



# HOUSING APPLICATION

**-Confidential-**

This application must be completed in full. Mail or Deliver to the address above

CHECK ONLY ONE <input type="checkbox"/> <b>NEW APPLICATION</b> <input type="checkbox"/> <b>RENEWAL APPLICATION</b>					
<b>BAND MEMBER APPLICANT:</b>		(First Name)	(Middle Name)	(Last name)	
Band #:	Date of Birth:				
<b>CO-APPLICANT:</b>					
(First Name)		(Middle Name)	(Last name)		
Band #:	Date of Birth:				
<b>Name of Child</b>	<b>Date of Birth</b>	<b>Age</b>	<b>M/F</b>	<b>Band #</b>	<b>Verified (office use only)</b>

**MAILING ADDRESS:**

Street/PO Box/ Rural Route Compartment:			
First Nation/City/Town:		Province:	Postal Code:
Phone Home:	Work:	Fax:	Messages:

**CURRENT LIVING SITUATION**

Please check where applicable: ( ) Single ( ) Married ( ) Common-law ( ) Other explain:	
Indicate the type of accommodation currently living in. ( ) Renting off reserve ( ) Renting from Aundeck Omni Kaning ( ) Boarding situation ( ) Shared House/Apartment ( ) Other- Explain: _____	
CURRENT LANDLORDS NAME:	PHONE:
Do you have current accounts with Utility Companies?    YES    NO    ( ) Hydro    ( ) Fuel	
Do you have any physical disabilities that we need to be aware of?    YES    NO Please indicate: ( ) Wheelchair ( ) Special Needs ( ) Other: _____	

**REFERENCES:**

PREVIOUS ADDRESSES	LIST (2) LANDLORD REFERENCES, AND ONE FINANCIAL REFERENCE		
ADDRESS	LENGTH OF TIME AT THE ADDRESS		PHONE #:
	DATE FROM	DATE TO	
#1			
#2			
#3			

**INCOME**

**Applicant Present Employer:**

Phone Number:

Length of employment: Monthly Income: Annual Income:

**Co-applicant Present Employer:**

Phone Number:

Length of employment: Monthly Income: Annual Income:

**ONTARIO WORKS, PROVINCIAL BENEFITS OR OTHER SOURCE OF INCOME**

Name of Worker:

Phone Number:

**Source of Income** (Check One)

( ) Ontario Works ( ) Disability ( ) WCB ( ) Pension ( ) EI.

( ) Other, Explain: \_\_\_\_\_

**Monthly Entitlements:**

**OTHER COMMENTS:**

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**DECLARATION:**

- By signing below, I/we declare that all the information contained in this application is complete and accurate in every aspect.
- I/we understand that completion of this application does not guarantee that Aundeck Omni Kaning will provide rental accommodations under the Housing Program.
- I/we fully read and understand the "Terms and Conditions" of the Aundeck Omni Kaning Band Housing Agreement.
- I/we fully understand that the Band's Housing Policy is applicable.

<b>Signature of Band Member Applicant:</b>	<b>Date:</b>	<b>Signature of Band Manager</b>	<b>Date:</b>
<b>Signature of Co-applicant</b>	<b>Date:</b>	<b>Witness</b>	<b>Date:</b>

**FOR OFFICE USE ONLY**

PARTICULARS	YES	NO	COMMENTS
Monies owed to the Band.			Particulars: Amount: \$
Past Rental Arrears and/or Lateness.			When: Times Late:
Rental Reference Check completed.			
Financial Reference Check completed.			

**ADMINISTRATION**

Date application submitted:

**BAND COUNCIL**

Date application submitted: \_\_\_\_\_

Application "Recorded as Received"- DATE: \_\_\_\_\_

Application NOT "Recorded as Received" – DATE: \_\_\_\_\_

**HOUSING COMMITTEE**

Date application reviewed:

**Recommendation:**