



JOINT TENANT APPLICATION FORM

1. Joint Applicant Eligibility

Are you a K'ómoks First Nation Member aged 55 or older?

Yes

If **Yes**, please provide your status number:

No

If **No**, please see the **Elderplex Authorized Occupant Application Form**.

2. Joint Applicant Information

First name: _____ Last name: _____

Nickname/alias: _____ Date of birth: _____

Phone number: _____ Email: _____

Street address: _____

City, province, postal code: _____

Emergency contact name: _____ Emergency contact phone: _____

3. Joint Applicant Relationship

What is the relationship between the Applicant and the Joint Applicant?

In a marriage-like or couple relationship

Family/relative (please specify): _____

Other (please specify): _____



NEED HELP? Please contact KFN Housing at 250 339 4545 or housing@komoks.ca.

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4. Two-bedroom Unit Allocation

There are limited 2-bedroom units available.

- A single tenant or couple in a marriage-like relationship qualify for a 1-bedroom unit.
- If any other relationship exists between the two occupants, they would only qualify for a 2-bedroom unit.
- A couple can also request a 2-bedroom in extenuating circumstances.

KFN Eldeplex Occupancy Guidelines:

The Elderplex Housing Policy is informed by the minimum requirements of the National Occupancy Standard of Canada.

1-bedroom Units

The maximum occupancy for a 1-bedroom unit is 2 people. It can be occupied by:

- a single Tenant; or by
- two Joint Tenants in a couple; or by
- a Tenant and an Authorized Occupant in a couple.

2-bedroom Units

The maximum occupancy for a 2-bedroom unit is 2 people, unless a Tenant applies for approval from the Housing Department for extenuating circumstances on compassionate grounds. The unit can be occupied by:

- two Joint Tenants; or by
- a Tenant and an Authorized Occupant; or by
- a single Tenant when no 1-bedroom unit is available. In this case, the single Tenant may be required to move into a 1-bedroom unit when one becomes available, and a 2-bedroom unit is needed to house two people.

If you would like to request a 2-bedroom unit, please provide a brief reason here:



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5. Income Information

The K'ómoks Elderplex is a subsidized housing project designed to provide below-market housing to KFN Elders in need. A "need" may be present for those Elders whose income is limited.

A

Please submit your most recent
Income Tax Notice of Assessment



B

Please also **answer the questions below with any additional income details** not captured in your most recent tax filings.

Has your **income changed significantly since your last tax filing?**

Quantify approximate increase or decrease.

Do you expect any **significant changes to your income** in the near future?

Quantify approximate increase or decrease.

Do you have **any additional income not included in your income tax filing?**

I.e. rental income, dividends, etc.



If you need help accessing your latest Notice of Assessment,
please contact the KFN Social Development Co-ordinator at **250 339 4545**.



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6. Disclosure of Real Estate Assets and Divestment of Property

To be eligible for the K'ómoks Elderplex, Elders must commit to divesting any property holdings within six months of their tenancy beginning. Limited exceptions for CP holders may apply, based on family members' membership status. Legal documentation will be required to confirm the divestment has indeed taken place.

Do you own any property, in sole or joint partnership?

Yes

No (please proceed to **Section 7**)

If **Yes**, please list addresses of any property holdings below:

| Type of Property (e.g. primary residence, cabin, investment property, etc.) | Address | Mortgage? | % Ownership |
|---|---------|--|-------------|
| _____ | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| _____ | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| _____ | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |

If you listed any properties above, please share your plans to divest your property, should you be selected for tenancy at the K'ómoks Elderplex:



The value of your property divestments (after mortgage, tax or any other financial obligations are met) counts towards your asset disclosure.



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7. Disclosure of Other Assets

The K'ómoks Elderplex is a subsidized housing project designed to provide below-market housing to KFN Elders in need. Please disclose if you own more than \$250,000 in assets.



Please do not include real estate holdings in this section, as those should be disclosed in the property disclosure section above.

Assets include:

- Stocks, bonds, term deposits, mutual funds and cash
- Business equity in a privately incorporated company, including cash, GICs, bonds, stocks or real estate equity
- TFSA

This does NOT include:

- Personal items such as vehicles, jewelry and furniture
- RRSP, RESP, RDSP, RRIF

Do you own assets valued over \$250,000?

This includes assets you own solely, or your portion of any joint assets.

Yes

No (please proceed to **Section 7**)

If **Yes**, please provide details below:

Name of asset

Total Value

% Ownership

| Name of asset | Total Value | % Ownership |
|---------------|-------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I agree to provide additional documentation about my finances (income, assets and any properties), should it be requested by the KFN Housing Department.



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8. Current Living Conditions

The K'ómoks Elderplex was built to provide safe and affordable housing to those KFN Elders in need. "Need" can refer to current housing being unaffordable, unstable, unsafe or unhealthy.

How much do you currently pay in rent or mortgage per month?

If you do not pay monthly for housing, please write "N/A".

\$ _____

Please select any that apply:

- My current housing is unstable (e.g. tenancy is ending or is temporary in nature)
- My current housing presents health and safety concerns

If you selected either or both of the above, please provide any additional details that could be relevant, e.g. your move-out date, specific health and safety concerns, etc.:



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9. Health Conditions and/or Disabilities

The K'ómoks Elderplex was built to provide safe and affordable housing to those KFN Elders in need. "Need" may refer to health conditions, both physical and mental, as well as accessibility requirements.

Please select any health considerations that apply to your application:

- Trauma and mental health
- Accessibility and physical health

If you selected either or both of the above, please provide any additional details that could be relevant:

- I agree to provide additional documentation about medical issues, should it be requested by the KFN Housing Department.



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10. Additional Information (optional)

Please let us know if there are any other factors about you or your current living situation that would increase your need for safe and affordable, subsidized housing.

For example: how the quality of your housing is impacting your quality of life, if location is a factor, any significant medical expenses, etc.

11. Pets

The K'ómoks Elderplex has a “no pets” policy.

Please select from the following:

- I will **not** be bringing pets to the K'ómoks Elderplex.
- I have a guide animal and I agree to provide all necessary care for my guide animal.

Provide details about this guide animal: *Type of guide animal, certification level, etc.*

12. Smoking

Smoking of any kind is only permitted in the designated covered area using a fire-safe ashtray, not in or around the units.

- I agree to follow the smoking policy of the K'ómoks Elderplex.



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K'ómoks Elderplex Complex Rules

- Exterior:** Please do not make any changes or affix anything to the exterior of the buildings (siding, doors, etc.)
- Front entry way:** Please keep your personal belongings clear of front entry ways, to ensure safe access to units. Mobility devices are permitted.
- Garbage:** Please use the communal bin provided to dispose of your household garbage and recycling.
- Guests:** Guests are only permitted to stay up to 14 consecutive days or within a month. You must apply to the Housing Department for any extensions.
- Home businesses:** Home-based businesses are not permitted.
- Maximum occupancy:**
- 1-bedroom unit: 1 person or 2 people in a couple
 - 2-bedroom units: 2 people
 - Any exceptions for extenuating circumstances must be approved by the Housing Department
- Noise:** Be mindful of others by not making too much noise. Quiet time between 10 pm and 8 am.
- Parking:** Each tenant has the use of the parking in front of their unit. Guests can use additional visitor parking spots or street parking.
- Pets:** No pets allowed.
- Smoking:** Smoking of any kind is only permitted in the designated area, using the fire-safe ashtray.
- Subletting:** Unit subletting is not permitted.



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Joint Tenant Declaration and Consent *Please read, initial and sign.*

I declare: _____ This is my application.

_____ The information provided herein is true and correct. I realize that any false information provided will result in cancellation of my application.

_____ It is my responsibility to inform KFN Housing if any of the information (contact, financial, etc.) on my application changes.

I authorize: _____ KFN Housing to make any necessary inquiries to verify the information given in this application.

_____ Any person, corporation, or social agency to release to KFN Housing any information pertinent to the assessment of my application.

I understand: _____ This application is not an agreement by KFN Housing or its members to provide me with housing.

_____ That if I am being considered for an available unit, KFN Housing will gather additional information to assess my ability to uphold the obligations of a tenancy agreement and that I will provide any additional supporting materials requested.

_____ That false information given by me may result in my application being withdrawn from consideration.


_____ I agree that, should my application to live at the K'ómoks Elderplex be successful, the rental unit will be my primary residence.

_____ If I wish to withdraw from this Declaration and Consent, I may contact KFN Housing. However, the withdrawal will result in my no longer being considered for housing at the K'ómoks Elderplex.

_____ I am required to provide Proof of Income (i.e. Income Tax Notice of Assessment) as part of my application package.

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

If you are filling out this form online, please sign by typing your name in the signature box.

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