

**TESLIN TLINGIT COUNCIL  
RENTAL APPLICATION FORM**

***PERSONAL INFORMATION***

Surname:	Given Name:	Initial:
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Clan:	Date of Birth: (m-d-yr)
TTC Enrollment ID#	

<b>Marital Status:</b> single, living with parents ___ single ___ single parent ___ (Please attach proof of custody) commonlaw ___ married with employed spouse ___ married with dependent spouse ___
Are you an Elder _____
Are you Disabled? If so, please explain your disability, _____
_____

Home address:	
Mailing address:	
Home phone #	Message #

Location of present accommodation:
Length of time there:
Number of occupants:
Number of bedrooms:
Description of present accommodation:
If you are in an overcrowded situation, please explain, _____
_____

Please complete for emergency application only.

Emergency situations:

Are you homeless? If so, how long have you been homeless and what are your current accommodations? \_\_\_\_\_

\_\_\_\_\_

Are you involved in a family dispute, if so please explain, \_\_\_\_\_

\_\_\_\_\_

Persons living with you:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>

<b>Employer:</b>	<b>Position title:</b>
<b>Salary:</b>	<b>Length of employment:</b>
<b>Total household income:</b>	
Please attach verification of income. Did you Attach YES ___ NO ___	

<b>Do you owe TTC any money? Yes___ No___ If yes, explain:</b>
Do you have a repayment agreement? ___ If not, your application will not be considered.
<b>Have you rented a unit from TTC previously? Yes___ No___ If yes, what were the dates: reason for vacating:</b>

<b>Date rental unit is required:</b>
<b>Expected length of occupancy:</b>

<b>By my signature below, I authorize TTC to check references with the two previous landlords listed below:</b>	
Phone # _____	Phone # _____

Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Failure to completely and accurately fill out this form will delay review of this application)

**The applicant is advised that they must notify the Capital Department each month of their continued interest to remain on the waiting list.**