

## **KLAHOOSE FIRST NATION RENTAL APPLICATION**

For inquiries about the rental property please contact the Housing Department at:

Phone: 250-935-6536 EXT. 231 or Email: melindabiddle@klahoose.org

APPLICANT INFORMATION		
Name:		
Email Address:		
	Alternative:	
Monthly Rent Payment: \$		
D.O.B	<del></del>	
Membership #		
CO-APPLICANT INFORMATION	ON (if applicable)	
	Alternative:	
Monthly payment: \$		
D.O.B	<del></del>	
Membership #		

## **ADDITIONAL OCCUPANTS**

NAME:	AGE:	RELATION:	
NAME:	AGE:	RELATION:	
NAME:	AGE:	RELATION:	
NAME:	AGE:	RELATION:	
RENTAL HISTORY			
<u>Current Residence</u>			
Current Address:			
How long have you been residing a			
Monthly Rent: \$			
Landlords Name:			
Landlords contact number:			
Reason(s) for leaving the property:			
Previous Residence (if applicable)			
Previous Address:			
How long have you been residing a	t this address? _		
Monthly Rent: \$			
Landlords Name:			
Landlords Contact Number:			
Reason(s) for leaving this property:			

EMPLOYMENT/ INCOME I	<u>DETAILS</u>			
Current Employer:				
Supervisor Name:				· · · · · · · · · · · · · · · · · · ·
Phone Number:				
Job Title:				
Date Hired:				
Monthly Income: \$				
Other Source of Income	<u>:</u>			
	AD	DITIONAL INFORMATIO	)N	
<u>PETS</u>				
Pets are not permitted i Klahoose band.	nside or out	side the home without t	he prior written a	pproval of the
If applicable, the tenant deposit.	will provide	the band upon signing a	a tenancy agreem	ent a pet damage
Do you own a pet(s)	YES	NO		
If yes, please describe th	ne pet:			
Name:	Breed:		M/F	S/N
Vet info:	Va	accinated: Y/N		
Name:	Breed:		M/F	S/N
Name:			M/F	S/N
Vet info:				

## **SMOKING**

The Band does not allow smoking of marijuana inside the rental property. The Band does not allow smoking of any E cigarettes (Vapes) inside rental property. **PARKING** The Band allows two insured vehicles only. The Band does not allow project vehicles, or uninsured vehicles. Will you bring a vehicle YES NO Vehicle Information: License plate #\_\_\_\_\_\_, Make\_\_\_\_\_\_, Model\_\_\_\_\_,Color\_\_\_\_\_ Vehicle Information: License plate #\_\_\_\_\_\_, Make\_\_\_\_\_\_, Model\_\_\_\_\_,Color\_\_\_\_\_ I declare that the information provided in true and correct and contains no misrepresentation. If misrepresentation is found after a lease agreement is made between the Klahoose First Nations and the Applicant, The Band will have the option to terminate the lease agreement. The Applicant understands that incomplete or incorrect information provided in the application may result in the delay in the processing or result in denial of the application. Applicants Signature: Date: \_\_\_\_\_

Co-Applicant Signature:

Date: \_\_\_\_\_

The Band does not allow smoking of cigarettes inside the rental property.