West Moberly First Nations
Box 90, Moberly Lake, BC V0C 1X0
P:(250) 788-3663 westmo.org

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 Adress: _____

Street address/Po BOX   *Apt/Unit #*

Cell: _____

_____

City   Province   Postal Code

Email: _____

Band Name: _____   Registry Number: _____   D.O.B: _____

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 ☐	No ☐
Completed and submitted a WMFN housing and budget analysis application.	Yes ☐	No ☐
Provided written agreement to participate in basic home maintenance workshops.	Yes ☐	No ☐

Priority Section 4.3

(For Office Use Only)

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

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

(For Office Use Only)

Nation Owned Rental ☐   Rent To Own ☐   Nation Administered Mortgage ☐   Nation Secured Mortgage ☐   Member Owned ☐