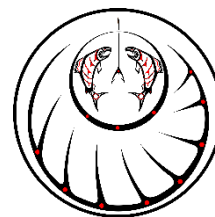




Tzeachten First Nation

45855 Promontory Road, Chilliwack, B.C. V2R 0H3
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:

- If your application status changes substantially 6 months after you submit this application (I.e. - change in household income or change in number of household members), you may be required to submit a new application form. Please advise Danny Tourville, Property and Public Works Manager, immediately.
- Applicant and Co-Applicant are both required to provide proof of income. Documents required vary for each applicant (I.e. Employed, Self Employed, Retired, Disability, EI, and Income assistance households.) Please review the attached PROOF OF INCOME REQUIREMENTS to determine which documents to submit for your application and household.
 - **Applications that are incomplete may not be considered – Some reasons for an incomplete application are:**
 - Missing proof of income (I.e. 3 consecutive banking statements/pay stubs, current Notice of Assessment, Social Assistance and/or Employment Insurance documentation, etc.
 - Falsifying application information.

If at any time you have any questions, please contact Tzeachten Housing Department at danny@tzeachten.ca

Applicant Information

Tzeachten Member: YES NO

Name:

Address (City, Province, Postal Code):

Email Address:

Home Phone: ()

Alternative Phone: ()

Date of Birth:

Marital Status:



Co-Applicant Information (if applicable)

Tzeachten Member: YES NO

Name:

Address (City, Province, Postal Code):

Email Address:

Home Phone: () Alternative Phone: ()

Date of Birth:

Marital Status:

Other Occupants - Dependents, etc. (if applicable)

| Name: | Tzeachten Member: Yes / No | Relationship: | Age: |
|-------|-------------------------------|---------------|------|
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| | | | |

Do you see any changes to the above list within the next 6-12 months? YES NO

If yes, please explain what changes will occur: _____

Rental History

CURRENT ADDRESS:

How long have you been residing at this address?

| | |
|--------------------------------------|----------------------------|
| Monthly Rent: | |
| Landlords Name: | Landlord's Contact Number: |
| Reason(s) for leaving this property: | |

PREVIOUS ADDRESS

How long did you reside at this address?



| Rental History Continued... | |
|---|----------------------------|
| Monthly Rent: | |
| Landlords Name: | Landlord's Contact Number: |
| Reason(s) for leaving this property: | |
| Have you ever been evicted from a rental residence and/or missed a rental payment in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what were the reasons? | |
| Additional Information | |
| Do you require a ground floor unit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you require an accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No (Accessible units are equipped with grab bars, wider halls, fully accessible bathroom, etc.) | |
| Do you have mobility needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate? | |
| Do you smoke (cigarettes and/or cannabis)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please be aware that you will have to smoke off the property, as there is no smoking allowed in the units or on the property.) | |
| Do you need to give 30 Days' notice to move? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you planning to bring a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the pet: _____ | |
| Note: At this time, we are a <u>dog free</u> property. | |



Proof of Income – Applicant and Co-Applicant are both required to attach proof of their income to this rental application form. Acceptable documentation includes 3 Consecutive Pay Stubs, 3 Consecutive Bank Statements, most recent Notice of Assessment and/or if requested previous year’s tax return. Documents required vary depending on income situation. Please review the attached PROOF OF INCOME REQUIREMENTS to determine which documents to submit for your application and household.

Applicant's Employment Information

Employment Status (*Check all that apply*): Full-Time Part-time Student Unemployed
 EI-Employment Insurance Disability Social Assistance OAS – Old Age Security
 GIS-Guaranteed Income Supplement CPP – Canada Pension Plan

Current Employer:

Supervisor’s Name Supervisor’s Phone #:

Job Title: Date Hired:

Monthly Income: \$ Yearly Income: \$

Previous Employer:

Supervisor’s Name Supervisor’s Phone #:

Job Title: Period of Employment:

Are you comfortable will us contacting your previous and/or current employer(s)? Yes No
If no, please explain: _____

Co-Applicant's Employment Information

Employment Status (*Check all that apply*): Full-Time Part-time Student Unemployed
 EI-Employment Insurance Disability Social Assistance OAS – Old Age Security
 GIS-Guaranteed Income Supplement CPP – Canada Pension Plan

Current Employer:

Supervisor’s Name Supervisor’s Phone #:

Job Title: Date Hired:

Monthly Income: \$ Yearly Income: \$

Previous Employer:

Supervisor’s Name Supervisor’s Phone #:

Job Title: Period of Employment:

Are you comfortable will us contacting your previous and/or current employer(s)? Yes No
If no, please explain: _____



References (At minimum, 1 reference is required for your application to be considered complete)

| Name: | Address: | Phone: |
|-------|----------|--------|
| | | |
| | | |
| | | |

I declare that the information I have provided is true and correct and contain no misrepresentations. I understand that incomplete or incorrect information provided in the application may cause delay in processing or may result in the denial of application.

| | |
|----------------------------|-------|
| Signature of Applicant: | Date: |
| Signature of Co-Applicant: | Date: |