



KLAHOOSE RENTAL APPLICATION

For inquiries about the rental property, please contact the Housing Coordinator:

APPLICANT INFORMATION

Name: _____

Email Address: _____

Home Phone: _____ Alternative Phone: _____

Monthly Rent Payment: \$ _____

CO-APPLICANTS INFORMATION (If Applicable)

Name: _____

Email Address: _____

Home Phone: _____ Alternative Phone: _____

Monthly Rent Payment: \$ _____

ADDITIONAL OCCUPANTS

NAME: _____ AGE _____ RELATION _____

NAME: _____ AGE _____ RELATION _____

NAME: _____ AGE _____ RELATION _____

NAME: _____ AGE _____ RELATION _____

RENTAL HISTORY

Current Residence

Current Address: _____

How Long Have you been residing at this address? _____

Monthly Rent: \$ _____

Landlords Name: _____

Landlords Contact number: _____

Reason(s) for leaving this property: _____

Previous Residence (If applicable)

Previous Address: _____

How Long Have you been residing at this address? _____

Monthly Rent: \$ _____

Landlords Name: _____

Landlords Contact number:

Reason(s) for leaving this property: _____

EMPLOYMENT/ INCOME DETAILS

Current Employer: _____

Supervisors Name: _____

Phone: _____

Job Title: _____

Date Hired: _____

Monthly Income: \$ _____

Other Sources of Income:

ADDITIONAL INFORMATION

PETS

Pets are not permitted inside or outside of the home without the prior written approval of the Band.

If applicable the tenant will provide the Band with a pet deposit in the amount of \$ _____

Do you own a pet YES NO

If yes, please describe the pet _____

SMOKING

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

The Band does not allow smoking of marijuana in the 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

I declare that the information provided is true and correct and contains no misrepresentations. If misrepresentations are found after a lease agreement is made between the Klahoose First Nation 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 a delay in processing or result in denial of this application.

Applicants Signature: _____

Date: _____

Co-Applicants Signature: _____

Date: _____