



Ts'kw'aylaxw First Nation

Box 2200
Lillooet, B.C.
V0K 1V0

Ph: (250) 256-4204

Fax: (250) 256-4058

RENTAL APPLICATION

DATE: _____ **Interest: Elders Complex or Regular Rental**

PERSONAL INFORMATION	
First Name:	Last Name:
Address:	Appartment / Unit No.
Home Phone :	Cell Phone:
Work Phone:	
Email address:	
Birth Date:	Status No.
Spouse Birth Date:	Marital Status
Spouse Name:	Spouse Cell Phone:
Spouse Employer:	Work Phone:
ADDITIONAL OCCUPANTS:	
Name:	Age:
Name:	Age:
CURRENT LIVING ARRANGEMENTS:	
Current Address:	Dates of Tenancy:
Name of Landlord:	Phone: Email:
Reason for Leaving:	
EMPLOYMENT STATUS & INCOME VERIFICATION	
Occupation:	Wage:

Company:	How long at this company:
Bank Institution:	BC Driver's License:
Other Income Description (Disability, Income Accisstance, Savings):	Do you currently owe money to Ts'kw'aylaxw First Nation: <input type="checkbox"/> Yes or <input type="checkbox"/> No Reason:
ADDITIONAL INFORMATION	
Have you ever been evicted from any previous residency: <input type="checkbox"/> Yes or <input type="checkbox"/> No Reason:	Have you ever received the TFN Homeowners grant or Renovation grant: <input type="checkbox"/> Yes or <input type="checkbox"/> No When:
Have you ever rented or was renting to own a unit from Ts'kw'aylaxw First Nation: <input type="checkbox"/> Yes or <input type="checkbox"/> No When:	Are you in good standing with BC Hydro (please provide a copy of your most current hydro bill) <input type="checkbox"/> Yes or <input type="checkbox"/> No If not why:
Have you ever owned your own home: <input type="checkbox"/> Yes or <input type="checkbox"/> No If so when and reason why your are applying for a rental now:	Pets: <input type="checkbox"/> Yes or <input type="checkbox"/> No Describe: (please note there is a one per unit limit and a \$250 pet deposit required before occupancy)
Smoker: <input type="checkbox"/> Yes or <input type="checkbox"/> No (please not these are non-smoking units)	What size place are you seeking: <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3+ Bedroom
REFERENCES (please provide CURRENT/ PREVIOUS RENTAL LANDLORD references)	
Name: Years:	Phone: Email:
Name: Years:	Phone: Email:

Name:	Phone:
Years:	Email:

ALL INFORMATION KEPT IN STRICT CONFIDENCE

Consent: For the purpose of determining whether my/our application for tenancy is acceptable, I/we hereby consent to the Landlord obtaining credit/personal information on me/us (including a spouse) from one or more consumer reporting agencies or from other sources of such information. I/we authorize reporting agencies and other persons to disclose information on me/us to the Landlord's authorized agent. **IMPORTANT** The information contained in this application is CONFIDENTIAL. If your application is not accepted or you cancel the application, this form will be destroyed. Completion of the form does not guarantee rental or approval of rental application.

NOTE: for new postings on Rental Units – Applicants must re-apply.

Applicant's Name

Applicant's Signature

Email: housing@tskwaylaxw.com