SECWÉPEMC CHILD & FAMILY SERVICES

"Strengthening our Families and Communities"

SCFSA TRANSITIONAL HOUSING PROGRAM
TENANT APPLICATION TO RENT

SECTION 1 — APPLICANT INFORMATION
Legal First Name: _____
Legal Last Name: _____
Preferred Name (if any): _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Current Address:

How long have you lived at this address? _____
Reason for leaving:
☐ Rent too high
☐ Unsafe housing
☐ Overcrowding
☐ Conflict
☐ Eviction
☐ Homeless / no fixed address
☐ Fleeing violence
☐ Other: _____

SECTION 2 — HOUSEHOLD INFORMATION
Please list *all* people who will live in the unit.

Full Name	Date of Birth	Relationship to Applicant	Will they live full-time or part-time?

Total number of people in household: _____
Do you have children in your care?
☐ Yes
☐ No
If yes, list ages: _____
Do you expect a baby or custody change within the next 12 months?
☐ Yes
☐ No
If yes, explain: _____

SECTION 3 — CONNECTION TO SCFSA

Are you or your family currently working with SCFSA?

☐ Yes

☐ No

☐ Unsure

If yes, name(s) of SCFSA worker(s): _____

Is this housing application connected to reunification or family stability planning?

☐ Yes

☐ No

If yes, briefly explain: _____

Are you a member of a Secwépemc community?

☐ Yes

☐ No

If yes:

Community/Band: _____

If no, please describe your connection to SCFSA or the region:

SECTION 4 — REASON FOR NEEDING HOUSING IN KAMLOOPS

Check all that apply:

☐ To access medical care

☐ To attend school

☐ To attend training

☐ To maintain employment

☐ To stay close to children

☐ To access cultural/community supports

☐ Currently homeless

☐ Unsafe living situation

☐ Fleeing domestic or family violence

☐ Financial hardship

☐ Overcrowded housing

☐ Discrimination in rental market

☐ Eviction or housing loss

☐ Other (please explain): _____

Provide a short explanation of your housing situation:

_____

_____

_____

_____

SECTION 5 — INCOME & FINANCIAL INFORMATION

This helps confirm eligibility for below-market rent.

Primary Income Source:

☐ Income Assistance
☐ Disability Assistance
☐ Employment
☐ Pension
☐ EI
☐ Other: _____

Monthly household income (before deductions): $_____

Attach proof of income:

☐ Pay stubs
☐ Bank statements
☐ Benefits letter
☐ Other: _____

Are you able to pay rent in full each month?

☐ Yes
☐ No

If no, explain: _____

Do you have outstanding debts that affect housing stability?

☐ Yes
☐ No

If yes, explain: _____

SECTION 6 — HOUSING HISTORY

Have you rented a home before?

☐ Yes
☐ No

Have you been evicted in the past 24 months?

☐ Yes
☐ No

If yes, reason:

☐ Non-payment
☐ Behaviour / disturbance
☐ Safety concerns
☐ Overcrowding
☐ Landlord use
☐ Renovation
☐ Fleeing violence
☐ Other: _____

Explain circumstances:

Previous Landlord Name: _____
Landlord Phone Number: _____
May we contact this landlord?
☐ Yes
☐ No

SECTION 7 — SAFETY & SUPPORT NEEDS
This section is confidential and helps us understand how to support your stability.
Are you currently experiencing domestic or family violence?
☐ Yes
☐ No
☐ Prefer not to say
Do you have any medical or disability needs related to housing?
☐ Yes
☐ No
If yes, explain: _____
Do you require a certified service animal?
☐ Yes
☐ No
Do you need help accessing:
☐ Income supports
☐ Childcare
☐ Mental health services
☐ Cultural supports
☐ Addictions supports
☐ Housing search
☐ Identification
☐ Transportation
☐ Budgeting
☐ Employment supports

SECTION 8 — VEHICLES & PARKING
Do you own a vehicle?
☐ Yes
☐ No
If yes:
Make/Model: _____
License Plate: _____

Do you require garage access? (Unit 1 only)

☐ Yes

☐ No

Will you need assistance with moving?

☐ Yes

☐ No

☐ Unsure

Preferred move-in date: _____

SECTION 10 — READINESS & COMMITMENT

This is transitional housing. The tenancy:

✓ Is for one year only

✓ Does not renew

✓ Requires participation in an Exit Plan Program

✓ Includes monthly inspections

Do you agree to the one-year fixed-term tenancy?

☐ Yes

☐ No

Do you agree to participate in the 12-Month Exit Plan Program?

☐ Yes

☐ No

Do you agree to follow the House Rules and Good Neighbour Agreement?

☐ Yes

☐ No

SECTION 11 — Please provide your Band Rep as a reference or provide your own rental references

BAND REP

Name:

Phone Number:

REFERENCES

Reference #1

Name: _____

Phone: _____

Relationship: _____

Reference #2

Name: _____

Phone: _____
Relationship: _____

SECTION 12 — CONSENT TO VERIFY INFORMATION

I understand that SCFSA may:

- Verify income
- Verify tenancy history
- Confirm information with SCFSA staff involved in my case
- Contact landlords if consent is provided
- Verify identity and household composition

SCFSA will keep my information confidential and use it only for determining eligibility for transitional housing.

Applicant Signature: _____
Date: _____

SECTION 13 — STAFF USE ONLY (Internal)

Application received on: _____
Reviewed by Housing Specialist: _____
Scoring Matrix Total: _____ / 100

☐ Eligible
☐ Not Eligible

Notes:
