



# 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)

2a. Social Insurance Number (SIN):

\_\_\_\_\_

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 **two weeks**?     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 such as a shelter portion or subsidy paid directly to your landlord):

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

14. Have you completed your taxes for 2025?  Yes  No If no, would you like assistance?  Yes  No

Please note: This application must be accompanied by your 2025 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:

(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.

\_\_\_\_ 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 other service providers for the purpose of Coordinated Access, including my name, date of birth, 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 Legion Foundation BC/Yukon Command	Telephone (Country Code, Area Code, No.) ( ) 604-312-5843	
Mailing address (No., Street, Apartment No., PO Box, RR No.) 503, 17665 - 66A Ave	City/Town/Village Surrey	
Country Canada	Province/Territory/State BC	Postal Code/ZIP V3S 2A7

### 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.**

Signature	Date (yyyy-mm-dd)
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# THE ROYAL CANADIAN LEGION CLAIM APPLICATION FORM



I \_\_\_\_\_ /  
please print (Given names) (Surname) (Maiden Name)

the applicant, authorize The Royal Canadian Legion to act as my representative and to have access to my relevant medical records, service records, client case files, and Client Service Delivery Network (CSDN) database records held by Veterans Affairs Canada (VAC), including those records held by the National Archives of Canada necessary to prepare a claim under the Pension Act and all other Acts as they relate to benefits and programs administered by VAC.

**Representation and access to my records is to remain in effect as follows: (choose one of "A" or "B") (signature in block "C" is optional)**

**A** Indefinite representation/access unless cancelled by me in writing to Veterans Affairs Canada. I understand Veterans Affairs Canada will notify The Royal Canadian Legion of this action upon receipt of my request.

**B** Representation access to end upon completion of specified claim(s).  
*(Specify)*

OR

**Applicant's signature** \_\_\_\_\_

**Applicant's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**C** I understand that in certain circumstances decisions rendered in case(s) may be used by The Royal Canadian Legion as precedents to assist other applicants. I authorize The Royal Canadian Legion to have indefinite access to past and future decisions made on all my claim(s) for the purpose of assisting in the decisions of other applicants.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **PARTICULARS OF SERVICE AND CLAIM (please print)**

Date of interview \_\_\_\_\_

1. Service N° \_\_\_\_\_ Rank \_\_\_\_\_ Marital status \_\_\_\_\_

# of Dependants \_\_\_\_\_ Tel. N° (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name of applicant \_\_\_\_\_ Email \_\_\_\_\_  
(if not the veteran or member)

2. Address \_\_\_\_\_  
(Street) (City) (Province) (Postal code)

3. Date of birth \_\_\_\_\_ (veteran or member) 4. If deceased, date of death \_\_\_\_\_

5. Date of enrolment \_\_\_\_\_ Date of release \_\_\_\_\_ MOC/MOSID \_\_\_\_\_

6. Have you previously applied for a disability entitlement or other benefit from Veterans Affairs Canada? Yes  No

If yes, are you currently receiving disability benefits? Yes  No  VAC file N° \_\_\_\_\_

7. Proof of identity attached for veteran Yes  No  Proof of identity attached for spouse Yes  No

8. Explain what your claim is now \_\_\_\_\_  
Please use a separate sheet of paper if you need more room

### **NOTES TO APPLICANT**

- Physician's Diagnosis of Claimed Condition(s) is necessary and should be provided as soon as possible.
- In the event of your death, The Royal Canadian Legion will continue to have access to your records for a period of 90 days in order to finalize any claims pending at the time of your death.

## **D THE FOLLOWING AUTHORITY MUST BE SIGNED**

I \_\_\_\_\_, Service N° \_\_\_\_\_  
(Given names) (Surname)

authorize The Royal Canadian Legion to access all medical and service records including those held by the National Archives of Canada and to prosecute a claim through any agency of Veterans Affairs Canada.

**Applicant's signature** \_\_\_\_\_ **X** **Date** \_\_\_\_\_

**Branch Service Officer** \_\_\_\_\_