



Aundeck Omni Kaning First Nation
 13 Hill Street, Little Current, ON P0P1K0
 P: 705-368-2228 F: 705-368-3563

Aundeck Omni Kaning RENTAL APPLICATION

-Confidential-

Application No. _____	Unit Located at _____
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Application Information

Current Address			
Street P.O Box _____			
City/Town/First Nation _____	Prov. _____	Postal Code _____	
Telephone: Home _____	Work: _____	Messages _____	

Applicant:	
Band Number: _____	Date of Birth: _____
Co-Applicant:	
Band Number: _____	Band number: _____

List all additional Occupants

Name/and Relation	Date of Birth	Age	M/F	Band/Band Number

Current Living Conditions

Does your current dwelling pose a health and safety risk: () Yes () No If yes, Explain Why? _____	Inspection Report () Yes () No
Indicate the type of accommodations currently living in: () House () Apartment () Basement () Shared House/Apartment () Other, eg: Shelter, Detox, Etc. Explain: _____	
Do you consider your current accommodations overcrowded? () Yes () No Indicate number of bedrooms available for applicants: _____	
Are you able to establish an account with hydro One and a local fuel company: () Yes () No Explain: _____	
Reason for wanting to vacate current accommodations: _____	
Has the Notice to vacate the current residence been served by the landlord? () Yes () No If yes, Explain why? _____	

Rental History

Current Landlords Name:		Telephone No:	
List your (3) previous addresses `1 being most recent			
Address	Length of time at Address (Give Dates)	Landlords Name	Telephone Number
1.			
2.			
3.			

Employment and Income Information

Present Employer: _____	Occupation _____
Address _____	Phone Number _____
Dates of Employment _____ To _____	Fax Number _____
Supervisor _____	Monthly Salary _____
Co-Applicants Present Employer: _____ Occupation _____	
Address _____	Phone Number _____
Dates of Employment _____ To _____	Fax Number _____
Supervisor _____	Monthly Salary _____
Municipal Welfare, Provincial benefits or other sources of income	
Name of Worker: _____	Phone Number: _____
Source of Income (Check One): <input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP <input type="checkbox"/> Pension <input type="checkbox"/> E.I <input type="checkbox"/> Other, Explain _____	Monthly Entitlements: _____
Do you Currently have any debts or monies owed to Aundeck Omni Kaning First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount: \$ _____	
Particulars: _____	

Declaration:			
<ul style="list-style-type: none"> • By signing below, I/we declare that all the information contained in this Rental Agreement is complete and accurate in every aspect. • In addition I/we authorize the Aundeck Omni Kaning Representative to obtain information on tenant records, verify income records and check credit background • Finally, I/we understand that completion of this application does not guarantee that the Aundeck Omni Kaning- Housing committee will provide rental accommodation. 			
Signature of Applicant:	Date:	Signature of Witness	Date:
Signature of Co-Applicant	Date:	Signature of Witness	Date: