## Appendix "A" Rental Housing Application

First Name:		
First Name:		
Cell #:		
Province	Postal C	Code
]		
		(mm/dd/yyyy)
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her 🛛		_
l unit:		
	<b>)</b>	DATE OF BIRTH
	] eparated	parated

## APPLICANT'S EMPLOYMENT/BENEFIT/RETIREMENT INCOME INFORMATION:

Are you currently employed: Yes D No D if yes for how long (years/months): \_\_\_\_\_

If yes, employed >> Full time 
Part-time 
if other (explain):

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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 $\ \square$ No $\ \square$ if yes for	or how long:				
If yes are you employed? Full time $\Box$ Part-time $\Box$ if other:					
Name of Employer:	Occupation/Trade:				
Employer Address:	Employer Telephone:				
Salary/Wages: \$/hour \$/we	ek \$/yearly				
Vehicle Status					
Do you have a reliable vehicle? Yes $\Box$ No $\Box$	]				
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
	Total	\$
Verified by:	Date:	
Director of Finance		
Full Payment Received? Yes	No	

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