

Chimo Richmond Rent Bank

CLIENT INFORMATION FORM

Date: _____

First Name: _____ Last Name: _____ Date of Birth (DD/MM/YY): ____/____/____		Address: _____ _____ City: _____ B.C. Postal Code: _____	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary <input type="checkbox"/> Prefer to self-describe: _____	Phone: Primary # _____ Alt # _____ Other _____	Safe to Call: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Leave a Message: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Is anyone else you know (family / friends) currently receiving our services?			
Emergency Contact Name: _____	Phone #: _____	Relationship: _____	

The following information is used only to create a profile of our clients and will be kept strictly confidential.

Age: Under 6 6 – 12 13 – 14 15 – 19 20 – 24 25 – 34
 35 – 44 45 – 54 55 – 59 60 – 64 65 and over

Marital Status: Single Married Common Law Separated Divorced Widow(er)

Do you consider yourself an Aboriginal person? Yes No

If yes, you are Inuit Metis Status Indian Non-status Indian Other, _____

Do you consider yourself a member of a visible minority group? No Yes, I am _____

What language did you first learn at home in childhood? _____

Did you immigrate to Canada? Yes No

If yes, you are Canadian Citizen Permanent Resident Temporary Permit Refugee Other

Highest Level of Education?

Elementary High School College/University Other _____

How did you find out about this service?

- | | |
|--|--|
| <input type="checkbox"/> Family Member / Friend
<input type="checkbox"/> Ministry of Child & Family Development
<input type="checkbox"/> Hospital / Doctor
<input type="checkbox"/> Other Chimo Program
<input type="checkbox"/> Brochure / Flyer
<input type="checkbox"/> School | <input type="checkbox"/> Self Referred
<input type="checkbox"/> Ministry of Social Development & Poverty Reduction
<input type="checkbox"/> Law Enforcement / Victim Services
<input type="checkbox"/> Other Community Service Agency; by which agency? _____
<input type="checkbox"/> Newspaper Advertisement / Article
<input type="checkbox"/> Other (Please indicate) _____ |
|--|--|

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 Richmond, BC V6Y 3Z5
 P: 604-279-7077
 F: 604-279-7075



Chimo Richmond Rent Bank
PREASSESSMENT FORM

Office Use Only:	
Date received:	_____
Assigned File #:	_____
1 st Call:	_____ 2 nd Call: _____
Outcome:	_____
Date Closed:	_____

Applicant Name: _____ **Application Date:** _____

Do you have any outstanding loans with Chimo Rent Bank or any other rent bank? Yes No

Do you have 2 pieces of ID? **(one must be a photo ID)** Yes No

What is your current housing emergency? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Received Eviction Notice | <input type="checkbox"/> Received Utilities Disconnection Notice |
| <input type="checkbox"/> Already Evicted/Currently Homeless | <input type="checkbox"/> Utilities already disconnected |
| <input type="checkbox"/> Cannot make next month's rent | <input type="checkbox"/> Behind in Utilities |
| <input type="checkbox"/> Behind in Rent | <input type="checkbox"/> Need damage deposit |
| <input type="checkbox"/> Received Verbal Eviction Warning | <input type="checkbox"/> Need 1 st months rent |

What is the cause of your current emergency?

What financial assistance have you sought?

- EI WCB Social Assistance CPP Family Friends Other: _____

What was the result?

- Declined by other sources Accessing other sources Not tried other sources

What are possible solutions to your housing emergency?

Additional information/Considerations:

Is this an application for: Individual Family

Number of adults in the household:	
Number of children/dependents in the household:	
Total number of people in the household:	

Do you live in: BC Housing Subsidized housing Private Market Rental Other: _____

How long have you lived at your current address for? _____

Are you planning on moving in the near future? Yes No

What is your **monthly rent**? _____

If behind in rent, how **much do you owe**? _____

If you need next month's rent or damage deposit **how much do you need**? _____

If behind in payments, how much do you owe Hydro? _____ Fortis BC _____

What is your **total monthly expenses** (including rent): _____

What is the **total amount of assistance** you require? _____

Income (Check ALL that apply):	
<input type="checkbox"/> Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part- Time	<input type="checkbox"/> Income Assistance
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Persons with Disability (PWD)
<input type="checkbox"/> Workers Compensation Benefits (WCB)	<input type="checkbox"/> Child Support/ Alimony
<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> Persons w/ Persistent Multiple Barriers (PPMB)
<input type="checkbox"/> Child Tax Benefits	<input type="checkbox"/> Pension(s) CPP/ OAS/ GIS
<input type="checkbox"/> Tax Benefits	<input type="checkbox"/> Other: _____
Your total monthly income after taxes: \$ _____	
How many income earners live in your household? _____	
Total monthly household income after taxes: \$ _____	

Do you have a bank account? Yes No

Can you provide 3 months of bank account statements? Yes No

Do you have? (check all that apply): Credit Card Debt Payday Loans Other loans

Have you declared bankruptcy? Yes No

What is the **total amount of your present debt**? \$ _____

What is your total household debt (includes all members of your household)? \$ _____

****Applicant agrees that all information contained in this form is true and understands that this form does not guarantee loan approval****

Applicant Signature: _____