



# 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	18,656
2	22,706
3	28,274
4	35,274
5	40,167
6	44,546
7+	48,925



## 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:
<b>Employment (net):</b>	Rent \$
applicant \$	Utilities \$
co-applicant \$	Phone \$
Child Tax Benefit \$	Cable \$
Support Payments \$	<b>Groceries</b>
BC Govt IA Benefits \$	Food \$
PWD Benefits \$	Household items \$
Other Govt/Employer Benefits \$	<b>Transportation:</b>
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?

\_\_\_\_\_

**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







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

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Landlord Signature

Date

**Application Checklist:**

Verification of all income sources

A recent rent receipt

A copy of your most recent income tax assessment

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

Your completed budget worksheet

Landlord / Utilities form completed.

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