

Date: \_\_\_\_\_

Front desk database #: \_\_\_\_\_



**RENT BANK**  
**RESOURCE CENTRE**  
 SURREY, BC

### LOAN APPLICATION

Completion of this form does **NOT** guarantee loan approval

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female  Other      Age:  Under 19  19-59  60+

Citizenship Status:  Canadian Citizen  Permanent Resident  Other: \_\_\_\_\_

How did you hear about the Sources Rent Bank? \_\_\_\_\_

**Current Housing Emergency – Please check all that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Received Eviction Notice             | <input type="checkbox"/> Received Utilities Disconnection Notice |
| <input type="checkbox"/> Already Evicted / Currently Homeless | <input type="checkbox"/> Utilities are already disconnected      |
| <input type="checkbox"/> Cannot make NEXT month's rent        | <input type="checkbox"/> Behind in Utilities                     |
| <input type="checkbox"/> BEHIND in rent payments              | <input type="checkbox"/> Need Damage Deposit                     |
| <input type="checkbox"/> Received Verbal Eviction Warning     | <input type="checkbox"/> Need 1 <sup>st</sup> month's rent       |

What is the cause of your current crisis?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What other resources/alternatives have you sought out?  
 \_\_\_\_\_  
 \_\_\_\_\_

What are possible solutions to your housing crisis?  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Information/Comments/Considerations:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Eligibility Questionnaire:**

1. If behind on rent, how much do you owe (i.e. rental arrears)? \_\_\_\_\_
2. If you need **NEXT** month's rent how much do you need? \_\_\_\_\_
3. If behind with utility payments, how much do you owe to utilities? \_\_\_\_\_  
BC Hydro: \_\_\_\_\_ Fortis: \_\_\_\_\_
4. What is the total assistance you require? \_\_\_\_\_
5. Is this application for: Individual  or Family
6. How many dependents do you have (i.e. non-income earners)? \_\_\_\_\_
7. How many income earners beside yourself live in your household? \_\_\_\_\_
8. How long did you live at your previous address? \_\_\_\_\_
9. Do you have a bank account? Yes  No
10. Can you provide 3 months of bank statements? Yes  No
11. Do you have 2 pieces of government issued ID (One Photo)? Yes  No
12. Are you planning to move in the near future? Yes  No
13. Do you have any credit cards, pay day loans or other loans? Yes  No   
If yes, what is the total amount of your credit card / loan debt? \_\_\_\_\_
14. Have you recently declared bankruptcy? Yes  No   
If yes, has your bankruptcy been discharged? \_\_\_\_\_
15. Do you have any personal references? Yes  No
16. What are your **current sources** of income? \_\_\_\_\_
17. What is your total monthly income? \_\_\_\_\_
18. What is the total monthly income for your household? \_\_\_\_\_
19. What is your current monthly rent? \_\_\_\_\_
20. What are your **total monthly expenses**? (including rent) \_\_\_\_\_
21. How much household debt do you have? \_\_\_\_\_
22. Have you been free of substance addictions for 1 year? Yes  No  Not applicable
23. Have you attached your 3 months bank statements to this application? Yes  No

**Office Use Only:**

Date: \_\_\_\_\_ Appointment time: \_\_\_\_\_  
Assigned SP: \_\_\_\_\_ SPDB # \_\_\_\_\_  
Contact Record: 1<sup>st</sup> call: \_\_\_\_\_ 2<sup>nd</sup> call: \_\_\_\_\_  
Outcome:  Unable to contact  Info provided  Referral provided  Moved to HF  
Date closed: \_\_\_\_\_