



# Current Tenant Relocation Application

**Primary Applicant**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

Maiden/Previous Name	D.O.B.
	mm/dd/yy

Cell: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Net Income:  Weekly  Monthly \$ \_\_\_\_\_

Employer contact Number

**Current Home Address**

House Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 Parish Code \_\_\_\_\_

Rent: \$ \_\_\_\_\_  
 No. of occupants: \_\_\_\_\_ No. of bedrooms: \_\_\_\_\_  
 How long have you been renting the unit? \_\_\_\_\_

**Prospective Home**

No. of bedrooms: \_\_\_\_\_  
 Type of unit requested:  Rentals, i.e. apartment  Transitional, i.e. room temporary

**Relocation Reasons, check all that apply**

- A. Space too small
- B. Health & Safety Concerns
- C. Disability
- D. Referral by Agency
- E. Space too large
- F. Quality - looking for better neighborhood
- G. Quality - current abode needs repair
- H. Cost - seeking cheaper rent
- I. Other: \_\_\_\_\_

**Other Incomes**

Name	Type (e.g.. Pension or Child Support)	Weekly or Monthly	Amount

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: \_\_\_\_\_