



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

# RENT BANK RESOURCE CENTRE

SURREY, BC

## LOAN APPLICATION

Completion of this form does **NOT** guarantee loan approval. Please note that the process takes roughly 2-3 weeks from when you first make an inquiry to when you receive funds.

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

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Gender:  Male  Female  Other Age:  Under 19  19-59  60+ DOB mm/dd/yy \_\_\_\_/\_\_\_\_/\_\_\_\_

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?

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

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

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Additional Information/Comments/Considerations:

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**Eligibility Questionnaire:**

- 1. If **BEHIND** on rent, how much do you owe (i.e. rental arrears)? \_\_\_\_\_
  - 2. What is your current monthly rent? \_\_\_\_\_
  - 3. If you need **NEXT** month's rent how much do you need? \_\_\_\_\_
  - 4. If behind with **UTILITY** payments, how much do you owe to utilities? \_\_\_\_\_  
BC Hydro: \_\_\_\_\_ Fortis: \_\_\_\_\_
  - 5. What is the total assistance you require? \_\_\_\_\_
  - 6. Is this application for: Individual  or Family
  - 7. How many underage children do you have? \_\_\_\_\_
  - 8. How many income earners beside yourself in your household? \_\_\_\_\_
  - 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 all 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. Other source of income (Children Tax Benefit, Spousal Support, etc.)? \$ \_\_\_\_\_  
Source of income: \_\_\_\_\_
  - 18. What is the **total** monthly income for your household? \$ \_\_\_\_\_
  - 19. What are your **total monthly expenses**? (including rent) \$ \_\_\_\_\_
  - 20. Have you been free of substance addictions for 1 year? Yes  No  Not applicable
  - 21. Have you attached your 3 months bank statements to this application? Yes  No
- Date: \_\_\_\_\_ Signature \_\_\_\_\_

<b>Office Use Only:</b>	
Assigned SP: _____	Appointment time: _____
SPDB#: _____	Contact Record 1 <sup>st</sup> call: _____ 2 <sup>nd</sup> call _____
Outcome: _____	
Other: <input type="checkbox"/> Unable to contact <input type="checkbox"/> Info provided <input type="checkbox"/> Referral provided <input type="checkbox"/> Moved to HF	
Notes: _____ _____	
Date closed: _____	

