Apartment Complex Application Form

Please Note:

- Units are non-smoking
- Pets are **not** allowed
- KVA apartments are shared housing. From May to September two KVA employees must be sharing the apartment. If you don't have a roommate who is eligible for KVA housing, KVA will help you find a suitable roommate.
- Units are partially furnished (beds, living room and kitchenware)
- Price per 2-bedroom unit is $1570 per month (does not include electricity)
- Maximum household income is not to exceed $90,600

APPLICANT INFORMATION

First Name		Last Name
Phone Number	**Mailing Address**	**Email**
	Box _____ Dawson City, YT Y0B 1G0	
Current Residence		
Location: _____ How Long: _____		Landlord Name: _____ Landlord Phone: _____

ADDITIONAL HOUSEHOLD MEMBERS

Full Name	Relationship to Applicant	Dependant
		Yes / No
		Yes / No
		Yes / No

INCOME INFORMATION

If you are employed, please list the current employer(s) of all persons who will be occupying the apartment, OR, if unemployed, list your source(s) of income.

Employer/Source of Income	Contact	Telephone	From M/Y	To M/Y	Monthly Income

PREVIOUS TENANCY REFERENCES

If you have rented before, please list at least two former property owners, beginning with the most recent.
WE WILL BE CONTACTING THESE REFERENCES – please ensure they are aware

Owner/Manager	Location	From Month/Year	To Month/Year	Telephone

CHARACTER REFERENCES

If you have never rented before, please list the names of two persons (other than relatives) who are personally knowledgeable of your suitability and reliability as a prospective tenant. Please list at least one local reference, if possible.

Name	Address	Telephone

GENERAL INFORMATION

When do you require housing?	How long do you require housing?
Do you currently work for KVA?	**What position do you currently hold?**
Yes No	

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY

Name	Relationship to You	Telephone

CONDITIONS

I/We understand that smoking is not permitted in the apartments, and only in the designated areas outside.

I/We Understand that pets are not permitted in the apartments.

I/We understand that tenant's content insurance is highly recommended for residency in the apartments and that obtaining tenant's insurance is a requirement of residency in the apartments. Contents are not covered in building insurance.

I/We hereby declare that the foregoing information is true and complete, and understand that any false information may result in the refusal of my/our application.

I/We understand that I/we will be required to provide a Declaration of Income (Appendix A) that our gross household income is under $80,600 per year.

I/We understand Policy 3-5 "Employee Housing" and that the apartments provided by KVA are shared housing.

I/We understand that my damage deposit will be required within the two weeks of occupancy.

I/We herby consent to providing proof of income, signing one-year lease, and abiding by the rental policy.

☐ I/We have attached a Declaration of Income (Appendix I)

Applicant Signature: _____ 2nd Tenant Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

All applications will be considered by Administrative Staff for the Klondike Visitors Association. Applicants may be contacted for an interview or for further information.

Please return completed form to the KVA office:

- By email – kva@dawson.net
- By mail – Box 389, Dawson City, YT Y0B 1G0
- In Person – 1102 Front Street (Visitors Information Building, upstairs)

Appendix I
Declaration of Income

This statement is required by the Klondike Visitors Association in order that we may ensure compliance with the tenant income cap specified by the terms of the affordable housing funding we accessed to construct our apartment complexes.

I, _____ declare that:

1. My unit consists of the following adults (aged 18+) (please include yourself):

_____ _____

_____ _____

2. The gross annual income for all eligible persons in my unit is under $ 90,600 per year.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE, AND INCLUDES INCOME FROM ALL SOURCES.

Signature: _____

Date: _____