

On-Reserve Housing Application

Date Submitted: _____

Received By:

Reception Tenant Relations Officer Housing Manager

Family Group:

Brown Desjarlais Dokkie Miller

Personal Information

Applicant's Name:	_____	Phone:	_____
Mailing/Current Address:	_____		Cell: _____
	<i>Street address/Po BOX</i>	<i>Apt/Unit #</i>	
	_____		Email: _____
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>

Band Name: _____ Registry Number: _____

Marital Status: Single Separated Divorced Common Law Married

Spouse's Name: _____ Band Name: _____

Employment

Employed Yes No

Self-employed Yes No

Unemployed Yes No If yes, why? _____

If you are Employed, please fill out:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Verifiable Income (Provide Paystub): _____

May we contact your current employer for a reference? Yes No

Other Source of Income

Social Assistance E.I Benefits Disability Pension Other

If other, please specify: _____

Spouse's Income:

Social Assistance E.I Benefits Disability Pension Employed

(We maybe ask for further documents to confirm the spouse's source of income)

***Income and Liabilities is to be filled out on Financial Analysis. Financial Analysis needs to be filled out to complete this application.**

Anticipated Monthly Related Expenses

Expected Housing Related Expenses	Average Monthly Amount
Rent	
Utilities (electricity, water)	
Insurance (tenant/content insurance)	
Basic home maintenance	
Total Monthly housing-related expenses	

Housing Needs

Rent Own Accessible Multi-level Unit Single level Unit

of Bedrooms: _____

Dependents

Children living in the home under the age of 19.

Name: _____ Age: _____

Gender Male Female

Band Name: _____ Date of Birth: _____

Name: _____ Age: _____

Gender Male Female

Band Name: _____ Date of Birth: _____

Name: _____ Age: _____

Gender Male Female

Band Name: _____ Date of Birth: _____

Pets

Pets Name: _____ Size and Breed: _____

Species: Dog Cat Bird Other

If other, please specify: _____

Pets Name: _____ Size and Breed: _____

Species: Dog Cat Bird Other

If other, please specify: _____

*Limitations of Pets according to the Animal Control By-Law states; "No more than three domestic animals shall be kept, harbored or possessed in any dwelling."

*According to the WMFN Animal Control By-Law "Subject to subsection (2), every owner of a dog shall keep the dog safely tethered or penned up at all times."

Current/Previous Living Situation

Address: _____ Monthly Rent: _____

From: _____ To: _____

On Reserve Off Reserve

Landlord: _____ Phone: _____

Landlord References

Please list at least three references from previous landlords.

Full name: _____ Phone: _____

Full name: _____ Phone: _____

Full name: _____ Phone: _____

I verify that all the above information is true and correct to the best of my knowledge, thereby giving my permission to investigate and evaluate my housing needs.

May we contact your landlord for a reference? Yes No

Signature: _____ Date: _____

For Office Use Only

Comments:

Housing Manager's Signature:		Date:	
Tenant Relations Officer:		Date:	

Eligibility Section 2.1

(For Office Use Only)

Is the applicant in good financial standing with WMFN.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Completed and submitted a WMFN housing and budget analysis application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provided written agreement to participate in basic home maintenance workshops.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Priority Section 4.3

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Currently residing in a Residential Unit which is not safe or Habitable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elders who have not previously accessed WMFN housing programs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
People with disabilities have not previously accessed WMFN housing programs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vulnerable Populations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Experiencing Under-housed or Over-housed conditions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Family Units where the applicant is a WMFN member.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Singles and Couples.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

WMFN members who have already purchased a Residential Unit on WMFN lands through WMFN housing programs.

Yes No

Family Units where the applicant is a non-WMFN member with at least (1) dependent child who is a WMFN member and resides with applicant at least 60% of the time.

Yes No

Housing Programs

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Nation Owned Rental

Rent To Own

Nation Administered Mortgage

Nation Secured Mortgage

Member Owned