Rental Application

Connective Support Society

Please complete all sections in full. Incomplete applications may delay processing.

UNIT SELECTION

Property / Building Applied For

Date of Application

Unit Number Applied For (if applicable)

First Choice Building

Second Choice Building

# of Bedrooms Required

Preferred Move-in Date

Accessibility Requirements (e.g. ground floor, wheelchair accessible, elevator building)

HOUSEHOLD TYPE

Household Type: ○ Single Adult ○ Couple ○ Senior(s) ○ Family with Children/Youth ○ Other

If Other, please specify

HOUSEHOLD MEMBERS

List every person who will occupy the unit, starting with the primary applicant as Household Member 1. Leave a field blank if it does not apply (e.g. income fields for a minor).

HOUSEHOLD MEMBER 1 (Primary Applicant)

First Name

Last Name

Date of Birth

Phone Number

Email Address

Occupation

Employer / Company Name

Employer Phone Number

Current Monthly Income ($)

Income Source Type

Leaseholder or Occupant: ○ Leaseholder ○ Occupant

Gender Identity: ○ Man ○ Woman ○ Non-Binary ○ Two-Spirit ○ Other ○ Prefer not to say

Indigenous Status: ○ Yes ○ No ○ Prefer not to say

Disability Status: ○ Yes ○ No ○ Prefer not to say

HOUSEHOLD MEMBER 2

First Name _____ Last Name _____

Date of Birth _____ Phone Number _____

Email Address _____

Occupation _____

Employer / Company Name _____ Employer Phone Number _____

Current Monthly Income ($) _____ Income Source Type _____

Leaseholder or Occupant: ○ Leaseholder ○ Occupant

Gender Identity: ○ Man ○ Woman ○ Non-Binary ○ Two-Spirit ○ Other ○ Prefer not to say

Indigenous Status: ○ Yes ○ No ○ Prefer not to say

Disability Status: ○ Yes ○ No ○ Prefer not to say

HOUSEHOLD MEMBER 3

First Name _____ Last Name _____

Date of Birth _____ Phone Number _____

Email Address _____

Occupation _____

Employer / Company Name _____ Employer Phone Number _____

Current Monthly Income ($) _____ Income Source Type _____

Leaseholder or Occupant: ○ Leaseholder ○ Occupant

Gender Identity: ○ Man ○ Woman ○ Non-Binary ○ Two-Spirit ○ Other ○ Prefer not to say

Indigenous Status: ○ Yes ○ No ○ Prefer not to say

Disability Status: ○ Yes ○ No ○ Prefer not to say

HOUSEHOLD MEMBER 4

First Name _____ Last Name _____

Date of Birth _____ Phone Number _____

Email Address _____

Occupation _____

Employer / Company Name _____ Employer Phone Number _____

Current Monthly Income ($) _____ Income Source Type _____

Leaseholder or Occupant: ○ Leaseholder ○ Occupant

Gender Identity: ○ Man ○ Woman ○ Non-Binary ○ Two-Spirit ○ Other ○ Prefer not to say

Indigenous Status: ○ Yes ○ No ○ Prefer not to say

Disability Status: ○ Yes ○ No ○ Prefer not to say

APPLICANT CONTACT & MOVE DETAILS

Current Address _____

Reason for Leaving _____

VEHICLE, PARKING & STORAGE INFORMATION

Parking Required: ○ Yes ○ No

Storage Locker Required: ○ Yes ○ No

Make / Model _____ Colour _____

License Plate _____

PET INFORMATION

Pet(s), Species & Breed _____

Pet Vaccinations Up To Date: ○ Yes ○ No ○ N/A

REFERENCES

Please provide two references who are not related to you.

LANDLORD REFERENCE 1

Name of Landlord

Phone

Landlord Email

LANDLORD REFERENCE 2

Name of Landlord

Phone

Landlord Email

EMERGENCY CONTACT

CONTACT 1

Name

Phone

Relationship

CONTACT 2

Name

Phone

Relationship

CONSENT & DECLARATION

Connective Support Society collects the personal information on this form under the authority of the Freedom of Information and Protection of Privacy Act (BC) for the purpose of assessing rental eligibility and administering tenancy. Information is used and disclosed only as necessary for this purpose. Questions about this collection may be directed to your local Connective office.

I certify that the information provided in this application is true and complete. I authorize Connective Support Society to verify this information, including contacting the references, employer, and current or past landlords listed above, and to conduct a credit check and/or criminal record check where required for this tenancy. I understand that submission of this application does not guarantee an offer of tenancy.

I consent to receive tenancy notices and documents by email, and confirm the email address provided above be used as my address for service under the Residential Tenancy Act:

Consent to E-Service: ○ Yes ○ No

SIGNATURE

Applicant Signature

Date

Print Name

OFFICE USE ONLY

Property Code

Date Received

Received By

Waitlist #