

APPLICANT NAME:

DATE: _____



APPENDIX C

HOUSING APPLICATION



Appendix C

Tseshah First Nation Housing Application

Surname:
TFN Status #:
Bedroom Size Requested:
Date Received:

To keep your application active in our filing system, please update housing applications every six months, or your application will be removed from the waitlist. In addition, please ensure ALL application questions are answered completely; this will better assist the Housing Committee when they select new tenant candidates. If form is not completed it may delay the process to add your application to the Housing list.

A. Household Composition

Applicant Information

Name:	Home Phone #:
Address:	Work Phone #:
City/Province:	Cell Phone #:
Postal Code:	E-mail:
Birth Date (dd/mm/yyyy):	SIN #:
Tseshah First Nation Status #: 665 _____	

Are you applying for: Band Rental Social Housing Personal Housing

Do you currently own residential property: Yes No

Details:

Additional occupant information

Full Name	Status #	Birth Date (dd/mm/yyyy)	Age	Gender m/f	Relationship to Primary Applicant
1.					
2.					
3.					
4.					
5.					

Do you expect your family size to change in the next 12 months? YES NO
(Pregnancy, family leaving or joining)

B. Disabilities/Health Problems

Please list any member(s) of your household with a significant disability/health problem that

Tseshaht First Nation needs to be aware of.

Name	Disability	Wheel Chair access required? Yes/No
1.		
2.		

C. Income Information

List your gross monthly income (i.e. before deductions) from ALL members of your household

and list ALL sources (i.e. social assistance, employment, E.I., pension, child tax benefits)

<i>Name</i>	<i>Income Source(s)</i>	<i>Gross Monthly Income (\$)</i>	<i>Annual Income (\$)</i>
1.			
2.			
3.			
4.			
		<i>Total Household Monthly Income (\$):</i>	
		<i>Total Household Annual Income (\$)</i>	

D. Have you at any time lived in subsidized housing? YES NO

If yes, what was the organization?	
What were the dates of Residency? From:	To:
Under whose name was the tenancy:	

E. Residence History

Please list your two most recent residential addresses. Note: This information must be completed.

Residence #1

Address	Date From (dd/mm/yyyy) To: (dd/mm/yyyy)
City/Province	Name of Landlord
Postal Code	Landlord's Phone #

Residence #2

Address	Date From (dd/mm/yyyy) To: (dd/mm/yyyy)
City/Province	Name of Landlord
Postal Code	Landlord's Phone #

F. Present Accommodation

Please describe your present accommodation as completely as possible by filling in the information below:

Please choose one:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> House/Duplex | <input type="checkbox"/> Other _____ |

Is your present accommodation?

- | | |
|--|---|
| <input type="checkbox"/> Housekeeping Room | <input type="checkbox"/> Living with Family/Friends |
| <input type="checkbox"/> Basement suite | <input type="checkbox"/> Hotel/Motel |

Room & Board

Emergency Shelter

Trailer

Other _____

Number of bedrooms your household presently occupies: _____

Your current rent amount (\$):
Your current hydro bill (\$):
Your current furnace oil/gas bill (\$):
Your current cable/internet/phone bills(\$):

Is your bathroom:

Shared

Private

Does your present accommodation have:

Kitchen: Shared Private None

Laundry: Shared Private None

Outdoor/Play area: Yes No

Do you have any household pets? Yes No

If yes, please specify: _____

G. Reason For Moving

Are you under notice to end your present tenancy?

Yes

No

If yes, please attach a copy of the legal notice to End a Residential Tenancy from your Landlord,
and give your explanation below:

If you are not under notice, why do you wish to move? (Please be specific)

Repairs Required? Yes No Children Allowed? Yes
 No

High Rent? Yes No Over crowded? Yes
 No

Please explain further, any specific reasons why you wish to move:

H. Personal Data

Please list the names of three relatives or close friends we can contact in case of an emergency.

Name	Relationship to you	Phone #
1.		
2.		
3.		

In order to provide a safe and healthy community, have you or other occupants ever been convicted of an offense?

Yes No

Comments:

Do you own a vehicle? Yes No

If yes, please describe _____

Additional Comments:

I/We authorize:

- Pursuant to the Protection of Privacy Act (PIPA), Tseshaht First Nation to make any inquiries that are necessary to verify the information given in this application;
- Pursuant to the PIPA Act, any person, corporation or social agency to release to Tseshaht First Nation any information pertinent to the assessment of my/our application and,
- Tseshaht First Nation may receive and exchange with credit bureaus my/our previous Landlord credit and other information about me/us, will be used in the decision making process to provide me/us with housing/rental accommodation.

I/We understand:

- That this application does not constitute an agreement on the part of Tseshaht First Nation to provide me/us with housing/rental accommodation;
- That it is my/our responsibility to advise Tseshaht First Nation of any changes to the information given in this application and to provide any supporting documents/materials required for my/our application; and,
- That this application will remain on file for a period of six (6) months. If at any time during this period I/we move or need to update the information given in this application, it is my/our responsibility to contact Tseshaht First Nation and make the necessary changes.

Signature of Applicant (s)	Date Signed

Tseshaht First Nation Housing Department Signature	Date Application Received