



RENTAL PREVENTION AND DIVERSION APPLICATION FORM

Application Checklist:

In person interview

Verification of all income sources

Tenancy Agreement

Bank statements covering the previous three months for all of your accounts

Your completed budget worksheet (page 6)

Landlord / Utilities form completed (pages 9 & 10)

Copy of picture ID

Incomplete applications will result in delay or denial of your request.

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.



Rental Prevention and Diversion Program 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 are only eligible to re-apply once their previous program is completed.

APPLICATIONS ARE APPROVED IF: we have available funds for the program and; the applicant/ co-applicant's can demonstrate ability to complete the program. If approved, financial support is paid directly to the utility company/landlord. This program cannot exceed two months of arrears.

ASSISTANCE IS SUBJECT TO NEED AND PROGRAM AVAILABILITY.

ELIGIBILITY CRITERIA:

Applicants must demonstrate that they are able to complete the program as agreed. With the application please enclose: verification of all income sources, a tenancy agreement, 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 complete the program
- 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	18,656
2	22,706
3	28,274
4	35,274
5	40,167
6	44,546
7+	48,925



RENTAL PREVENTION AND DIVERSION APPLICATION FORM

Please note: anyone 18 or older residing in the home must be included in the application and must provide ID and bank statements.

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 \$ _____

Past Due Utilities \$ _____ Total need \$ _____

How much can the applicant pay back? \$ _____/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: _____ (program requirement)

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 program)

HOUSEHOLD COMPOSITION:

Name:	Relationship to Client:	Birthday (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 assist in this application?

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 program is complete.
- 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 the program application.

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?

_____ Has the applicant received a notice of eviction? Yes No

verbal just assumed because rent not paid

notice of termination other: _____

notice of application to appear at a tribunal _____

REASON(S) FOR ARREARS:

RELATIONSHIP WITH LANDLORD:

Rent Payment History: On time & in full Sometimes late In installments

Please Explain: _____



Will the tenant be sustained in their current unit and no more action will be taken towards eviction?

Landlord Signature

Date