

Appendix "C" Rental Application

APPLICANT INFORMATION- must complete all sections before handing in, or application is considered incomplete and will not be accepted.

Letter explaining why you need a Rental Unit and include reasons such as how long have you lived in your current living situation, why are you moving from current residence, over crowding, down

Last Name:	First and Middle Name:	
Mailing Address:	Phone number(s):	
Email Address:	Indian Status/Membership Number (if applicable):	
POUSE/ CO-APPLICANT INFORMATION	ON (IF APPLICABLE))
Last Name:	First and Middle Name:	
Mailing Address:	Phone number(s):	
Email Address:	Indian Status/Membership Number (if applicable):	
OTHER REDCOME WILL DECIDE II	N THE PENITAL LINII	T (IF APPI ICARI F
OTHER PERSONS WHO WILL RESIDE II	<u> </u>	<u> </u>
	Member #	Birth Date
Name/Relationship to Applicant	<u> </u>	<u> </u>
	<u> </u>	



Type of Rental Unit requesting: 1 2 Do you own nets? Yes No What kind:	3 4 Bedrooms ?	
	·er:	
REFERENCES		
Personal:	Current & Previous Landlords:	
1. Name: Phone:	1. Name: Phone:	
2. Name: Phone:	2. Name: Phone:	
3. Name: Phone:	3. Name: Phone:	
OTHER DOCUMENTATION AND INFORM	NATION REQUIRED AT TIME OF SUBMISSION	
Photocopy of photo identification		
Photocopy of Indian status card		
Criminal Record Check		
Letter explaining why you need a Rental Unit.		
Signature of Applicant	Signature of Co-Applicant	
Printed Name of Applicant	Printed Name of Co-Applicant	
Date	Date	

LNIB RENTAL APPLICATION

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Lower Nicola Indian Band Housing Rental Application



Must complete all applicable questions below, the answers will be applied to to a scoring guide and used to determine suitability for accommodations.

Sel	ection Critera	Comments:
Current Residence	For 10 years or more	Comments.
	5- 10 yrs	
	For less than 5 yrs	
Current living	Homeless	
situation	Residence unfit for use	
	Living with family	
	Has a band rental - too small	
	Has a rental on reserve (private)	
	Has a rental off reserve	
	Owns own home	
Over-crowding Number of occupants as per current living situation, reference # of bedrooms	# of bedrooms in house	
reference # of bedrooms	# of total occupants	
Loss of residence	Due to fire other	
	Eviction	
Disability- for elderly or	Long term	
handicapped/special needs.	Short term	
please specify type.	Severe	
	Mild	
	None	
Children and/or	5 or more	
dependants - Children	3 to 4	
must be under 19 yrs of	1 to 2	
age	None	
Employment	Yes - long term (pension or disability)	
	Yes – short term	
	Seasonal	
	None	
Criminal Record	With application	
	Reciept for proof of purchase	
	None	
References	Acceptable references from previous	
References	landlord or other form of occupancy	
	Unacceptable reference from previous	
	landlord or other form of occupancy	
Debts to band	No debt to Band	
Denis in natio	Debt to band-payment plan in place	Amount: \$
	Debt to band (comments below)	
	Dest to band (confinents below)	