

Cornerstone Landing Youth Independent Living Program (CLYIL)– Intake/Application Form

Thank you for your interest in Cornerstone Landing Youth Independent Living Program (CLYIL). This program provides subsidized, independent living units, for young people living in Maple Ridge/Pitt Meadows & Katzie First Nation who are between 18-24 years of age, who are living with multiple barriers. The reality is that young people applying for the housing program often have complex needs, including experiencing housing instability, such as couch surfing or staying with friends. Many are in the care of MCFD and are navigating mental health and substance use challenges. Additionally, they may face gaps in interpersonal, coping, and life skills, and may not have access to consistent primary care or professional support.

This program is designed to support youth successfully transitioning to independent living by providing guidance, resources, and opportunities to develop essential life skills over a structured 3-year timeline.

In partnership with BC Housing, our Cornerstone Youth Independent Living Program offers 20-subsidized studio suites for young people who currently reside in the communities of Maple Ridge, Pitt Meadows & Katzie first Nation, are between the ages of 18-24 years and are considered vulnerable due to significant adverse conditions.

Please submit your completed application to the Tenant Liaison Workers. They can be reached at youthhousing@mrpmcs.ca

This application package includes:

- ❖ Eligibility Criteria
- ❖ Application Process
- ❖ Application Form
- ❖ Application Requirements Checklist

Cornerstone Landing offers Rent Geared to Income (RGI): a type of housing where we calculate your rent according to the tenant's income. RGI units are rents that are based on 30% of your income. The base rental amount for one person, according to BC Housing, is \$500.00 which is the amount that is required to be paid by the tenant. Maximum income levels entering the program: \$25,000/year (approximately).

Please complete this application form to help us better understand your needs and readiness for the program. The youth housing team will review each application and assess housing needs based on factors such as income, current living situation, ability to live independently and available support.

Application Process

This application form is designed to collect specific information from applicants seeking housing in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Cornerstone Landing will use this information to determine your eligibility for the Cornerstone Youth Independent Living Program. Once your completed application is received and screened by the youth housing team. Applications are reviewed and screened within 14 days of receipt. Applicants are notified, via email or text, whether or not the application meets program criteria, if there is space available in the program and potential next steps. Where there are no units available, applicants that meet program eligibility will be placed into a applicant pool. Applicants will be required to email the Youth Housing Program every three months if they wish to continue to be considered for the program and to update your application if any of your information changes.

It is important to provide day and evening phone numbers, or the phone number of a contact person so that we can contact you if a unit becomes available. If we aren't able to reach you after three attempts to the given contact information, this is documented, and your application will be moved to the bottom of the applicant pool.

What is required in my application?

Application Requirements Checklist:

- ❖ A copy of Government Photo ID or Passport
- ❖ Proof of income in the form of one of the following:
 - Last Year's Notice of Assessment if you are a student or self employed
 - Three most recent paystubs
 - Letter on company letterhead confirming wage and employment status
 - Proof of Income Assistance amount with government documentation
- ❖ Three months most recent worth of bank statements, highlighting any additional income for example, GST.
- ❖ Personal application letter. Tell us why you think this program is a good fit and what you're hoping to experience here.
- ❖ Contact information and a character reference letter from at least two supports in our life (For example, family, social worker or support worker).
- ❖ **Please make sure to fill out the form completely and don't forget to sign the last page. Incomplete applications will not be reviewed**

Youth Independent Living Program – Intake/Application Form

Thank you for your interest in our Youth Independent Living Program. This program is designed to support youth in successfully transitioning to independent living by providing guidance, resources, and opportunities to develop essential life skills over a structured 3-year timeline. Please fill out the application form on the following pages, to help us understand your needs and readiness for the program. Your responses will help us create a personalized plan for your success.

Personal Information

Full Name			
Preferred Name			
Pronouns			
Date of Birth (M/D/YYYY)		Email Address	
Phone Number		Preferred Contact Method? <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Current Address			
City		Postal Code	
Emergency Contact Name		Emergency Contact Phone Number	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide your job title and employer:			
If no, are you actively seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Registered with BC Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Enter BC Housing number			
Accessibility Requirements:			

Support Network Information

Please share who your support(s) in your life are. This could be support workers, family members or anyone who is in your support circle.

First Support Person First & Last Name	
Role (Youth worker, Family, etc.)	
Name of Agency/Organization:	
Support Person phone number:	
Support Person email address:	
What are you working on together?	
Does this support person plan to support you while you are in the Youth Independent Living Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Second Support Person First & Last Name	
Role (Youth worker, Family, etc.)	
Name of Agency/Organization:	
Support Person phone number:	
Support Person email address:	
What are you working on together?	
Does this support person plan to support you while you are in the Youth Independent Living Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Third Support Person First & Last Name	
Role (Youth worker, Family, etc.)	
Name of Agency/Organization:	
Support Person phone number:	
Support Person email address:	
What are you working on together?	
Does this support person plan to support you while you are in the Youth Independent Living Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility Criteria

To ensure that this program is a good fit for you, please answer the following questions based on your current situation:

1. Are you currently or have you previously lived in a subsidized housing or transitional living program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe your experience and the duration of your stay:
2. Have you ever participated in a program that supported independent living skills (e.g. budgeting, cooking, job readiness etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe the program and what skills you learned:
3. Do you have any current housing or financial challenges that could impact your participation in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:

Income Information & Financial Support Sources

What is your current **monthly** income?

Please list all sources of income.

Employment Income	Amount: \$
Disability Assistance (E.g. PWD)	Amount: \$
Income Assistance	Amount: \$
Ministry Support	Amount: \$
Other (Please specify and include amount)	Amount: \$
Are you able to financially support yourself, including covering the \$500 monthly rent and the \$440 damage deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please describe how you plan to manage these expenses:	
Do you have any other financial support, such as family or guardian(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

Program Expectations

To ensure that the success of your transition, we have certain expectations and guidelines. Please read the following statements carefully and confirm your understanding.

1. Damage Deposit and Rent

The program requires a \$500 damage deposit and a \$500 monthly rent. Are you able to meet these financial requirements? ☐ Yes ☐ No

Do you have any concerns about meeting these financial expectations? ☐ Yes ☐ No

If yes, please describe:

2. Behavioural Expectations

You will be expected to adhere to respectful communication, program rules, and engage actively in the program. Program requirements include, but are not limited to: 48 hour check ins, signing a good neighbour policy, expectations around accessing mental health and substance use supports (if needed), and meeting with the tenant liaison worker(s) to complete a needs assessment and actively work on goals that are co-created.

Are you willing to commit to these expectations? ☐ Yes ☐ No

3. Non-Compliance Consequences

If you do not meet program expectations, there will be consequences, including possible discharge from the program. Do you understand and accept this? ☐ Yes ☐ No

4. Initial Rental Agreement

You will begin with a month- to-month rental agreement for the first three months to assess fit and readiness for the program. After this period, there will be an evaluation of your progress. You will be then be notified if a continued month-to-month rental agreement is required for an additional three months or your ability to sign a one year rental agreement.

Do you understand and agree to this? ☐ Yes ☐ No

5. Pet-Free Program

This program maintains a **pet-free policy**. No pets are allowed in the housing units. Do you agree to this policy? ☐ Yes ☐ No

6. No Spouses/Partners Living with You

This program does not allow spouses, partners, or friends to live with you during your participation. Are you in agreement with this rule? ☐ Yes ☐ No

7. All tenants must abide by the rules and legislation of the Residential Tenancy

Branch. All rental units are managed by the Property Management team of Community Services.

Stage-Based Program Readiness

As part of the program, you will progress through 3 stages over the next 3 years. Each stage has different expectations and goals, starting with foundational skills in Stage 1, building autonomy and responsibility in Stage 2, and preparing for full independence in Stage 3.

1. Are you ready to commit to a structured 3-year program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why:
2. Do you understand that you will be evaluated at the end of each stage to assess your readiness to move to the next stage? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to work with a tenant liaison worker and attend regular check-ins to assess your progress? <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Stages Overview

Stage 1: Foundation building (e.g. budgeting, cooking, emotional regulation, job skills)

Stage 2: Increased autonomy (e.g. job readiness, stronger budgeting, preparing for full independence)

Stage 3: Final transition to full independence (e.g. securing permanent housing, steady employment, community integration)

Which stage do you feel you are currently at in your personal development?

- ☐ Stage 1 (Foundational skills)
- ☐ Stage 2 (Ready for more autonomy and preparation)
- ☐ Stage 3 (Ready for full independence)

Are you comfortable with the idea of progressing through these stages with clear goals and evaluations at each stage? ☐ Yes ☐ No

Additional Information

1. Do you have any medical, mental health, or substance use concerns that may affect your ability to participate in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide more details:
2. Do you have any criminal background or involvement with law enforcement that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
3. Is there anything else you would like us to know about your background or needs as we consider your application?
4. I understand that an in-person interview with the housing team will be required as part of the selection process. An interview does not guarantee admission into the housing program. This process allows us to get to know you a little more and answer any questions you may have. <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Signature

I declare:

This is my application; and all the information in it is correct and complete to the best of my knowledge and belief. I understand the expectations of the program, including the fixed 3-year timeline, and I am committed to participating fully in the Youth Independent Living Program if accepted

I authorize:

Pursuant to the Freedom of Information and Protection of Privacy Act (FOIPPA), Maple Ridge/Pitt Meadows Community Services to make any inquiries that are necessary to verify the information given in this application; and pursuant to the FOIPPA, any person, corporation, or social agency to release to Maple Ridge/Pitt Meadows Community Services any information pertinent to the assessment of my application; and Maple Ridge/Pitt Meadows Community Services to receive and exchange with credit bureaus and my previous landlords credit and other information about me, to be used in the decision making process to provide me with rental accommodation.

I understand:

That, in accordance with section 33 (c) of the FOIPPA, the information on this application may be shared with other affordable housing providers in order to increase my opportunities for rent-geared-to-income housing; and that this application does not constitute any agreement on the part of Maple Ridge/Pitt Meadows Community Services to provide me with rental accommodation; and that it is my responsibility to advise Maple Ridge/Pitt Meadows Community Services of any changes to the

Date: _____