



**TESLIN TLINGIT COUNCIL
RENTAL APPLICATION**

					Date Application Received
1. Applicant					
Surname		Given Name(s)		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street No.		Street Name		Status No. (10 digits)	Are you a <input type="checkbox"/> Citizen of TTC <input type="checkbox"/> TTC Employee
Town		Postal Code	Home Phone	Present Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law	
				Clan if Applicable	

2. Co-Applicant					
Surname		Given Name(s)		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
St. No.		St. Name		Status No.	Are you a <input type="checkbox"/> Citizen of TTC <input type="checkbox"/> TTC employee
Town		Postal Code	Home Phone	Present Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law	
				Clan if Applicable	
Relationship to Applicant					

3. Present Employment of Applicant					
Present Employer's Name				Phone No.	
Address Where Employed					
Occupation	Name of Department		Phone No.	Extension	Are you allowed to take Personal calls <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Employment with Present employer ____year(s) ____month(s)	Do you work <input type="checkbox"/> Full time <input type="checkbox"/> Part time		State days of the week worked		



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4. Present Employment of Co-Applicant

Present Employer's Name				Phone No.	
Address Where Employed					
Occupation	Name of Department	Phone No.	Extension	Are you allowed to take Personal calls <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Employment with Present employer ____year(s) ____month(s)	Do you work <input type="checkbox"/> Full time <input type="checkbox"/> Part time		State days of the week worked		

5. Dependents

Name Surname	Given names	DOB	SEX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Current Living Conditions

Are you currently living in (check one) <input type="checkbox"/> Relatives' Home <input type="checkbox"/> Private Rental <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____	
How long have lived in current condition?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there more than once occupant per bedroom If yes, please explain	<input type="checkbox"/> yes <input type="checkbox"/> no



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Please state two consecutive previous rental units & dates

1. _____

2. _____

Have you rented from TTC previously? yes no

If yes, Please explain reason for vacating and dates of rental _____

Do you owe TTC any money? yes no

If yes are you in repayment plan and honoring? yes no

If No please explain: _____

7. Signatures

Applicant

Witness

Date

Co-Applicant

Witness

Date

For TTC Office use:

Has application met eligibility criteria? _____ [yes or no]

Has application met internal credit check criteria? _____ [yes or no]

Has application attached affordability analysis? _____ [yes or no]