



BC RENT BANK LOAN APPLICATION Today's Date: _____.

**Potential loans for rent payments are available for families up to \$2000, for individuals up to \$1500. Potential loans for utility payments (hydro/gas only) are available up to \$600.*

Please complete only the sections below applicable to you. If a section/question is not applicable, leave blank or write "N/A". If you have any questions while you are completing this form, please contact us at 604-851-7726 or bcfvrap@mccbc.ca

Printing this form is option. You can fill it out digitally on your PC, save it and return the completed file to us by email.

APPLICANT INFORMATION

Name: _____ Date of birth (MM/DD/YYYY): _____
Email: _____ Phone number: _____

[IF APPLICABLE] PREVIOUS RENT BANK LOAN INFORMATION

Have you received a rent bank loan before? Yes No
IF YES, answer the questions below.
Name of Rent Bank: _____
Month/Year Issued: _____ Have you paid back the loan in full? Yes No

[IF APPLICABLE] CO-APPLICANT INFORMATION

If you are applying with another person (meaning they will help financially pay back the loan), fill in their information below.
Name: _____
Relationship to applicant: Spouse Partner Friend
 Family Member Other: _____
Phone: _____
Email: _____

HOUSEHOLD COMPOSITION AND CONTACT INFORMATION

Who else is living in the home with you?

- Spouse/Partner
- Roommate(s)
- # of roommates: _____
- Child(ren)
- # of children under 18: _____
- # of children 18+: _____
- Parent(s)
- Other: _____

HOUSING SITUATION

If you are experiencing homelessness, please leave this section blank.

- Lease in place Yes No
- Utilities included Yes No
- Years at current residence: _____
- Number of bedrooms: Renting a Room Bachelor 1 Bedroom 2 Bedrooms 3 Bedrooms 4+ Bedrooms

PLEASE PROVIDE YOUR LANDLORDS INFORMATION HERE. WE WILL NOT CONTACT ANYONE WITHOUT YOUR CONSENT

Name/Company: _____ City: _____
 Address: _____
 Phone: _____ Email: _____

IF YOU ARE CURRENTLY EXPERIENCING HOMELESSNESS, PLEASE COMPLETE:

If you are not currently housed in a place of your own, please indicate which best describes your current housing situation.

- Staying with friend or family
- In hospital/healthcare facility
- Sleeping outdoors (or staying somewhere not suitable/meant for housing)
- Staying at a shelter or safe house
- Staying at a transition house
- Other: _____

CURRENT EMPLOYMENT INFORMATION

If you are not currently employed, leave this section blank.

Organization/company: _____ Hours per week: _____
 Position: _____ Hourly wage: _____
 Supervisor name: _____ Monthly income (before tax): _____
 Phone or email: _____ Start date (month/year): _____

[IF APPLICABLE] CO-APPLICANT'S CURRENT EMPLOYMENT INFORMATION

If there is no co-applicant or the co-applicant is not currently employed, leave this section blank.

Organization/company: _____

Hours per week: _____

Position: _____

Hourly wage: _____

Supervisor name: _____

Monthly income (before tax): _____

Phone or email: _____

Start date (month/year): _____

MONTHLY HOUSEHOLD EXPENSES			
Rent	(\$)	Transit/Gas/ Parking	(\$)
Insurance (tenant, life, etc)	(\$)	Debt Repayment	(\$)
Phone	(\$)	Other	(\$)
Cable	(\$)	Hygiene/Groceries	(\$)
Medical	(\$)	Auto Insurance	(\$)
Utilities (gas, hydro)	(\$)	Car Payments	(\$)

TOTAL EXPENSES: (\$)

MONTHLY HOUSEHOLD INCOME [AFTER DEDUCTIONS]			
Source of Income (Complete ALL that apply)	Applicant:	Co-Applicant (If Applicable):	All Other Earners in the Household:
Full time employment:	(\$)	(\$)	(\$)
Part-time employment:	(\$)	(\$)	(\$)
Casual Labor:	(\$)	(\$)	(\$)
Self-Employed:	(\$)	(\$)	(\$)
Income Assistance:	(\$)	(\$)	(\$)
Person's with Disability (PWD):	(\$)	(\$)	(\$)

Person's with Persistent Multiple Barriers (PPMB):	(\$)	(\$)	(\$)
Worker's Compensation Benefits (WCB):	(\$)	(\$)	(\$)

Employment Insurance (EI):	(\$)	(\$)	(\$)
Pension(s)/CPP/GIS /OAS:	(\$)	(\$)	(\$)
Child Support/Alimony:	(\$)	(\$)	(\$)
Child Tax Benefits:	(\$)	(\$)	(\$)
Tax Credits:	(\$)	(\$)	(\$)
Loans/Bursaries:	(\$)	(\$)	(\$)
Band Funding:	(\$)	(\$)	(\$)
Support from family/friends:	(\$)	(\$)	(\$)
Other, Specify:	(\$)	(\$)	(\$)
TOTAL INCOME FROM ALL SOURCES:	(\$)	(\$)	(\$)

FOR OFFICE USE ONLY:

Total Expenses:	(\$)
Total Income:	(\$)
Disposable Income:	(\$)

APPLICANT CONSENT

By signing below, I am providing my consent to Mennonite Central Committee BC to contact the following individuals/agencies to verify or obtain additional information relating directly to my application for a rent bank loan:

- Ministry of Social Development and Poverty Reduction
- Property Manager
- BC Hydro
- Fortis Gas
- Landlord
- Employer
- Other: _____

Applicant Signature: _____ Date: _____

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- Ministry of Social Development and Poverty Reduction Landlord
 Property Manager BC Hydro Fortis Gas Employer
 Other: _____

Co-Applicant Signature: _____ Date: _____

Copies of the following documents must be submitted with this form:

- 2 pieces of ID, one being government issued photo ID
- Proof of income (pay stub, copy of welfare payment, etc)
- Most recent 3 months bank statement
- Copy of lease agreement
- Notice of eviction (if applicable)
- Notice of utility disconnection (if applicable)

Please submit completed application form along with supporting documents to:

**Fraser Valley Rent Assistance Project- Mennonite Central Committee BC
#201- 33933 Gladys Avenue, Abbotsford, BC V2S 2E8**

By scanning or photographing documents and sending to Email: bcfvrap@mccbc.ca

Or By Fax: 604-850-8734