



RENT BANK LOAN APPLICATION FORM

ABORIGINAL BUSINESS DEVELOPMENT CENTRE

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This is an interactive PDF and can be filled out on a desktop computer
or be printed for your convenience.



Rent Bank Loan is available to assist households maintain their housing when faced with the possibility of eviction because of arrears or essential utilities will be discontinued. Applicants may only receive a loan once every two years.

APPLICATIONS ARE APPROVED IF: we have available funds for the loan and; the applicant/co-applicant's can demonstrate ability to repay the loan as agreed. If approved, financial support is paid directly to the utility company/landlord. This program cannot exceed two months of arrears. ABDC will visit the housing unit prior to approval of loan.

MAXIMUM LOAN AMOUNTS ARE AS FOLLOWS:

- Singles: \$750.00
- Couples without dependents: \$1000.00
- Families with dependents: \$1500.00
- Utilities: \$400.00

ELIGIBILITY CRITERIA:

Applicants must demonstrate that they are able to repay the rent bank loan in full and on time as agreed. With the application please enclose: verification of all income sources, a recent rent receipt, a copy of your most recent income tax assessment and your bank statements covering the previous three months. We cannot process your claim without verification.

Eligible applicant:

- Employed or has a stable income
- Is 18 years of age or older
- Is able to attend the identified Financial Literacy Information workshops
- Must demonstrate that they are able to sustain their housing and repay the loan
- Must reside within the City limits of Prince George, BC., and applicants must be residing as legal tenants in units that are safe and not hazardous to their health
- Must provide copies of income verification, last rent &/or utility receipt.
- Low-income Threshold as defined by Student Loans, Grants and Scholarships.

Family size	Household Income After Tax
1	16, 366
2	19, 920
3	24,920
4	30, 945
5	35,238
6	39,080
7+	42,921



RENT BANK LOAN APPLICATION FORM

DATE: _____

Applicant Name: _____ Name of Co-Applicant: _____

Address: _____

Phone: (H) _____ (W) _____ Other contact # _____

Email address: _____

THE APPLICATION IS FOR:

Damage Deposit \$ _____ First Month Rent: \$ _____ Rent Arrears \$ _____

Utility Connection Fees \$ _____ Past Due Utilities \$ _____ Total need \$ _____

How much can the applicant pay? \$ _____/Month / Week

IDENTIFICATION:

The applicant must provide two pieces of ID.

Sex: Male Female Date of Birth (MM/DD/YY): _____

Photo ID# :(specify type) _____ Other ID # (specify type): _____

SIN: _____ (required by Rent Bank)

Co-applicant: Not Applicable

Last Name: _____ First Name: _____

Current Address: _____

Phone: _____ Cell: _____



Email address: _____

Sex: Male Female Date of Birth (MM/DD/YY): _____

Photo ID# (specify type) _____ Other ID # (specify type): _____

SIN: _____ (required by Rent Bank)

HOUSEHOLD COMPOSITION:

Name:	Relationship to Client:	D of B (D/M/Y)	Sex (M/F)

EMPLOYMENT INFORMATION

Applicant's Current Employment Information:

Current Employer: _____

Start Date: _____ Manager/Contact Name: _____

Phone: _____ Hours worked per Week: _____ Wage Per Hour: _____

If the applicant has worked at current job for LESS THAN ONE YEAR, please complete the information on past employment below. Only include the place worked the longest.

Previous Employer: _____

Manager/Contact Name _____ Phone _____

Hours Worked Per Week _____ Wage Per Hour _____

Start and End Date _____



Co-applicant's Current Employment Information: Not Applicable

Current Employer: _____

Start Date _____ Manager/Contact Name: _____

Phone _____ Hours worked per week _____

Wage Per Hour _____ Monthly Income (net) _____

If the co-applicant has worked at current job for LESS THAN ONE YEAR, please complete the information on past employment below. Only include the place worked the longest.

Previous Employer _____

Manager/Contact Name _____ Phone _____

Hours Worked Per Week _____ Wage Per Hour _____

Start and End Date _____

HOUSING INFORMATION

Date of move in: _____

Lease Yes No

Utilities included Yes No, cost per month: \$ _____

Parking included Yes No, cost per month: \$ _____

Type of Housing rent-geared-to-income housing market-rent housing shared

of Bedrooms: _____ Housing in Good Repair? Yes No

If 'No' why? _____

Are you planning to move? _____



PREVIOUS ADDRESSES

Address _____

Address _____

Date moved in _____

Date moved in _____

Date moved out: _____

Date moved out _____

Landlord _____

Landlord _____

Phone #: _____

Phone # _____

Moving reason _____

Moving reason _____

INCOME AND EXPENSES

Verification of income and expenses must be provided.

MONTHLY INCOME:	MONTHLY EXPENDITURE:
Employment (net):	Rent \$
applicant \$	Utilities \$
co-applicant \$	Phone \$
Child Tax Benefit \$	Cable \$
Support Payments \$	Groceries
BC Govt IA Benefits \$	Food \$
PWD Benefits \$	Household items \$
Other Govt/Employer Benefits \$	Transportation:
Employment Insurance \$	Car lease/loan \$
Other household member's income: \$	Gas \$
Bank Savings Interest \$	Car insurance \$
Other (monthly):	Bus/taxi \$
Total Monthly Income: \$	Child Care \$
	Credit Card/s \$
	Loans \$
	Others \$
	Total Monthly Expenses: \$



Are there any monies/ incomes that you will be receiving in the near future that can be used to repay loan?

PLEASE NOTE: If you are currently receiving income assistance you may not be eligible, unless you can verify you can re-pay the loan in a timely manner. You must agree to a 'supplier payment for clients' meaning the Ministry deducts the agreed upon payment from your monthly Income Assistance. In the future should you not qualify for Income Assistance it will be your responsibility

REFERENCES

NAME _____ PHONE _____ FAX _____

COMPLETE ADDRESS _____

Relationship to applicant : _____

NAME _____ PHONE _____ FAX _____

COMPLETE ADDRESS _____

Relationship to applicant: _____

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

(Must be completed by ALL applicants)

I, _____ and _____
Name of Applicant (please print) Name of Co-applicant (please print)

understand and consent to PGABDC/ABDC obtaining information in regards to this application from my landlord(s), my employer or any agency I have listed as an income source. I also understand that the PGABDC/ABDC may consult with other Community Support Agencies in order to determine and provide referrals to those agencies if PGABDC/ABDC feels the service would assist the application.



I understand that the purpose of the requested information is to determine financial housing assistance and application history, to enable PGABDC/ABDC to process the funding application and/or to administer the monies once approved.

I understand that this consent for release of confidential information will expire when:

- The loan is repaid in full.
- I cancel the request myself.
- After 12 months.

I have read and understand and consent to the above:

_____	_____	_____
Signature Applicant	Print Name	Date signed
_____	_____	_____
Signature Co-Applicant	Print Name	Date signed
_____	_____	_____
Signature Witness	Print Name	Date signed

Consent for Release of Information for Utilities

Must be completed by applicant when applying for UTILITY ASSISTANCE ONLY (one form per company)

Applicant Information

Last Name _____ First Name _____

Complete Address: _____

Consent to release information:

I, _____ authorize Prince George Aboriginal Business & Community Development Centre to obtain information pertaining to my utility account from:

Account # _____ Company _____

I understand this information will be used to determine my eligibility for a utility loan.

Signature of Applicant Date (YYYY/MM/DD)

Signature of Witness Name of Witness



Utility Company (Office Use Only – DO NOT COMPLETE)

Payment required to restore/ensure service

\$ _____ \$ _____ \$ _____ \$ _____
Unpaid Charges Security Deposit Reconnect Fee Total

Was the customer sent an urgent notice or a disconnection notice? Yes No

Is service disconnected now? Yes No

Date of possible disconnect: _____ (mm/dd/yy) _____

Date of last utility payment: _____ (mm/dd/yy) Amount \$: _____

Customer's Account # _____

Completed by (please print) Phone Date

THIS AREA TO BE COMPLETED BY LANDLORD/PROPERTY MANAGER

Name of Landlord: _____

Mailing Address: _____ Postal Code _____

Phone: _____ Contact name: _____

Has the applicant had any eviction notices in the last 2 years? Yes No

ARREARS INFORMATION:

Total Owed: \$ _____

Has the applicant spoken to the landlord about arrears? Yes No

Has the applicant attempted to negotiate a repayment plan? Yes No

Reason that there is no agreement to repay arrears directly through landlord?
