



Housing Application Form

Please submit with application:

- Social Insurance Number
- Photo ID
- Pay Stub for all household members over 18 years

Primary Applicant		D.O.B.	Maiden/Previous Name
First Name:			
Middle Name:		Current Home Address	
Last Name:		Home Address	
Home Phone:		Place of Employment	
Work Phone:		Employer Address	
Cell:		Employer contact	
Email:			

Bermudian PRC Non-Bermudian 1st Applicant Net Income Weekly Monthly: \$ _____

Social Insurance No.: _____ 2nd Applicant Net Income Weekly Monthly: \$ _____

Type of unit requested: Rentals, i.e. apartment Leased Transitional, i.e. room temporary Licenced 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 :

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> A. Homeless <input type="checkbox"/> B. Housing needed within a week <input type="checkbox"/> C. Domestic Issues <input type="checkbox"/> D. Referral by Agency <input type="checkbox"/> E. Possession granted - court order <input type="checkbox"/> F. Disaster <input type="checkbox"/> G. Household with small children <input type="checkbox"/> H. Written or Verbal Notice <input type="checkbox"/> I. Health & Safety | <ul style="list-style-type: none"> <input type="checkbox"/> J. Space too small <input type="checkbox"/> K. Disability <input type="checkbox"/> L. Current Tenant <input type="checkbox"/> M. Cost - cannot afford rent <input type="checkbox"/> N. Space too large <input type="checkbox"/> O. Quality - looking for better neighborhood <input type="checkbox"/> P. Quality - current abode needs repair <input type="checkbox"/> Q. Other: _____ <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 affiliated with i.e. Family Services: _____

Do you own or have property assets? Yes No Caseworker Name: _____

Do you require Financial Assistance? Yes No

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: _____