



# Veteran Homelessness Program (the "Program") Program Application

Name: \_\_\_\_\_ ("**you**" or "**your**") Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Gender: \_\_\_\_\_

1. Did you serve in the Canadian Armed Forces (CAF) or the RCMP?

Army       Navy       Air Force       RCMP

2. If Canadian Armed Forces (CAF), which component?

Regular       Reserve (including Rangers)

3. Service Number (CAF) or Regimental Number (RCMP): \_\_\_\_\_

If you have a record of your service, please attach a copy to this application.

4. Are you receiving support services or Case manager services from Veterans Affairs Canada?

Yes (complete below)       No

Support Worker Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

5. Do you identify with any of these groups? (Optional)

2SLGBTQI+       Indigenous       Person with disabilities       Racialized minority

6. What is your current living situation? \_\_\_\_\_

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

7. If you are renting, will this living situation end within the next month?       Yes       No       Unsure

8. If renting, how much is your rent?      \$ \_\_\_\_\_      per       month       night/day

9. Are utilities included?  Yes  No If not, how much are utilities? \_\_\_\_\_

10. Who are you renting from?

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

11. Are you directly related to the Landlord? (For example, is your landlord your grandparent, parent, sibling or spouse?)

Yes  No

12. Please list all other family living with you:

| Relationship to You | Name | Age* |
|---------------------|------|------|
|                     |      |      |
|                     |      |      |
|                     |      |      |
|                     |      |      |

\*Age is only required for minors/dependents

13. Please list all sources of monthly, gross (before tax) household income (including any ongoing payments to others on your behalf):

| Income Source (Employment, VAC benefits, Pensions, Support Income, Other) | Applicant | Spouse |
|---|-----------|--------|
|   | \$        | \$     |
|   | \$        | \$     |
|   | \$        | \$     |
|   | \$        | \$     |
|   | \$        | \$     |

14. Have you completed your taxes for 2023?  Yes  No If no, would you like assistance?  Yes  No

Please note: This application must be accompanied by your 2023 Tax Return OR a combination of T4s and benefit statements for each sources of income listed above (Applicant only).

15. The British Columbia/Yukon Command of the Royal Canadian Legion Foundation (the "Legion Foundation BC/Yukon Command") is able to provide referrals to other Veteran-specific services. Are you interested in receiving any of the following referrals?

- Basic Household Supplies  Career Counselling / University credentialing  Family Doctor  
 PTSD/OSSI Support Dog  Small-group Veteran-specific counselling

## Privacy Declaration

The Legion Foundation BC/Yukon Command collects the personal information provided in this form and in connection with this Application for contact purposes, to determine eligibility for assistance through the Program, and to administer the Program. The Legion Foundation BC/Yukon Command may disclose such personal information to third parties including, Veteran Affairs Canada or The Royal Canadian Legion BC/Yukon Command, for the purposes of confirming initial and ongoing eligibility for the Program and for administering the Program. The information is collected and may be used and disclosed for the purposes indicated in this Application form and the Legion Foundation BC/Yukon Command's privacy policy which can be found on our website. If you have any questions about the collection of your information, please call 604-575-0087 and ask to speak to Legion Foundation BC/Yukon Command 's Privacy Officer or write to [info@legionbcyukonfoundation.ca](mailto:info@legionbcyukonfoundation.ca).

## Consent & Attestation

By signing below I, \_\_\_\_\_, hereby (please initial each line):

(A) Declare:

\_\_\_\_ This is my application for the Program and all the information in it, including any ancillary documentation provided in connection with this application, is true, correct and complete and in every respect; fully discloses my household income from all sources; and accurately represents my current living circumstances.

\_\_\_\_ I am authorized by all individuals living in the home to disclose their information contained in this application and all documents related to this application.

(B) Consent to, and expressly permit:

\_\_\_\_ The Legion Foundation BC/Yukon Command to verify any of the information I have provided in this application or in connection with this application in order to assess my eligibility for assistance.

\_\_\_\_ The Legion Foundation BC/Yukon Command to share any of the information I have provided in this application, including any ancillary documentation provided in connection with this application, with Veterans Affairs Canada or The Royal Canadian Legion BC/Yukon Command to verify my eligibility for the Program and provide referrals to support, including my name, date of birth, Veteran Affairs Canada service number and any other relevant personal information.

\_\_\_\_ Veterans Affairs Canada to share my name, date of birth, Veteran Affairs Canada service number with CAF/DND, RCMP, and/or Library and Achieves Canada for the purposes of confirming my former service in the Canadian Armed Forces or RCMP.

(C) Attest that:

\_\_\_\_ I am a former member of the Canadian Armed Forces or RCMP.

\_\_\_\_ The household income information I have provided is complete and correct.

(D) Acknowledge and understand:

\_\_\_\_ It is my responsibility to provide all information and documentation that is reasonably requested by the Legion Foundation BC/Yukon Command to determine my eligibility for benefits under the Program and/or for audit purposes. I am responsible to immediately inform the Legion Foundation BC/Yukon Command of any changes in my address, rent, income or family I am living with so that my benefit can be adjusted accordingly.

\_\_\_\_ Failure to report if I begin to receive income assistance or other benefits through any other government program may result in an overpayment of benefits which I will be required to pay or repay an amount equal to the overpayment, as applicable, to the Legion Foundation BC/Yukon Command.

\_\_\_\_ The payments being provided under the Program are conditional upon me continuing to be eligible for the Program, as determined by Legion Foundation BC/Yukon Command. Misrepresentation of the information provided, in writing or by omission, will result in a suspension or termination of support and participation in the Program and may also result in an overpayment, which I will be required to pay or repay an amount equal to the overpayment, as applicable, to the Legion Foundation BC/Yukon Command in addition to any other remedies available in law or equity.

\_\_\_\_ If I wish to withdraw from the Program, I may do so at any time in writing to the Legion Foundation BC/Yukon Command, however, withdrawal will result in my being ineligible for assistance through the Program.

\_\_\_\_ The Legion Foundation BC/Yukon Command will issue tax slips for annual benefits of \$500 or more. I further understand that any payments received and my participation in the Program may result in adverse tax consequences to me and I nevertheless freely and voluntarily desire to participate in the Program.

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Signature of Applicant

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Date