

APPENDIX 2 – HOUSING APPLICATION

RMB 2027, RR#2
Fort Frances, Ontario P9A 3M3

Phone 807-274-3228
Fax 807-274-6458

Housing Application

-Confidential-

This application must be completed in full. Incomplete Applications will not be reviewed.

Reminder: This application will only be considered valid within the fiscal year it was submitted or renewed (fiscal year: April 1st to March 31st). To remain a valid application, you must visit the Housing Department to renew this application within the first week of April following the signing of the application. Failure to renew the application with the Housing Department will result in your application being removed from the Waiting List. If you cannot attend at the Housing Department in the first week of April, you must contact the Housing Department by the deadline to make arrangements to renew this application.

Mail or Deliver the completed application to the address above.

Applicant <div style="display: flex; justify-content: space-around; margin-top: 5px;"> (First Name) (Middle Name) (Surname) </div>					
Band#:	Date of Birth:	Age:			
Co-Applicant <div style="display: flex; justify-content: space-around; margin-top: 5px;"> (First Name) (Middle Name) (Surname) </div>					
Band#:	Date of Birth:	Age:			
Name of Child/ren or other family who will reside in the home full time:	Date of Birth	Age	M/F	Band #	Verified (office use only)

MAILING ADDRESS:

Street/P.O. Box:			
City/Town/First Nation: Postal Code:		Province:	
Telephone: Home:	Work:	Message:	Fax:

CURRENT LIVING SITUATION:

<p>Indicate the type of Accommodation currently living in: <input type="checkbox"/> Renting off reserve <input type="checkbox"/> Renting from Couchiching F.N. <input type="checkbox"/> Boarding Situation <input type="checkbox"/> Shared House/Apartment <input type="checkbox"/> Other, i.e., exceeding National Occupancy Standards, Explain:</p>			
CURRENT LANDLORD'S NAME:		PHONE NUMBER:	
Do you have a current account with Utility Companies? Gas		YES	NO Hydro
Please check were applicable Single Married Common-Law How Long?			
Do you have any physical disabilities that we need to be aware of? Please Indicate:		YES	NO

REFERENCES

PREVIOUS ADDRESSES					
LIST (2) LANDLORD REFERENCES, AND ONE FINANCIAL REFERENCE					
ADDRESS	LENGTH OF TIME AT	THE ADDRESS	LANDLORDS NAME:	PHONE #:	VERIFIED (OFFICE USE ONLY)
	DATE FROM	DATE TO	FINANCIAL REF:	PHONE #:	
#1					
#2					
#3					

HOUSEHOLD INCOME (Please provide income verification with application)		
APPLICANT'S PRESENT EMPLOYER:		PHONE NUMBER:
LENGTH OF EMPLOYMENT: INCOME:	MONTHLY INCOME:	ANNUAL

CO-APPLICANT'S PRESENT EMPLOYER:		PHONE NUMBER:
LENGTH OF EMPLOYMENT:	MONTHLY INCOME:	ANNUAL INCOME:
PROVIDE DETAILS OF REGULAR INCOME RECEIVED BY ANY OTHER ADULT WHO WILL BE LIVING IN THE HOME FULL TIME		
NAME OF PROPOSED OCCUPANT:		
PRESENT EMPLOYER:		PHONE NUMBER:
LENGTH OF EMPLOYMENT:	MONTHLY INCOME:	ANNUAL INCOME:

MUNICIPAL WELFARE, PROVINCIAL BENEFITS OR OTHER SOURCE OF INCOME	
NAME OF WORKER:	PHONE NUMBER:
SOURCE OF INCOME (CHECK ONE):	MONTHLY ENTITLEMENTS:
() GWA () DISABILITY () WCB () PENSION () UIC	
() OTHER EXPLAIN:	

DECLARATION:			
<ul style="list-style-type: none"> 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 CFN will provide rental accommodations under the CFN Housing Program I/We have read and understand that I will have to sign a Tenancy Agreement that will govern my use of rental housing. I/We fully understand that the Band's Housing Policy applies to all CFN rental housing, tenants and their guests. I/We further authorize an investigation of my/our credit and employment history. I/We understand that if my/our account becomes delinquent, CFN may take all available remedies to recovery the funds owing, which may affect my credit rating. 			
Signature of Band Member Applicant:	Date:	Signature of Housing Manager:	Date:
Signature of Co-Applicant:	Date:	Signature of Housing Manager:	Date:

This application is only valid for the fiscal year in which it was submitted. You must renew this application with the Housing Department within the first week of April of each year you wish to remain on the housing Waiting List.

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:	

CFN HOUSING COMMITTEE	Date Application Reviewed:
Decision:	