

Application #: _____



Linda E. Ross
Property Management Inc.

Tenant Application

_____ Date

Referred By:

_____ Name

_____ Ministry/Agency (If Applicable)

_____ Phone Number(s)

_____ Email Address

Applicant Contact Information:

_____ Name of Applicant

_____ Address

_____ City

_____ Postal Code

_____ Phone Number(s)

_____ Email Address



Household Composition:

Please list all individuals who will be living with you in the rental accommodation, including yourself and all children, beginning with the eldest.

Full Name	Birth Date dd/mm/yyyy	Age	Gender M/F	Relationship To Primary Applicant	School/Location	Aboriginal Yes or No?

Do you expect your family size to change in the next 12 months? Yes ___ No ___
(Pregnancy, family leaving, or joining?)

Do you currently have your children in your custody? Yes ___ No ___

If you do not currently have your children in your custody please provide the following information:

Name of Social Worker

Ministry/Agency

Phone Number(s)

Email Address

Is there a court date to review the return of your children? Yes ___ No ___

If yes, what is the date? _____

**Please provide a letter from your Social Worker affirming your custody return plan.*

Aboriginal Ancestry:

Are you: Aboriginal ___ Non-Aboriginal ___

Do you identify as being Aboriginal? Yes ___ No ___

Do you have your First Nation Status? Yes ___ No ___



Community of Origin

Band Name

Band Location

Band Phone Number

Disabilities/Health Problems:

Please list any member(s) of your household with a significant disability/health problem that the VNFC needs to be aware of.

Name	Disability/Heath Problem

Income Data:

Please provide your source of income for your entire household-check all that apply.

Income Source	Gross Monthly Income	Income Source	Gross Monthly Income
Employment		Child Support	
Employment Insurance		Rental Assistance Program	
Social Assistance		Government Tax Rebates	
Disability Pension		School Loans:	
Retirement Pension		Other:	

Total Household Monthly Income: _____

Total Household Annual Income: _____

Employment Information:

Name of Employer

Position

Duration of Employment

Salary



Employer Phone Number(s)
Current Accommodation:

Employer Email Address

Name of Current Landlord

Duration of Time at this Address

Landlord Phone Number(s)

Landlord Email Address

Current Rent Amount (\$)

Current Hydro Bill (\$)

Please describe your current accommodation-please check all that apply.

I rent	<input type="checkbox"/>	I am in transitional housing	<input type="checkbox"/>
I am in an Emergency Shelter	<input type="checkbox"/>	I am in a Hotel/Motel	<input type="checkbox"/>
I am temporarily staying with friends/family	<input type="checkbox"/>	I am in a Hospital or Treatment Facility	<input type="checkbox"/>
I am on the street/in a car	<input type="checkbox"/>	I am in a trailer	<input type="checkbox"/>
I live with my parents	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Number of bedrooms your household present occupies: ____

Is your bedroom: Shared ____ Private ____

Kitchen: Shared ____ Private ____ None ____

Laundry: Shared ____ Private ____ None ____

Outdoor Play Area: Yes ____ No ____

Reason(s) for Moving:

Are you under a notice to end your present Tenancy? Yes ____ No ____

If yes, please explain:

If you are not under notice to end your present Tenancy, why do you wish to move?

Repairs Required? Yes ____ No ____

High Rent? Yes ____ No ____

Over Crowded? Yes ____ No ____



Children Allowed? Yes ____ No ____

Please provide any additional reasons why you wish to move from your current residence:

If you are a single young adult (19-25) please answer the following questions:

Are you currently registered in school? Yes ____ No ____

If yes, please provide the following information:

Are you registered: Full-Time: ____ Part-Time: ____

Name of School

Program

Length of Program

Please note that all single young adults (19-25) must be working and/or attending school.

Additional Information:

Have you completed the Ready to Rent Program? Yes ____ No ____

Have you completed any other Life Skills Courses (i.e. parenting classes, conflict resolution, etc.)? Yes ____ No ____

If yes, please indicate what courses you have completed:

- _____
- _____



• _____
Emergency Contacts:

Please list the names of three relatives or close friends we can contact in case of emergency.

1. Name: _____

Affiliation: _____

Phone Number: _____

2. Name: _____

Affiliation: _____

Phone Number: _____

3. Name: _____

Affiliation: _____

Phone Number: _____

References:

Please list the name and contact # of previous landlords.

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____



Siem Lelum House Rules and Regulations:

Please review the Tenant Rules and Regulations located in the Addendum at the back of the Application.

Applicant(s) Agree to the Following:

I/We certify that the information provided on this form is true.

I/We authorize and consent to LER verifying any or all information contained in the Application including obtaining credit and/or personal reports on me/us from one or more agencies or individuals.

I/We understand that if at any time during the twelve (12) months I/We move or need to update information on this application, it is my/our responsibility to come in or call LER’s office and make the necessary changes.

Signature of Tenant: _____ Date: _____

Signature of Tenant: _____ Date: _____

**Please Fax Completed Applications to 250-361-9339
or
Email to admin@lindaeross.ca**

Siem Lelum House is managed by:

LER Property Management Inc.
Contact: Christina Hull
Phone: 250-381-9336
Fax: 250-361-9339
Email: admin@lindaeross.ca
www.lindaeross.ca



**Addendum:
Siem Lelum House Rules and Regulations**

In order to ensure that Siem Lelum is well maintained and remains a safe and healthy place for Tenants to live as they seek a more permanent living situation Tenants are expected to abide by the following rules and regulations:

- No pets allowed on the premise;
- No smoking on the premise;
- No alcohol/drugs allowed on the premise (“dry complex”);
- Tenants must keep the premise as clean and sanitary as possible. All unwanted objects and items should be donated or discarded in the appropriate waste receptacles. Tenants are asked to recycle all reusable items in order to ensure that the site remains eco friendly;
- All required maintenance must be reported immediately to LER Property Management Inc. Repairs for Tenant related damage will be charged to the Tenant;
- No loud music or television shall be permitted later than 11:00pm or before 7:00am;
- All Laundry must be dried in the dryer. No articles shall be dried on the banisters or hung outside. If the article exceeds the needs of the dryer, said article must be dried at a commercial laundry mat;
- All parking is for staff only. However, there is a designated drop off and pick up zone for Tenant’s and limited Guest parking (2 hours max);
- All Youth (19-25) must be working and/or attending school.
- Children must be supervised around the premise at all times;
- 1 guest may stay with you for a total of 14 days in a calendar year. If you want or need to plan a longer visit, you must obtain written approval in advance from LER Property Management Inc. It is also very important that



LER Property Management Inc. knows how many people are occupying the unit at all times in case of a fire or other emergency.

- All Tenants are responsible for the behavior of their guests.
- All Tenants are asked to practice non violent communication and conflict resolution skills. If conflict between Tenants occurs, the disputing parties are asked to seek support so that they may work together in a collaborative process to find mutual understanding and a resolution that is satisfying for all parties involved.
- The building is insured by the Victoria Native Friendship Centre. Tenants are encouraged however, to purchase content insurance for their personal belongings.

The owners or agents will not be responsible for any articles lost, stolen or damaged on these premises

**Procedures subject to change.*

I/we the Tenant(s) acknowledge that I/we have read, understand and agree to the above mentioned rules and regulations.

Signature of Tenant: _____ Date: _____

Signature of Tenant: _____ Date: _____

