



## APPLICATION FOR RENT GEARED TO INCOME PROGRAM

### CHECKLIST

To ensure your application package is complete, please include the following:

- Application Form completed and signed
- Two pieces of identification (one government issued photo identification) for all persons 19 years old and over
  - One government issued identification for all persons 18 years old and under
- Current Notice of Assessment from Revenue Canada for all persons 19 years old and over

### Priority Consideration for Applicants

Priority consideration allows Yukon Housing Corporation to identify those applicants most in need. If you wish to receive priority consideration please include the completed forms that apply to you (Forms included at back of application):

- Form A: A Victim of Violence/Abuse applicant – please include a completed Victim of Violence/Abuse Confirmation Form
- Form B: A Critical Medical Rural Relocation applicant - please include a completed Rural Relocation Medical Verification Form completed by a physician or community nurse practitioner.
- Form C: A Mobility Challenged Applicant – please include a completed Mobility/disability verification form.

#### **\*\*\*IMPORTANT\*\*\***

Please be advised that we are unable to process incomplete application packages.  
If your application package is not complete it may be mailed back to you.

NOTE: OUTSTANDING ARREARS WITH YHC MUST BE ADDRESSED.

**SECTION A: Personal Information** Print or check appropriate answers

	APPLICANT	ADDITIONAL HOUSEHOLD MEMBER 19 OR OLDER	ADDITIONAL HOUSEHOLD MEMBER 19 OR OLDER
Last Name			
First Name			
Middle Name			
Street/Box # (mailing address)		(if different from applicant)	(if different from applicant)
Town/City Territory/Province			
Postal Code			
Contact Phone #			
Alternate Phone #			
Email Address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth YYYY/MM/DD			
Citizenship	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Refugee (please provide immigration papers or PR card) <input type="checkbox"/> Other _____	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Refugee (please provide immigration papers or PR card) <input type="checkbox"/> Other _____	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Refugee (please provide immigration papers or PR card) <input type="checkbox"/> Other _____

**SECTION B: Household Members** Provide the following information for each household member 18 years and under who lives with you

Full Name (last name, first name)	Date of Birth YYYY/MM/DD	Gender M/F	Relationship to Applicant (i.e. child, grandchild, other family member)

\*APPLICANTS may be required to provide documentation of custody/guardianship arrangements that are relevant to housing requirements.



SECTION D: Household Information																
1A. What is your current monthly portion?	Do you: <input type="checkbox"/> Rent (Go to 1B) <input type="checkbox"/> Own (Go to 1B) <input type="checkbox"/> Other (Go to 1C)															
1B. What is your current monthly portion of:	Rent/Mortgage \$ _____ / month Electrical \$ _____ / month Heat \$ _____ / month															
1C. I/we are not currently paying rent as I/we are temporarily living at:	<input type="checkbox"/> Transition Home <input type="checkbox"/> Relative's Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other: <input type="checkbox"/> Hotel, Hostel, Campground <input type="checkbox"/> Parent's Home <input type="checkbox"/> Friend's Home _____															
2. Have you received a notice to move out by your current landlord?	<input type="checkbox"/> No <input type="checkbox"/> Yes *If YES, provide the notice to terminate you received from your landlord															
3. Are there any family members with a special housing need that can be supported with credentials?	<input type="checkbox"/> No <input type="checkbox"/> Yes *If YES, provide supporting documentation (i.e. mobility form, physician or specialist letter)															
4. How many bedrooms where you currently live?	<i>please circle</i> 1    2    3    4    5    6    more															
5. How many people live with you?	Adults (19 and over)    1    2    3    4    5    6    more Children (18 and under)    1    2    3    4    5    6    more															
6. Do you expect the number of people living with you to change in the next 12 months? (e.g. pregnancy, family changes, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide explanation _____ _____															
7. Please check any of the following that apply to your current residence. Please be advised that it may be subject to an inspection.	<table border="0"> <tr> <td>Unclean conditions</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>Poor wiring/heating</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>Poor kitchen facilities</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>Poor bathroom</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>Poor lighting or ventilation</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>_____</td> </tr> </table> <p style="margin-left: 100px;">If yes, provide specifics:</p>	Unclean conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Poor wiring/heating	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Poor kitchen facilities	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Poor bathroom	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Poor lighting or ventilation	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Unclean conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____														
Poor wiring/heating	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____														
Poor kitchen facilities	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____														
Poor bathroom	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____														
Poor lighting or ventilation	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____														
8. Do you receive assistance from any support or service providers (i.e. homecare, supported independent living worker, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to disclose															
9. Do you have any pets?  BE ADVISED THAT YUKON HOUSING CORPORATION HAS A <b>ONE</b> (1) PET PER HOUSEHOLD POLICY	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Male <input type="checkbox"/> Female Name of Pet: _____ Type of Pet: _____ Age of Pet: _____ Veterinary Clinic Name: _____  <b>NOTE:</b> If you would like your pet to be considered as part of the application please provide a complete pet application which can be obtained at your community housing office or at Yukon Housing located at 410 Jarvis Street.															

**SECTION E: Declaration of Assets**

Do you OWN a home or property shared or otherwise (e.g. personal home, vacation home, cabin, trailer, rental property, vacant lot)? If yes, identify location:  No  Yes

Street Number	Street Name	Apt. No.	Town/Municipality	Prov/Terr	Country
Value of Property			Mortgage outstanding		

Do you OWN additional homes or properties shared or otherwise?  No  Yes  
 If yes, identify location for each (if more than one please add additional sheet)

<i>Please Provide Dollar Values (e.g. \$1,\$2,\$3) or Not Applicable (N/A)</i>	Applicant	Additional Household Member 19 years and older	Additional Household Member 19 years and older
Total Cash Balance Available	\$	\$	\$
Investments	\$	\$	\$
Rental Revenue	\$	\$	\$
Business Assets	\$	\$	\$
Monies owed to you (over \$500.00)	\$	\$	\$
RRSPs or RRIFs	\$	\$	\$
Vehicles (If own more than 1)	\$	\$	\$
Recreational vehicles (incl. motor homes, ATV's, boats, aircraft, snowmobile, etc.)	\$	\$	\$
Other (Specify)	\$	\$	\$

**IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY, AND SIGN BELOW.**

I/We have reported all assets currently owned by every member of the household.

I/We understand that if it is found that information is missing, incorrect or otherwise inaccurate my/our housing application may be denied.

I/We understand once occupancy has been granted, if it is found that any assets were not disclosed prior to occupancy it may result in eviction.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Additional Household Member 19 years and older

\_\_\_\_\_  
Additional Household Member 19 years and older

**AGREEMENT**

I/we acknowledge the right of the Yukon Housing Corporation at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we understand that this application does not constitute an agreement on the part of Yukon Housing Corporation, or its agent, to provide me/us with assistance.

I (and any additional household member) am a Yukon Resident, meaning that I have made Yukon my permanent and principle home for at least 1 year prior to signing this declaration. I am making this declaration that I am a Yukon Resident as part of my application for the Rent Geared to Income Program.

I/we hereby authorize Yukon Housing Corporation, or its agent, to make any or respond to any inquiries necessary to verify the facts contained in this application.

I/we hereby give permission to Yukon Housing Corporation, or its agents, to carry out or respond to any necessary inquiries and to obtain additional information on my/our income, assets, liabilities, and credit.

I/we hereby authorize an inspection of my/our property.

I/we understand that the information in this application may be used for statistical purposes. \*

I/we have completed this application truthfully.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Additional Household Member 19 years and older

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Additional Household Member 19 years and older

\_\_\_\_\_  
Date (YYYY/MM/DD)

\* This information is being collected under the authority of the *Housing Corporation Act* for the purposes of determining eligibility and may be used for statistical purposes. For further information regarding collection of information please contact Yukon Housing Corporation, PO Box 2703, Whitehorse, Yukon, Y1A 2C6 (867) 667-5712



# FORM A VERIFICATION FORM FOR VICTIMS OF VIOLENCE

## Introduction

Yukon Housing Corporation will give priority consideration to applicants who are able to demonstrate an immediate need for housing because their safety is in jeopardy from a perpetrator with whom they have recently lived or currently live with. Victims of violence should not be forced back into abusive circumstances due to a lack of affordable housing.

## Purpose of this Form

The purpose of the Verification Form is to collect specific information from a third-party who can verify your need for priority housing under the 2014 Victims of Violence policy.

Yukon Housing Corporation will use this information to:

- determine your eligibility for priority housing; and
- assess your housing needs.

## Who should use this form?

Persons applying for priority housing on the basis of the Victims of Violence policy should use this form. This form is required in addition to the regular Yukon Housing Corporation rental application form.

**STEP #1:** You complete and sign Part One. This provides authorization for the verifier to complete the form and submit it to Yukon Housing Corporation.

**STEP #2:** Give this form to the person or complete this form with the person you have chosen to verify your current living circumstances.

**STEP #3:** Verifier submits this form by mail to 410 Jarvis Street, Whitehorse, YT Y1A 2H5 or your local Community Housing Office or fax (See fax numbers on last page).

## PART 1: To be completed by applicant

### APPLICANT INFORMATION

Have you already submitted a Rental Application Form to Yukon Housing Corporation?  Yes  No

**If not, please make sure that a complete Rental Application Form is submitted with this Verification Form. If a Rental Application Form is not received, this form cannot be processed.**

Last Name	First Name	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	Birthdate YYYY/MM/DD
Street Address	City	Territory/Province	Postal Code
Email	Home Phone	Cell Phone	Work Phone

### CONTACT INFORMATION

Please provide a telephone number and/or address where we may contact you that will not further jeopardize your safety.

Street Address	City	Territory/Province	Postal Code
Email	Home Phone	Cell Phone	Work Phone

I, \_\_\_\_\_, am seeking priority consideration of my application for housing with the Yukon Housing Corporation, in the community of \_\_\_\_\_, based on the Victims of Violence policy.

I consent to the person named below [my third-party verifier] providing personal information to the Yukon Housing Corporation in support of my application for priority housing. I also consent to Yukon Housing Corporation indirectly collecting my personal information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

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

\_\_\_\_\_  
Third-party's organization

**STEP #2: Please give this document to the person you've asked to be your third-party verifier. The verifier will submit the verification form on your behalf to Yukon Housing Corporation.**

### **Third-Party Verifier Information**

The applicant named in Part One has applied to Yukon Housing Corporation for housing. Yukon Housing Corporation offers housing that consists of unfurnished units 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.

**Please note that the completed YHC Verification Form must be dated within three months of the date of receipt of application.**

The applicant is seeking priority consideration for housing based on their current circumstances regarding violence. The purpose of this form is to collect information about the applicant from a person who can verify the applicant's circumstances.

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

You qualify as a third-party verifier if you are a recognized, practicing professional associated with an agency or organization. Below is a list of acceptable third-party verifiers:

- police officer
- medical or mental health professional such as a doctor, nurse, psychologist or psychiatrist
- a registered social worker or (social service) case manager
- Yukon government victim services (unit) worker
- Executive Director of a transition home
- other social service provider in the field of family violence prevention/intervention

### **Definition of Abuse**

Violence includes one or more incidents of deliberate behavior in a close relationship in which one person chooses to dominate, control or harm another through physical or sexual force, actual or threatened, including emotional, and/or financial abuse which leads an individual to fear for her or his safety, or the safety of a family member.

Perpetrator means the person in a close relationship who chooses to behave in ways that harm, control, or dominate another be described as: the individual's spouse, common law partner, intimate partner, parent, or child.

### **Indicators of Abuse**

Please refer to the following list of what is considered to be 'indicators of abuse' for the purposes of this policy in assessing the applicant's situation:

- intentional or reckless acts that causes bodily harm or damage to property;
- conduct that, considered reasonably in the context of all relevant circumstances of the relationship, constitutes physical, sexual, psychological, or financial abuse, including but not limited to:
  - physical injury caused to the person by the perpetrator;
  - the application of force by the perpetrator against the person to force the person to perform degrading acts or engage in sexual activities, against her or his will;
  - attempts to harm the person or another person of the household;
  - the use of a weapon against the person or another person of the household;
  - threats to harm the person or another person of the household;
  - threats to use a weapon against the person or another person of the household;
  - terrorizing the person which may include: destroying and/or injuring the person's property; and/or the harming of pets;
  - enforcing social isolation upon the person;
  - other words, actions, threats, or gestures which lead the person to fear for her or his safety, or the safety of a family member;
  - unwarranted control over the person's daily personal or financial activities which may include forcing a person to provide personal financial information; and/or
  - depriving the person of food, clothing, medical attention, shelter, transportation, or other necessities of life.



**GENERAL INFORMATION**

The applicant is known to me	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am qualified to be a third-party verifier for this applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant currently reside with the perpetrator who is known by you to have committed acts of violence against the applicant?  If not, how long have they lived apart and what is the current housing situation? Is the applicant living in staffed or second- stage facility (for example, transition house, second-stage housing, emergency shelter)?  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of my knowledge, this applicant qualifies for priority housing because of their continued fear of violence from the perpetrator.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any supports that you are aware of that the applicant is currently receiving, for example, home care? _____	
If the applicant was offered housing by YHC, in your opinion, would they require support services to be successful in that environment?  If yes, what support would you or your organization be able to provide: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If obtainable, please attach all other supplemental documentation verifying abuse, such as a court document identifying violence against the individual, a restraining order, Peace Bond, or Emergency Intervention Order.	<input type="checkbox"/> Attached

**THIRD PARTY VERIFIER’S INFORMATION** (to be completed by verifier)

Name (please print)	Organization	Email
Position/Job Title	Address	Phone

I declare that I have reviewed the information provided by the applicant and myself, and it is accurate to the best of my knowledge.

\_\_\_\_\_  
 Verifier’s Signature \_\_\_\_\_  
 Date (YYYY/MM/DD)

YHC may contact you to confirm the information that you have provided. For more information regarding the Victims of Violence policy please call Housing Operations, Yukon Housing Corporation at (867) 667-5712. Your personal information and the applicant’s personal information are being collected for the purpose of determining eligibility for priority social housing in accordance with the terms of the victims of violence Policy 2014. If you have any questions about why we are collecting this personal information please contact Housing Operations, Yukon Housing Corporation at (867) 667-5712.

Please submit a completed verification form to Yukon Housing Corporation by using either of the following methods:

**1) MAIL OR DROP OFF**

410 Jarvis Street  
 Whitehorse, YT, Y1A 2H5  
**or**  
 at your local Community Housing Office

**2) FAX NUMBER**

Whitehorse (867) 393-6386	Haines Junction (867) 634-2416
Carcross (867) 821-3806	Mayo, Pelly (867) 996-2417
Carmacks (867) 863-6124	Ross River (867) 969-2002
Dawson City (867) 993-5814	Teslin (867) 390-2207
Faro (867) 994-3174	Watson Lake (867) 536-7356



FORM B
RURAL RELOCATION (OUT OF WHITEHORSE)
APPLICANT MEDICAL VERIFICATION FORM

SECTION 1: To be completed by applicant

Applicant Name \_\_\_\_\_ Date of Birth (YYYY/MM/DD) \_\_\_\_\_

I am currently residing in the community of \_\_\_\_\_

I am requesting a relocation to the community of \_\_\_\_\_

I hereby authorize the information requested below to be released to Yukon Housing Corporation for the purpose of determining eligibility and priority for housing and to assist in the identification of support services that may benefit me.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_

SECTION 2: To be completed by health care provider\*

This applicant has applied for social housing and is requesting priority consideration. Priority consideration means this individual may be given priority ahead of other applicants. This consideration is only given due to an individual with a severe, chronic or acute medical/health problem which requires prolonged or recurring treatment, care and/or support that is not available in their present residential location or community.

Please indicate whether or not there is a medical condition of sufficient severity to warrant special consideration.

Nature of severe/chronic condition:

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

Treatment/Care or Support required which is NOT available in their home community:

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

I hereby verify that the applicant has a severe, chronic or acute medical/health problem which requires prolonged or recurring treatment, care and/or support that is not available in their present residential location or community.

Provider's Signature \_\_\_\_\_ Provider's Printed Name/Position \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_

\* Health care provider for the purposes of this document is defined as a physician or a community nurse practitioner.



FORM C
MOBILITY CHALLENGE
APPLICANT MEDICAL VERIFICATION FORM

SECTION 1: To be completed by applicant

Applicant Name \_\_\_\_\_ Date of Birth (YYYY/MM/DD) \_\_\_\_\_

I am requesting housing in the the community of \_\_\_\_\_

I hereby authorize the information requested below to be released to Yukon Housing Corporation for the purpose of determining eligibility and priority for housing and to assist in the identification of support services that may benefit me.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_

SECTION 2: To be completed by health care provider\*

This applicant has applied for social housing and is requesting priority consideration which will provide priority ahead of other applicants. This consideration is only given due to a health condition that is, or is expected to be, of a prolonged nature and for which the required use of stairs by the mobility-challenged person to access the home or to function independently in the home would present a major health risk or impediment.

Please indicate whether or not there is a mobility issue to warrant special consideration.

Can the applicant walk without assistance?

[ ] No [ ] Yes

If No - Do they require:

[ ] Cane [ ] Walker
[ ] Wheelchair [ ] Other \_\_\_\_\_

Can they ascend/descend stairs without assistance?

[ ] No [ ] Yes

If Yes can they ascend/descend

[ ] 5 Stairs [ ] 10 Stairs (One flight)
[ ] 20 Stairs (Two flights) [ ] More

Expected duration of the mobility challenge: \_\_\_\_\_

I hereby verify that the applicant has a health condition for which the required use of stairs by the mobility-challenged person to access the home or to function independently in the home would present a major health risk or impediment.

Provider's Signature \_\_\_\_\_ Provider's Printed Name/Position \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_

\* Health care provider for the purposes of this document is defined as a physician or a community nurse practitioner.



# RELEASE OF INFORMATION (OPTIONAL)

This information release/exchange is for the purpose of determining my (household) eligibility for tenancy with the Yukon Housing Corporation, maintaining eligibility and tenancy, assessment of rent, and to assist in identification of support services that may benefit me, including co-ordination of services. Information released/ exchanged may include personal (including personal health, financial, and other) information about my/household circumstances.

Last Name	First Name	Date of Birth YYYY/MM/DD	
Address (House # / Box # and Street)		Community	Postal Code

I, \_\_\_\_\_, give permission for Yukon Housing Corporation (YHC) to release/exchange information with:

\_\_\_\_\_  
Agency/Representative/Occupation

\_\_\_\_\_  
Agency/Representative/Occupation

\_\_\_\_\_  
Agency/Representative/Occupation

\_\_\_\_\_  
Agency/Representative/Occupation

I am aware that I may cancel or amend this consent in writing at any time.

\_\_\_\_\_  
Signature of applicant / personal representative

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date (YYYY/MM/DD)

If signing on behalf of the applicant please indicate your legal authority to do so.

\_\_\_\_\_  
Legal Authority

\_\_\_\_\_  
Phone