

# Lytton First Nation Rental Application Form



## Application Form

### For Office Use Only

Received by: Email  Fax  Phone   
Mail  Drop off

ID Verified?  Date  
Received:

### 1. Applicant and Household Information

Full Name	LFN or NON	Relationship to applicant	Age	Date of Birth	Gender
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Do all these people currently live with you full-time? **Yes**  **No**

If no, explain:

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Do you expect the number of people living with you to change in the next twelve months? **Yes**  **No**

If yes, explain:

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**Note:** Only immediate family members should apply to live together. For special consideration (i.e. adult children or alternative family groups), please contact the office.

## Tenant Relations

### 2. Contact Information

\_\_\_\_\_  
Primary Phone #

\_\_\_\_\_  
Secondary Phone #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Other Contact

### 3. Current Accommodation Details

Rent  Homeless  Living with friends/family  Temporary Stay( shelter/treatment center)  Other:

Rent amount? Utilities included? **Yes**  **No**  If No, what were the cost \$ \_\_\_\_\_

Have you been served an eviction notice? **Yes**  **No**  If yes, for what reason?

\_\_\_\_\_  
When is the last day of your tenancy?

\_\_\_\_\_  
Are there any unsatisfactory living conditions such as:

Overcrowding  Relationship break-down  Unsafe/illegal activity  Problem Landlord  Pests/Rodents

inadequate kitchen/bathroom  Poor maintenance  if there are other reasons why you wish to leave, please explain:

\_\_\_\_\_  
\_\_\_\_\_

#### 4. Residency History

List where you have lived for the last 5 years including current:

Address (House number, street, city)	How long? From Date - To Date	Landlord Name	Landlord Phone Number
Reason for leaving:			
Reason for leaving:			
Reason for leaving:			
Reason for leaving:			

#### 5. Additional References (We will accept family members as references with a tenancy agreement in place)

Name	Relationship	Contact Information

**Note:** If your references or rental history are inadequate you may be required to complete our Rent Smart Certificate course in order to qualify for our housing.

#### 6. Income Information

List all gross monthly income for everyone age 19 or older:

Name	Income Sources	Gross Monthly Income
		\$
		\$
		\$
<b>Total Household Income:</b>		\$

#### 7. What Are You Applying For?

Read and check all statements that are true. **Note:** We use this information to match you with the most suitable housing for your needs. If you turn down two offers your application will be deactivated.

**Stairs:** I have no limitations  I cannot manage  I can manage a limited amount only

**At least one member of my household uses a:** Wheelchair  Scooter

**I will live in a:** House  Suite

At least one member of my household is member **of Lytton First Nation:** Yes  No

I am willing to live in a **non-smoking property:** Yes  No

I am willing to live in **pet-free housing:** Yes  No

## 8. How to Submit

Email: [b.schmitz@lfn.band](mailto:b.schmitz@lfn.band) Phone: 250-455-2304

When you submit your application, please ensure that it is **complete**. Applications that are incomplete will **not be added to our waitlist**.

After your application has been submitted, please call every **4 to 6 months**, or sooner if **anything changes**, to update us.

**Rent Smart Certificate:** Learn what landlords look for in choosing a tenant; improve your chances for getting the housing you need, gain exclusive access to supports and a strong reliable reference recognized by many housing providers/landlords. For more information visit [www.readytorentbc.org/](http://www.readytorentbc.org/)

## 9. Application Form Declaration

**Read and sign this statement:**

### I/We declare:

- All information in this application is correct and complete to the best of my/our knowledge.

### I/We authorize:

- Lytton First Nation to make any inquiries that are necessary to verify information pertinent to this application.

### I/We understand:

- That incomplete applications will not be accepted or added to our waitlist;
- That this application is not an agreement on the part of LFN or its members to provide me/us with housing;

- That if I/we are being considered for an available unit, LFN will gather additional information to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide information requested to assist with this assessment;
- That it is my/our responsibility to tell LFN of any changes to the information provided in this application, to update LFN every 4 to 6 months, and to provide any supporting materials required, and if I/we do not meet these expectations my/our application will be deactivated;
- That false information given by me/us may result in my/our application being cancelled from consideration or resulting tenancy ended.

**Application must be signed by everyone age 19 or older.**

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Print Name	Signature of Applicant(s)	Date