



# Tzeachten First Nation

45855 Promontory Road, Chilliwack, B.C. V2R 5M4  
Telephone 604.858.3888 Fax 604.858.3382



## APPLICATION FOR TENANCY OF RENTAL UNITS

**PLEASE SUBMIT YOUR COMPLETED APPLICATION TO:**  
**Danny Tourville, Property and Public Works Manager**  
**Email: danny@tzeachten.ca**  
**Phone: 604-858-3888**

### NOTICE TO APPLICANT

**• INCOMPLETE APPLICATION WILL NOT BE ACCEPTED**

- Eligible applicants can only rent one rental unit.
- If your application status changes substantially after you submit this application (i.e. change in household income, or change in number of household members), please advise Danny Tourville, Property and Public Works Manager, immediately.
- Applications may be **disqualified** if:
  - Application forms are incomplete
  - Minimum income requirements are not met
  - The applicant is not prepared to assume the responsibilities and costs associated with regular home maintenance
  - The applicant knowingly provides false information.

### Applicant Information

|   |                          |                |                   |
|---|--------------------------|----------------|-------------------|
| Name:   |                          | Date of birth: |                   |
| Tzeachten Member <input type="checkbox"/> YES <input type="checkbox"/> NO   | Marital Status:          |                | Phone:            |
| Current address:  |                          |                |                   |
| City:   |                          | Province:      | Postal Code:      |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease<br><input type="checkbox"/> Other _____ | Monthly payment or rent: | How long?      | Landlords Number: |
| Previous address:   |                          |                |                   |
| City:   |                          | Province:      | Postal Code:      |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease<br><input type="checkbox"/> Other _____ | Monthly payment or rent: | How long?      | Landlords number: |

|  |                                  |                |
|--|----------------------------------|----------------|
| Please choose from the following list why you are interested in obtaining a rental unit:<br>(Check all that apply)   |                                  |                |
| <input type="checkbox"/> Want to live On Tzeachten <input type="checkbox"/> Increased family support <input type="checkbox"/> Increased Community connection<br><input type="checkbox"/> Increased employment opportunities <input type="checkbox"/> Overcrowding <input type="checkbox"/> Current housing not suitable<br><input type="checkbox"/> Other ( condemned, market rent to high ) |                                  |                |
| Do you currently reside in a house that was allocated to you by the Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, the age of the home is:  |                                  |                |
| Do you currently own housing/land outside of the Tzeachten community? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                                  |                |
| How many bedrooms do you have in your current home? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5   |                                  |                |
| Do you owe money to Tzeachten First Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                                  |                |
| If yes, how much do you owe to the Nation?   |                                  |                |
| If yes, do you currently have a repayment plan in place with the Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                  |                |
| If yes, are you up-to-date with your repayment plan? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                  |                |
| If no, Please explain:   |                                  |                |
| <b>Applicant Employment Information</b>  |                                  |                |
| Current Employer:  |                                  |                |
| Employer address:  |                                  | How long?      |
| Phone:   | E-mail:                          | Fax:           |
| City:  | Province:                        | Postal Code:   |
| Position:  | Hourly or Salary (Please Circle) | Annual income: |
| <b>If less than 2 years at current employment please fill in</b>   |                                  |                |
| Previous Employer:   |                                  | Phone Number:  |
| <b>Co-Applicant Employment Information</b>   |                                  |                |
| Current Employer:  |                                  |                |
| Employer address:  |                                  | How long?      |
| Phone:   | E-mail:                          | Fax:           |
| City:  | Province:                        | Postal Code:   |
| Position:  | Hourly or Salary (Please Circle) | Annual income: |
| <b>If less than 2 years at current employment please fill in</b>   |                                  |                |
| Previous Employer:   |                                  | Phone Number:  |

| <b>Other Occupants</b>  |                       |                |                |                   |
|---|-----------------------|----------------|----------------|-------------------|
| Name:   | Tzeachten Member: Y/N | Relationship:  | Birthday:      | Annual Income 18+ |
|   |                       |                |                |                   |
|   |                       |                |                |                   |
|   |                       |                |                |                   |
|   |                       |                |                |                   |
| Do you foresee any changes to the above list within the next 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO |                       |                |                |                   |
| if yes please note what changes will occur  |                       |                |                |                   |
| <b>Income</b>   |                       |                |                |                   |
|   | Applicant             | Co-Applicant 1 | Co-Applicant 2 |                   |
| Employment Income   |                       |                |                |                   |
| Employment Insurance  |                       |                |                |                   |
| Student Allowance / Band Sponsorship  |                       |                |                |                   |
| Pension   |                       |                |                |                   |
| Income Assistance   |                       |                |                |                   |
| Workers compensation  |                       |                |                |                   |
| Child / Spousal Support   |                       |                |                |                   |
| Other Income  |                       |                |                |                   |
| <b>Total Monthly Income</b>   |                       |                |                |                   |
| <b>Income</b>   |                       |                |                |                   |
|   | Applicant             | Co-Applicant 1 | Co-Applicant 2 |                   |
| Current Rent / Mortgage   |                       |                |                |                   |
| BC Hydro  |                       |                |                |                   |
| Fortis BC   |                       |                |                |                   |
| Groceries   |                       |                |                |                   |
| Phone, TV, Internet   |                       |                |                |                   |
| Loan payments   |                       |                |                |                   |
| House / Car Insurance   |                       |                |                |                   |
| Other Expenses (child care, etc.)   |                       |                |                |                   |
| <b>Total Monthly Expenses</b>   |                       |                |                |                   |
| <b>Income Less Expenses</b>   |                       |                |                |                   |

| Rental Preferences   |   |        |
|--|---|--------|
| Number of bedrooms:  | Stairs <input type="checkbox"/> YES <input type="checkbox"/> NO |        |
| Do you or any members of the household have unique medical/mobility needs? (I.e. wheelchair access, single story, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO |   |        |
| If yes please explain:   |   |        |
| Do you need to give 30 Day Notice to Move:   |   |        |
| Rental References  |   |        |
| Name:  | Address:  | Phone: |
|  |   |        |
|  |   |        |
|  |   |        |
| I authorize the verification of the information provided on this form as to my income and employment. I have received a copy of this application.                                |   |        |
| Signature of applicant:  |   | Date:  |
| Signature of co-applicant:   |   | Date:  |

**Please provide the following income documents:**

- 2 Current paystubs
- Current Income Tax Assessment
- Social Assistance paperwork
- Proof of child / spousal support income