



Rental Application Form

Please submit with application:
 Social Insurance Number
 Photo ID
 Pay Stub for all household members over 18 years

Primary Applicant		Maiden/Previous Name	D.O.B.	Current Home Address
Last Name:			mm/dd/yy	
First Name:		House Name		
Middle Name:		Street		
Home Phone:		Parish Code		
Work Phone:		Place of Employment		
Cell:		Employer Address		
Email:		Employer contact		

Bermudian PRC Non-Bermudia 1st Applicant Net Income Weekly Monthly: \$ _____
 Social Insurance No.: _____ 2nd Applicant Net Income Weekly Monthly: \$ _____
 Type of unit requested: Rentals, i.e. apartment Transitional, i.e. room temporary No. of bedrooms needed: _____

Prospective Occupants						
Last Name	First Name	D.O.B. mm/dd/yy	Gender	Relationship to Applicant	Place of Employment or School	Contact Number

Application Reasons, check all that apply :

<input type="checkbox"/> A. Homeless	<input type="checkbox"/> J. Space too small
<input type="checkbox"/> B. Housing needed within a week	<input type="checkbox"/> K. Disability
<input type="checkbox"/> C. Domestic Issues	<input type="checkbox"/> L. Current Tenant
<input type="checkbox"/> D. Referral by Agency	<input type="checkbox"/> M. Cost - cannot afford rent
<input type="checkbox"/> E. Possession granted - court order	<input type="checkbox"/> N. Space too large
<input type="checkbox"/> F. Disaster	<input type="checkbox"/> O. Quality - looking for better neighborhood
<input type="checkbox"/> G. Household with small children	<input type="checkbox"/> P. Quality - current abode needs repair
<input type="checkbox"/> H. Written or Verbal Notice	<input type="checkbox"/> Q. Other: _____
<input type="checkbox"/> I. Health & Safety	<input type="checkbox"/> R. Evicted from family home/a family member's home

Have you ever rented from BHC? Yes No Name of Social Service family is _____
 Do you own or have property assets? Yes No affiliated with i.e. Family Services: _____
 Do you require Financial Assistance? Yes No Caseworker Name: _____

Emergency Contact Person: _____ Contact # _____

References			
Name	Contact Number	Relationship	Place of Employment

I hereby acknowledge that the information which I have provided to BHC as set out will be relied upon by the Corporation to assess my eligibility for a lease of premises, and I hereby represent and warrant that such information is accurate and complete. I hereby give my consent and authorization to the Corporation to make such enquiries as it deems necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of such information to confirm the same on the request of the Corporation.

Signature: _____ Date: _____

For Office Use Only	
Appointment Date: _____	With Whom: _____