



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

**What are possible solutions to your housing crisis?**

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**Additional Information/Comments/Considerations?**

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**ELIGIBILITY QUESTIONNAIRE**

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

**CONTACT RECORD (OFFICE USE ONLY)**

<b>1<sup>st</sup> Call Back</b>	<input type="checkbox"/> LM to CB <input type="checkbox"/> N/A	<b>Appointment Time</b>
<b>2<sup>nd</sup> Call Back</b>	<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	<b>Date Closed</b>	<b>Worker Initial</b>	<b>Program Database #</b>
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