APPENDIX C Housing Application

DATE: _

APPLICANT NAME:



Appendix C

Nation

Tseshaht First

Surname:

TFN Status #:

Bedroom Size Requested:

Date Received:

Housing Application

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, please note any other aliases

Name:	Home Phone #:				
Address:	Work Phone #:				
City/Province:	Cell Phone #:				
Postal Code:	E-mail:				
Birth Date (dd/mm/yyyy):	SIN #:				
Tseshaht First Nation Status #: 665					
Are you applying for: Band Rental 🗌	Social Housing \Box Personal Housing \Box				
Do you currently own residential property: Yes 🔲 🛛 No 🗌					

Do you currently own residential property: Yes 🗌

Details:

Additional occupant information

Full Name	Status #	Birth Date	Age	Gender	Relationship
		(dd/mm/yyyy)		m/f	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.

		Wheel Chair access
Name	Disability	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)

Name	Income Source(s)	Gross Monthly Income (\$)	Annual Income (\$)
1.			
2.			
3.			
4.			
	Total Household Mont		
	Total Household Annu		

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

If yes, what was the organization?	
What were the dates of Residency? From:	То:
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:

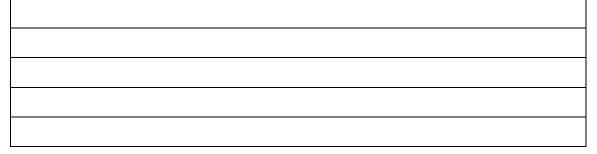
Please choose one:

	Apartment	Townhouse
	□ House/Duplex	□ Other
Is your present accord	nmodation?	
	Housekeeping Room	□ Living with Family/Friends
	□ Basement suite	□ Hotel/Motel

		🗆 Ro	om & Board		Emergen	cy Shelter
		🗆 Tra	ailer		\Box Other	
	Number of bed	drooms your h	ousehold pres	ently occupies:		
	Your current	rent amount (\$):			
	Your current	hydro bill (\$):				
	Your current	furnace oil/ga	s bill (\$):			
	Your current	cable/interne	t/phone bills(\$):		
	ls your bathroo	om:	□ Shared		🗌 Private	
	Does your pres	sent accommo	dation have:			
	Kitchen:	□ Shared	🗆 Private	□ None		
	Laundry:	□ Shared	🗆 Private	□ None		
	Outdoor/Play	area: 🗆 Ye	s 🗆 No)		
	Do you have a If yes, please s	•	-	s 🗆 No		
G.	Reason For Me	oving				
	Are you under	notice to end	your present t	enancy?	□ 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:



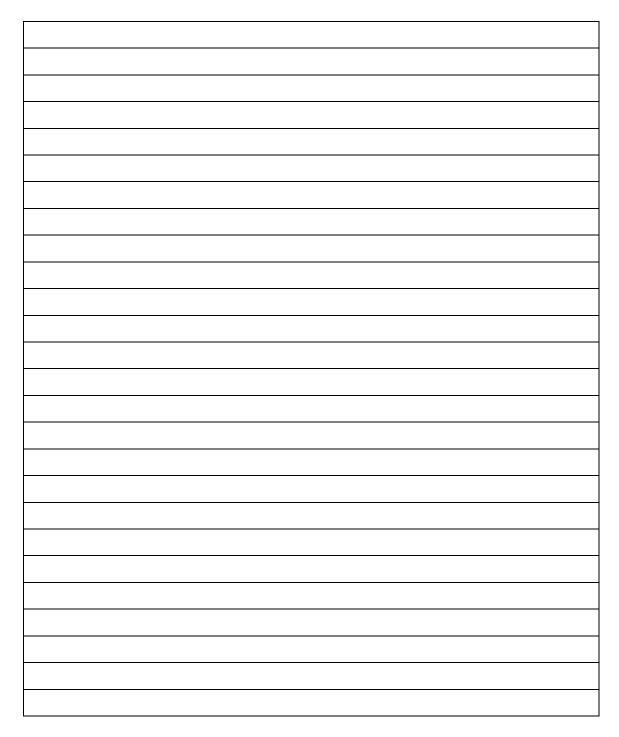
H. Personal Data

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 additional occupants ever been convicted of an offense (involving a child, or other family member)

□ Yes	🗆 No
Comments:	
Do you own a vehicle?	🗆 Yes 🛛 No
If yes, please describe	
Additional Comments	



I. Declaration

Please read carefully and sign this agreement

I/We declare:

- This is my application; and,
- All the information provided is correct and completed to the best of my knowledge and belief.

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