



**Aboriginal Mother Centre Society  
Transformational Housing Program**

2019 Dundas Street, Vancouver, BC, V5J 1J5

Tel: (604) 558 2627 Fax (604) 558 2628

**Application for Transformational Housing**

Applicant Name:	Tel:
Date of Birth:	Messages:
Address:	Cell
City, Prov.	E-mail:

**Children who will reside with you**

Full Name	Birthdate			age	Gender
	Day	Month	Year		

Are you pregnant Yes No			
Medical Practitioner's verification provided? Yes No		Expected Date of Delivery	
Disabilities Health/ Needs Yes No			
If yes, please explain:			
Name	Wheelchair	Type of disability/Health Problem	Comments

**Income Information: Please indicate your sources of income**

Name	source	Office	Tel:	

**Aboriginal Ancestry: Yes No Nation**

Status	Yes	No	Nation	
Non-Status				
Metis				
Inuit				

**Other Information:**

Substance use is not permitted on AMCS and Transformational Housing premises.

Women who are currently struggling with substance misuse Cannot Be Accepted into our Program

Substance	Try/ Experimental	Occasional Use	Experimental Use	Prescribed
Alcohol				
Cocaine/Crack				
Cannabis				
Heroin/Morphine				
Sleeping Medication				
Tranquilizers				
Crystal Meth.				
Methadone				
Other				

**Do you have any concerns about living at AMC Transformational Housing?** For example, group living, location, no visitors upstairs, no males upstairs, housing is temporary, etc.

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**Rent Supplement Program:**

The tenant rent contribution will be based upon your gross household income or the maximum shelter allowance from Social Assistance.

**Applicant Signature:** Please read and sign this statement:

I understand that this application does not constitute any agreement on the part of Aboriginal Mother Centre (AMC) Society to provide me with transformational housing. I hereby certify that the information given in this application is true, correct, and complete in every respect to the best of my knowledge and can be documented, if so required by Aboriginal Mother Centre Society. I understand that it is my responsibility to advise AMC Society of any changes to the information given above. I have received information from the Criteria & Expectations of Aboriginal Mother Centre Transformational Housing program.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_