigned, additional stalls may be waitlisted depending on size of unit and demand. Yes  No

Do you have any pets? Nicola Native Lodge is working on a Pet Policy. Yes  No   
If Yes, please describe your pet(s):

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I/We understand that this application does not constitute any agreement on the part of the Nicola Native Lodge Society to provide rental accommodation. I/We affirm that the given information in this application is true.

I/We understand that it is my/our responsibility to advise the Society of any changes to the information provided.

I/We give my/our consent to the Society to obtain information pertaining to this application, to do due diligence for safety, security, and well-being of the Society and the residents of the property.

**Application must be signed by everyone age 19 or older.**

Print Name	Signature of Applicant(s)	Date

\_\_\_\_\_ Initial