



**T'kemplúps te Secwépemc  
Housing Department Housing Application**

The information you will be providing on this application is in alignment with TteS On-Reserve Housing Policy. The purpose of gathering your information is to ensure the Housing Department selects applicants based on selection criteria and in accordance with the community housing goals, as stated within the Community Comprehensive Plan and TteS policies. Complete and up-to-date Housing Applications will be scored to assess household size, present living conditions, references, and financial circumstances including an affordability analysis.

Housing Applications must be updated and completed on an annual basis. It is the sole responsibility of the applicant to ensure that the Housing Department has accurate and up to date information.

Listed below are eligibility requirements, and a checklist of supporting documents needed to be completed with your application. If you do not meet requirements, or fail to provide any necessary supporting documentation, your application will not be considered for selection.

**Only complete and up to date applications will be considered for TteS Administered Homes.**

**Eligibility Requirements:**

- Must be a TteS member, minimum 19 years old.
- Must be in good financial standing with all TteS Entities.
- Must provide proof that household income is sufficient to manage household and associated costs (rent, utilities, insurance, groceries, entertainment, etc.)
- Must not have been evicted from any TteS administered home within the last five (5) years immediately proceeding the date of his/her/their housing application.
- Must not have declared bankruptcy in the past seven (7) years immediately proceeding his/her/their housing application.

**Supporting Documents:**

- Copy of Status Cards for all TteS members in household
- Personal Reference Letter/Cover letters (Explain your current living situation, why you're applying)

| <b>Employed (provide any 2 of supporting documents)</b>  | <b>Self-Employed (Provide ALL the following documents)</b> |
|--|--|
| Last 2 paystubs  | Most recent 2 years Notice of Assessment                   |
| Most recent bank statements showing last 4 consecutive direct deposits   | Most recent 2 years T1 general                             |
| Notice of Assessment last 2 years (if applicable)  | Financial Statement  |
| Written confirmation of employment from employer stating gross annual salary or guaranteed hours and hourly wage the letter must state not currently on probation and be signed by authorized employer on company letterhead |  |

**Instructions to fill out form and submit:**

Please complete this form by typing with the PDF filler or print clearly using black or blue ink.

To submit this form and the supporting documents please scan and email to [krystal.roy@ttes.ca](mailto:krystal.roy@ttes.ca)

or mail or drop off to:

Attention: Krystal Roy (Tenant Relations Officer), #106-345 Chief Alex Thomas Way, Kamloops, BC V2H 1H1

Cell phone pictures of the application or document will not be accepted. Original documents or scanned original documents only.

If at anytime you need assistance in filling out the application form, or have any questions please call Krystal Roy at (250) 214-4973 or email [krystal.roy@ttes.ca](mailto:krystal.roy@ttes.ca)



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**Check all that apply:**

**Rent-to-Own Home**

**Rentals:**  4 Bedroom Townhouse  3 Bedroom Townhouse

2 Bedroom unit  1 Bedroom unit  Elder unit

**Primary Applicant/Occupant Information**

|  |   |
|--|---|
| Surname:   | First and Middle Name(s):                           |
| T'kemlúps te Secwépemc Membership Number:  | Date of Birth (DD/MM/YYYY):                         |
| Marital Status:  | Social Insurance Number *(needed for credit check): |
| Email Address:   | Primary Phone Number:                               |
| Present Address:   | City, Province, Postal Code:                        |
| Rent: <input type="checkbox"/> Living with Family: <input type="checkbox"/><br>Own: <input type="checkbox"/> | How Long?   |
| Reason for Leaving:  | Current Rent Amount:                                |
| Previous Address:  | Previous City, Province, Postal Code:               |
| Rent: <input type="checkbox"/> Living with Family: <input type="checkbox"/><br>Own: <input type="checkbox"/> | How Long?   |
| Reason for Leaving:  | Previous Rent Amount:                               |
| Current Employer:  | Current Position:                                   |
| Supervisor's Name:   | Supervisor's Phone Number:                          |
| Monthly Income:  | Length of Employment:                               |
| Previous Employer:   | Previous Position:                                  |
| Previous Supervisor's Name:  | Previous Supervisor's Phone Number:                 |
| Previous Monthly Income:   | Previous Length of Employment:                      |
| Vehicle Make:  | Vehicle Model and Color:                            |

Please give the name of a business or personal reference:

|       |          |               |
|-------|----------|---------------|
| Name: | Address: | Phone Number: |
|-------|----------|---------------|

Please give the name of next of kin, doctor, or other person for emergency contact purposes:

|       |               |          |               |
|-------|---------------|----------|---------------|
| Name: | Relationship: | Address: | Phone Number: |
| Name: | Relationship: | Address: | Phone Number: |



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**A. Spouse/Co-Applicant Information** (Complete only where different from Primary Occupant)

|  |                                       |
|--|---------------------------------------|
| Surname:   | First and Middle Name(s):             |
| Band Affiliation:  | Date of Birth (DD/MM/YYYY):           |
| Marital Status:  | Social Insurance Number *(optional):  |
| Email Address:   | Primary Phone Number:                 |
| Present Address:   | City, Province, Postal Code:          |
| Rent: <input type="checkbox"/> Living with Family: <input type="checkbox"/><br>Own: <input type="checkbox"/> | How Long?                             |
| Reason for Leaving:  | Current Rent Amount:                  |
| Previous Address:  | Previous City, Province, Postal Code: |
| Rent: <input type="checkbox"/> Living with Family: <input type="checkbox"/><br>Own: <input type="checkbox"/> | How Long?                             |
| Reason for Leaving:  | Previous Rent Amount:                 |
| Current Employer:  | Current Position:                     |
| Supervisor's Name:   | Supervisor's Phone Number:            |
| Monthly Income:  | Length of Employment                  |
| Previous Employer:   | Previous Position:                    |
| Previous Supervisor's Name:  | Previous Supervisor's Phone Number:   |
| Previous Monthly Income:   | Previous Length of Employment:        |
| Vehicle Make:  | Vehicle Model and Color:              |

Please give the name of a business or personal reference:

|       |          |               |
|-------|----------|---------------|
| Name: | Address: | Phone Number: |
|-------|----------|---------------|

Please give the name of next of kin, doctor, or other person for emergency contact purposes:

|       |               |          |               |
|-------|---------------|----------|---------------|
| Name: | Relationship: | Address: | Phone Number: |
| Name: | Relationship: | Address: | Phone Number: |

**B. Other Adult Occupants-** Other adult persons (age 19 or older) to occupy unit

|                                   |                   |
|-----------------------------------|-------------------|
| Full Name:                        | DOB (DD/MM/YYYY): |
| Relationship to Primary Occupant: | Band Affiliation: |
| Full Name:                        | DOB (DD/MM/YYYY): |
| Relationship to Primary Occupant: | Band Affiliation: |



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**C. Minor Occupants-** Please attach copies of each minor child status card

| Last Name: | First & Middle Name(s): | Gender: | DOB (DD/MM/YYYY): | Band Affiliation: | Relationship to Applicant: |
|------------|-------------------------|---------|-------------------|-------------------|----------------------------|
|            |                         |         |                   |                   |                            |
|            |                         |         |                   |                   |                            |
|            |                         |         |                   |                   |                            |
|            |                         |         |                   |                   |                            |
|            |                         |         |                   |                   |                            |
|            |                         |         |                   |                   |                            |

**D. Additional Household Information**

Does your current living situation pose serious risk to mental and/or physical health? Yes  No   
 If yes, please explain (overcrowding, mold, etc.) \_\_\_\_\_  
 Do all adult and minor occupants live with you full-time? Yes  No   
 If no, please explain: \_\_\_\_\_  
 Do you have experience in successfully managing a household and all associated costs? Yes  No

**Applicant's Statements** (Please check the box if the statement applies)

I/We do not have arrears currently with the TteS   
 I/We have had arrears with TteS in the past 5 years   
 I/We have not declared bankruptcy in the past 7 years   
 I/We do not own any pets   
 I/We own a pet or pet(s)  If owned, describe pet(s) \_\_\_\_\_  
 I/We are non-smokers  I/We are smokers

**CONSENT-** The applicant/co applicant consents to the Housing Department obtaining credit, personal and employment information on the applicant/co applicant from one or more consumer reporting agencies and from other sources of such information. The applicant/co applicant authorizes the reporting agencies and any other person(s), including personnel from any government ministry or agency, to disclose relevant information about the applicant/co applicant to the Housing Department. If this application is accepted, the applicant/co applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy, and complying with legal requirements.

**Applicant/Co Applicant's Signatures**

\_\_\_\_\_

**Applicant's Signature**                      **Date Signed**                      **Co-Applicant's Signature**                      **Date Signed**

**NOTES TO APPLICANTS(S)**

1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
2. The information you provided on all pages continues as part of your application for tenancy. Your signature on the final page confirms all information on both pages is true and correct.