



Sources Advocacy, Housing & Prevention Services Rent Bank Loan Application

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

CONTACT INFORMATION			
Name	Telephone <input type="checkbox"/> Do NOT leave message	Alternative Telephone (optional)	
Email (optional)	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Current Address	City	Postal Code	
Canadian Citizen <input type="checkbox"/> Yes <small>If no, what status</small>	Age <input type="checkbox"/> <19 <input type="checkbox"/> 19-59 <input type="checkbox"/> >60 Date of Birth (MM/DD/YY):	Family Status <input type="checkbox"/> Single or <input type="checkbox"/> Couple # of Dependent Children:	
Referred by	Intake Date:	Intake Worker	Intake Database #
CLIENT SERVICE REQUEST			
Current Housing Emergency – check all that <input type="checkbox"/> Received Eviction Notice <input type="checkbox"/> Already Evicted/Currently Homeless <input type="checkbox"/> Cannot Make Next Month's Rent <input type="checkbox"/> Behind in rent payments <input type="checkbox"/> Received Verbal Eviction Warning <input type="checkbox"/> Received Utilities Disconnection Notice <input type="checkbox"/> Utilities are Already Disconnected <input type="checkbox"/> Behind in Utilities <input type="checkbox"/> Need Damage Deposit <input type="checkbox"/> Need 1 st Month's Rent <input type="checkbox"/> COVID-19 Related	What is your current monthly rent? <hr/> If BEHIND on rent, how much do you owe (i.e. rental arrears)? <hr/> If you need NEXT month's rent how much do you need? <hr/> If behind with UTILITY payments, how much do you owe? BC Hydro: _____ Fortis: _____		
What is the total amount of assistance you require? <hr/>			
What is the cause of your current crisis? <hr/> <hr/> <hr/>			
What other resources/alternatives have you sought out? <hr/> <hr/> <hr/>			

What are possible solutions to your housing crisis?

Additional Information/Comments/Considerations?

ELIGIBILITY QUESTIONNAIRE

How long have you lived at your current address?	How long have you lived at your previous address?	Are you planning to move soon? <input type="checkbox"/> Yes <input type="checkbox"/> No
What are your total monthly expenses (including rent)? Total: \$ _____/year/month	FAMILY Income Source(s) <input type="checkbox"/> Employment: \$ _____ <input type="checkbox"/> Income Assistance (IA): \$ _____ <input type="checkbox"/> Persons With Disability (PWD): \$ _____ <input type="checkbox"/> Pension \$ _____ Total: \$ _____/year/month	Other source(s) of income (e.g. Children Tax Benefit, child support, etc.) Total: \$ _____/year/month
Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide 3 months of bank statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any credit cards, pay day loans or other loans? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the total amount of all credit card/loan debt? Total: \$ _____	Have you recently declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have 2 pieces of government issued ID (One Photo)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any personal references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been free of substance addictions for 1 year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached your 3 months bank statements to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Applicant's Signature:	Date of Application:

CONTACT RECORD (OFFICE USE ONLY)

1st Call Back	<input type="checkbox"/> LM to CB <input type="checkbox"/> N/A	Appointment Time
2nd Call Back	<input type="checkbox"/> LM to CB <input type="checkbox"/> N/A	

<input type="checkbox"/> Provided information <input type="checkbox"/> Assistance provided <input type="checkbox"/> Provided referral	<input type="checkbox"/> Unable to contact <input type="checkbox"/> No help currently needed <input type="checkbox"/> Moved to HF	Date Closed	Worker Initial
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