

[illegible]

Name of Employer: \_\_\_\_\_ Occupation/Trade: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Salary/Wages/Benefits: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/week \$ \_\_\_\_\_/month \$ \_\_\_\_\_/yearly

**SPOUSE EMPLOYMENT INFORMATION: (IF APPLICABLE)**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you currently employed: Yes ☐ No ☐ if yes for how long: \_\_\_\_\_

If yes are you employed? Full time ☐ Part-time ☐ if other: \_\_\_\_\_

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Employer Address: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Salary/Wages: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/week \$ \_\_\_\_\_/yearly

**Vehicle Status**

Do you have a reliable vehicle? Yes ☐ No ☐

**Applicant's REFERENCES**

**Personal: (not immediate family)** If new renter then please list three 3 personal references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Rental History: (if applicable)**

1. Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS \_\_\_\_\_ LENGTH OF RENTAL \_\_\_\_\_.

2. Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS \_\_\_\_\_ LENGTH OF RENTAL \_\_\_\_\_.

3. Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS \_\_\_\_\_ LENGTH OF RENTAL \_\_\_\_\_.

Do you currently live at Sand Point? Yes ☐ No ☐

When can you occupy the rental unit? \_\_\_\_\_

# Market Based Housing Program

## Credit Check Request

Name: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Phone:(h)\_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**By completing this form, the BNA member is giving consent for the Director of Finance to ensure that BNA members in arrears of more than 30 days for any accounts must pay BNA back in full prior to the issuance of the Conditional Letter of Guarantee.**

Finance Use Only

Accounts Receivables Type:

Account Number	Days in Arrears	Amount of Arrears
	<b>Total</b>	<b>\$</b>

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Finance

Full Payment Received? Yes \_\_\_\_\_ No \_\_\_\_\_