THE VILLAGE

Housing Application Form

Creative Centre Society for Mental Wellness | 8937 School Street, Chilliwack, BC V2P 4L5

Overview

“The Village” is an affordable housing community for adults aged 19 and older living with a severe and persistent mental illness who are actively connected to formal mental health supports in Chilliwack.

This permanent and affordable housing project is managed in partnership with Chilliwack Community Services. Creative Centre Society for Mental Wellness functions as the landlord and Chilliwack Community Services is the Operator on behalf of BC Housing.

Every apartment is a fully self-contained unit with a kitchen and private bathroom.

Creative Centre Society holds final authority for tenant selection.

The building is staffed 24/7 to ensure the building is safe and operating effectively.

Applicant Eligibility Criteria

Age & Residency: Must be 19+ and connected to Chilliwack community mental health support services.

Housing Need: Must be Absolutely Homeless, At Risk of Homelessness, or residing in Unsafe Housing.

Income Threshold: Must meet BC Housing income criteria (2026 maximum: $44,500). Set rent rates are $500/month for single units and $750/month for two-bedroom units.

Clinical Diagnosis: Formally diagnosed by a qualified Mental Health practitioner with a severe and persistent mental health condition impacting quality of life.

Independent Living Skills: Must have a history of successful independent living and demonstrate basic daily living skills (such as cooking, housekeeping, and laundry).

Safety: Must have no history of violence or threat to community safety.

Wellness Engagement: Must be willing to identify and actively work on individual goals related to increasing personal wellness.

Addendums to the Residential Tenancy Agreement

Tenants are required to comply with the Residential Tenancy Agreement and all associated addendums. This includes a strict indoor non-smoking policy, a zero-tolerance policy regarding criminal activity, and a commitment to maintaining a respectful environment free from the bullying or harassment of staff and fellow residents.

Annual Income Review

To maintain ongoing eligibility for subsidized housing, residents are required to complete an annual income review. This process includes submitting documentation such as the previous year's tax assessment, three months of recent bank statements, income statements, and a comprehensive asset review.

Safety and Wellness Protocols

To ensure the safety of all residents and meet BC Housing standards, tenants are required to participate in our wellness check-in program. If a resident has not been seen or heard from for 48 hours, staff will initiate a wellness check. If staff are unable to make contact, designated emergency contacts will be notified. If the resident's well-being cannot be verified through these contacts, emergency services may be requested to conduct a formal welfare check, which may include entering the tenant's unit if they remain non-responsive to calls or knocks on the door.

Rent Submission

Rent payments are requested to be set up as a direct payment from your income source (e.g., PWD, PPMB, or CPP) wherever possible. Rent is due on or before the 1st of each month and must be made payable to "Chilliwack Community Services - The Village".

Definitions

Absolute Homelessness: Individuals living in public spaces without legal claim, homeless shelters, public facilities/care centers without a stable residence to return to, or exploited to maintain shelter.

Risk of Homelessness: Individuals in temporary/unstable housing without tenure control (e.g., couch surfing), transitional housing, or under tenancy termination notice within 3 months.

Unsafe Housing: Unsanitary/unsafe dwellings, overcrowded conditions, poor building conditions, or environments endangering life or property.

Applicant Information

Full Name:_____

Phone Number:_____

Date of Birth:_____

Gender: _____

Marital Status: _____

Housing History & Current Situation

Current Housing Situation: *(Include current address if applicable, and duration in this situation)*

_____

_____

Housing History (Past 5 Years): *(Outline previous addresses, length of stay, and landlord/contact info)*

1. Address/Location:
   _____
   Length of stay:
   _____
   Contact person and phone number:
   _____
2. Address/Location:
   _____
   Length of stay:
   _____
   Contact person and phone number:
   _____
3. Address/Location:
   _____
   Length of stay:
   _____
   Contact person and phone number:
   _____

Support & Contact Information

1. **Next of Kin**

Name: _____

Relationship:_____

Phone: _____

2. **Mental Health Case Manager**

Name: _____

Phone: _____

3. **Family Physician**

Name: _____

Phone: _____

4. **Psychiatrist**

Name: _____

Phone: _____

5. **Financial Assistance Worker (if applicable)**

Name: _____

Phone: _____

6. **Parole Officer (if applicable)**

Name: _____

Phone: _____

Health & Clinical Information

Diagnosis:

_____

_____

Year Diagnosis Made (Age):

_____

_____

Current Medication(s):

_____

_____

Previous Hospitalizations: *(Include Hospital Name & Year)*

_____

_____

Other Health Conditions / Allergies:

_____

_____

General Background & Community Involvement

Education Background:

_____

Work History:

_____

_____

Current Community Involvement:

_____

_____

Monthly Income: $_____

Source of Income: _____

Self-Assessment & Coping

Describe your relationship with your Mental Health Case Manager, staff, and community resources:

_____

_____

What coping difficulties do you currently experience, if any?

_____

_____

What challenges or problems might you face with independent living?

_____

_____

Personal Strengths & Personality Characteristics:

_____

_____

Do you have a history of violence? [ ] Yes [ ] No (If yes, please detail below)

_____

_____

Do you have a history of suicidal or homicidal thoughts? [ ] Yes [ ] No (If yes, please detail below)

_____

_____

What is your reason for wanting to reside at "The Village"?

_____

_____

Substance Use & Building Policy Acknowledgement

Current and past history with alcohol and drugs:

Alcohol:

_____

_____

Drugs:

_____

_____

Applicant Declaration & Submission

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____

Date of application: _____

Submission Instructions

For questions, contact Jennifer Ridgeway at 604.850.1168.

Please submit your completed application to Creative Centre Society via Fax at 604.850.1190 or Email creativecentresociety@gmail.com.