



RENTAL HOUSING APPLICATION FORM

Eligible Applicants

- Applicants must be 19 years or older and be a registered Splatsin member.
- Applicants will be required to provide verification of household income to confirm their ability to manage the monthly rental payments and other associated costs and/or charges.
- Applicants are required to sign a financial disclosure form authorizing Splatsin to verify income and credit history.

Non-Eligible Applicants

- Applicants with rental arrears and/or outstanding accounts with Splatsin.
- Applicants that have a history of poor tenancy (cited for rental agreement violations where notice to correct or vacate was issued) except where five years has passed and the applicant has documentation that confirms compliance with a rental agreement for a 2-year period.
- Applicants can appeal their eligibility by requesting a meeting with the Housing Committee at the next duly convened meeting. Requests to be added to the Splatsin Housing Committee agenda are to be made through the Splatsin Housing Director.

Completing the Application

- The information requested in this application is based on the Splatsin Housing Policy
- The purpose of the application is to collect information which will confirm whether the applicant(s) are eligible to receive rental housing, and the priority for their request for rental housing.
- The Housing Department has 30 days from the date the application is received to review and verify the information provided and to conduct an in-person interview with the applicant(s).
- Once the application is verified it will be reviewed by the Housing Committee at the next selection meeting.
- Ensure that all of the requested information is provided. If it is not, the application will be rejected.

Notification of Application Status

The Splatsin Housing Department will contact the application when a suitable rental unit becomes vacant within one year of the application date.

- Complete applications will remain on file for one year. Splatsin strongly encourages applicants to re-apply every six months.
- If the application is incomplete or ineligible it will be returned with a reasoning for rejection.





Housing

FOR INTERNAL USE ONLY

Date Received: _____ Processed By: _____

Method: In-Person Mail Email

Application Complete? Yes No Reasoning: _____

Interview Complete? Date: _____

Eligible? Yes No Reasoning: _____

Confirmation Letter Sent: Yes Date: _____

SELECTION COMMITTEE REVIEW

Review Date: _____ File Number: _____

Points Awarded: _____

Application Approved: Yes No Reasoning: _____

Confirmation Letter Sent: Yes No Date: _____

1. CONTACT & HOUSEHOLD INFORMATION

Applicant Information

Full Name	Age	Sex	Relationship to Primary Occupant	Member Number
1.				
2.				
3.				
4.				
5.				
6.				





Housing

What is your current address?

City: _____

Territory/Province: _____

Street Address: _____

Postal Code: _____

Mailing Address (if different from above)

City: _____

Territory/Province: _____

Street Address: _____

Postal Code: _____

Primary Occupant Phone

Home: _____

Cell: _____

Work: _____

Secondary Occupant Phone

Home: _____

Cell: _____

Work: _____

2. Current Home Information

Do you rent or own your current home? Rent Own

If you rent your current home, provide information about your current and previous two homes.

CURRENT ADDRESS	FROM DATE (YYYY/MM/DD)	TO DATE (YYYY/MM/DD)	LANDLORD NAME	LANDLORD PHONE
PREVIOUS ADDRESS 1				
PREVIOUS ADDRESS 2				

How many bedrooms do you need? _____

Have you or anyone in your household received housing assistance from SplatSIN?

Yes No





Housing

If yes, provide details here: _____

Do you have pets? Yes No

If yes: How many? _____ What kind(s)? _____

3. Previous Housing Applications

Have you or anyone in your household previously applied for Splatsin Housing?

Yes No

If yes, when was your application submitted? _____

4. Annual Household Income

As part of the rental application process, you must provide information on the total household annual household income for the current year for everyone living in your home. This is the gross total annual income before taxes and deductions of everyone living in the home. Complete the chart below for every member of the household in the same order as the names listed in section one of this form.

Proof of income from all sources or a copy of your latest income tax assessment must be submitted with your application.

	Source of Income	Main Occupant	Occupant 2	Occupant 3	Occupant 4	Occupant 5	Total
1	Annual gross salary, wages, part-time earnings						
2	Child Tax Benefit						
3	Employment Insurance Benefits						
4	Social/Workers Compensation, other benefits						
5	Old-Age/Canada/Disability Pension, Veterans Allowance						
6	Bank interest, investment income						
7	Alimony or child support payments						
8	Self or seasonally employed net income						
9	Other income						
	Total income from all sources						





5. Financial and Other Information Disclosure

I/we are applying for housing offered by SplatSIN. I authorize SplatSIN to receive and exchange confidential information with credit bureaus and previous landlords about me/us to be used in the assessment of eligibility for this housing application.

Primary occupant name (please print)	
Social Insurance Number (SIN)	
Signature	
Secondary occupant name (please print)	
Social Insurance Number (SIN)	
Signature	
Date	

6. Declaration

Neither the primary or secondary occupant is in arrears on any SplatSIN Housing Department payments, user charges or other related debts. The information contained in this application is accurate. I/we understand that providing false or misleading information will result in the application being rejected.

Primary occupant (please print)	
Signature	
Secondary occupant (please print)	
Signature	
Date	

Submit a completed application and required documentation (proof of income) in-person, by email to housing_clerk@splatsin.ca, or by mail to: 5775 Old Vernon Rd., PO BOX 545, Enderby, B.C., V0E 1V0. For assistance, call (250) 833-6496.

