



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.

Consent & Attestation

By signing below I, _____, hereby:

(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.

Signature of Applicant

Date



Consent for the Release of Personal Information for the Confirmation of Service

I give permission for the following personal information to be released by Veterans Affairs Canada (VAC) to be shared with the Canadian Armed Forces (CAF), Department of National Defence (DND), Library and Archives Canada (LAC) and/or the Royal Canadian Mounted Police (RCMP), under *Order in Council 2023-0367*, to confirm former service for the purposes of the Infrastructure Canada Veteran Homelessness Program.

Last name	First name	Middle name(s)
Date of birth (yyyy-mm-dd)	Service number (if known)	Type of service (CAF/RCMP/both)
Previous names	Approximate dates of service (if known)	

Privacy Notice

Veterans Affairs Canada (VAC) takes your privacy seriously. We are committed to protecting your personal information. The information provided on this form is collected under the authority of *Order in Council 2023-0367*. We will use the information to confirm service. Providing your information is voluntary. However, if you do not consent to providing this information then your service will not be able to be confirmed. This information will be shared with RCMP, CAF, DND, and/or LAC for the purpose of confirming service. Once VAC has completed your service confirmation, we will share the results back to the organization you are working with. A permanent record will be maintained at VAC within our case management system. Any statistical information used to monitor the Veteran Homelessness Program will be anonymized and may be shared with Infrastructure Canada.

Your personal information is managed based on the *Privacy Act*. The *Privacy Act* provides you with a right of access to your personal information, and to request changes to that personal information if it contains errors. If you are unhappy with how we handle your personal information, you can file a complaint with the Privacy Commissioner of Canada at 30 Victoria Street, Gatineau, QC, K1A 1H3.

Note: The personal information you provided above will only be used to conduct service confirmation for the purposes of the Infrastructure Canada Veteran Homelessness Program. VAC will receive your confirmed dates of service which will be saved in the VAC case management system. It will not be accessed unless you later contact VAC for additional support.

I confirm that I have read and understand this form. This authorization will remain valid until revoked or until the purpose of obtaining consent has been completed.

Signature	Date (yyyy-mm-dd)
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Last name	First name	Middle name(s)
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Once service confirmation is complete, I hereby give permission to VAC to confirm my service to the following third party:

Name of organization	Telephone (Country Code, Area Code, No.) ()		
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village	
Country	Province/Territory/State	Postal Code/ZIP	

Privacy Notice

Once VAC has completed your service confirmation, we will then inform the organization noted above whether or not we were able to confirm former service in the CAF and/or RCMP. If you do not consent to the sharing of this information, then the organization will be unable to receive your service confirmation.

Your personal information is managed based on the *Privacy Act*. The *Privacy Act* provides you with a right of access to your personal information, and to request changes to that personal information if it contains errors. If you are unhappy with how we handle your personal information, you can file a complaint with the Privacy Commissioner of Canada at 30 Victoria Street, Gatineau, QC, K1A 1H3.

I confirm that I have read and understand this form. This authorization will remain valid until revoked or until the purpose of obtaining consent has been completed.

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