



**TL'AZT'EN NATION**  
 PO Box 670, Fort St. James, B.C. V0J 1P0  
 Phone 250-648-3212 • Fax 250-648-3250



**TL'AZT'EN NATION RENTAL HOUSING APPLICATION**

**Applicant:**

Name: \_\_\_\_\_ Band #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Co-Applicant:**

Name: \_\_\_\_\_ Band #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Household:** Name all members of household except applicants:

<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>
1.		
2.		
3.		
4.		
5.		

If more space is needed, use the back of the application.

**Source of income:** Applicant: Employed  BC Social Assistance

Band Social Assistance  Pension  Unemployed

Other \_\_\_\_\_

Annual Income: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

**Co-Applicant:** Employed  Social Assistance

Unemployed  Other \_\_\_\_\_

Do you or the co-applicant have arrears, loans, or outstanding debts with Tl'azt'en Nation?

YES  NO  If yes please explain:

\_\_\_\_\_

**Rental History:**

Have you previously rented from Tl'azt'en Nation?

Please list address(es) for the past 3 years. **MUST BE COMPLETED**

Address:	Date: <i>From – To</i>	Name of Landlord and Number:

Health Needs: List any health conditions or specific requirements.

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**References:** Please provide references from past landlord and/or financial reference: Include one personal reference by non-relative.

Name:	Phone #:
1.	
2.	
3.	

Provide any additional information that you wish the Housing Committee to consider with your application: \_\_\_\_\_

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**Please note: Tl'azt'en Nation is taking a stand against drugs and drug dealing in the community, and this consideration is part of the selection criteria.**

I/We declare that the information provided herein is true and accurate to the best of my/our knowledge. I/We authorize TI'azt'en Nation to verify any information given in this application.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Housing Manager Signature**

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

**Office Use Only**

	Initial		Initial
Review Date:		Note:	
Approval Date:		Note:	