



Blueberry River First Nations

ON-RESERVE HOUSING POLICY



Blueberry River First Nations
PO Box 3009
Buick Creek, BC
V0C 2R0
T: 250-630-2584
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Blueberry River First Nations (BRFN)

Application for Rental Housing

PRIMARY APPLICANT

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____ Currently Employed (Y/N): _____

Name of Employer: _____

Employment Income (Monthly): \$ _____

Social Assistance Income (Monthly): \$ _____

Other Source(s) of Income [e.g. Pension, E.I.] (Monthly): \$ _____

Current Rent (Monthly): \$ _____

Current Utility Expenses (Monthly): \$ _____

Please provide copies of your three (3) most recent pay stubs (for any sources of income).

Have you ever applied for / received housing from BRFN (Y/N)? _____

Please explain if answered 'Yes': _____

Are you in good financial standing with BRFN (Y/N)? _____

Please explain if answered 'No': _____

Please explain your reason for applying for BRFN Housing:



ADDITIONAL APPLICANTS

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Number of Additional Applicants that are Employed (if applicable): _____

Combined Employment Income (Monthly): \$ _____

Number of Additional Applicants that receive Social Assistance? _____

Combined Social Assistance Income (Monthly): \$ _____

Number of Additional Applicants with Other Income (e.g. Pension, E.I.): _____

Please describe: _____

Combined Other Income (Monthly) \$ _____

GENERAL INFORMATION (ALL APPLICANTS)

Any Smoker(s) (Y/N)? _____

Any Pet(s) (Y/N)? _____ Type / Number: _____

Any Livestock (Y/N)? _____ Type / Number: _____

Does anyone included in this Application have a Criminal Record (Y/N)? _____

Please explain if answered 'Yes': _____



Has anyone included in this Application ever been Evicted (Y/N)? _____

Please explain if answered 'Yes': _____

Does anyone included in this Application have Mobility / Accessibility / or Other Special Needs that require accommodation (as it relates to his / her living environment) (Y/N)? _____ Please explain if answered 'Yes':

How long to you expect to live at BRFN?

Is there anything else you'd like to add?



PERSONAL INFORMATION / AUTHORIZATION

It may be necessary for Blueberry River First Nations (BRFN) to conduct employment, credit, or criminal record checks. Please check each of the following boxes to confirm that you authorize BRFN to complete the following (if left unchecked, the Application will be considered incomplete):

- I authorize BRFN to contact my employer or income provider.
- I authorize BRFN to conduct a credit check.
- I authorize BRFN to conduct a criminal record check.

HOUSING POLICY COMPLIANCE

All housing at BRFN is governed by the BRFN Housing Policy. To apply for AND receive housing at BRFN, you must agree to fully comply with the BRFN Housing Policy. Please check the following box to confirm the following (if left unchecked, the Application will be considered incomplete):

- I agree to fully comply with the BRFN Housing Policy.

All the information provided in this Application is accurate to the best of my knowledge:

Signature _____ Date _____

All information included in this form is confidential.

