**Nicickousemenecaning First Nation**
Housing Application

**1. Applicant**

| Last Name | First Name | Date of Birth<br>Y M D | Social Insurance # |
|---|---|---|---|
| Complete Mailing Address | | Are you a member of this F.N. ?<br>☐ Yes<br>☐ No | Band Registration # |
| Home Telephone # | Marital Status<br>☐ Married<br>☐ Common-Law | ☐ Single<br>☐ Widowed | ☐ Separated<br>☐ Divorced |
| Person to contact in case of absence or to act on your behalf | Name | Telephone # | ☐ Friend<br>☐ Relative<br>☐ Other |

**2. Present and previous employment of applicant (including self-employment)**

| | Employer | Occupation | Year(s) |
|---|---|---|---|
| (1) Present | | | |
| (2) Previous | | | |
| (3) Previous | | | |
| (4) Previous | | | |
| (5) Previous | | | |

**3. Accommodation**

Are you applying for a: ☐ House ☐ Apartment

Please list number of bedroom unit applying for, in order of preference: _____

Is this a permanent or temporary residence?:_____

Due to the diminished housing availability, if no houses were available, would you accept and apartment if one was offered?: ☐ Yes ☐ No

Would you be willing to contribute financially to the construction of the house/apartment?:
☐ Yes ☐ No

Have you resided in the community before?:
☐ Yes ☐ No

If yes, did you pay rent and how much did you pay?: _____

If you are a current resident of the community, is your application for new housing a result of overcrowding and/or health issues in your current residence? If so please describe situation and/or concerns.

_____
_____
_____
_____

Are the any outstanding payments on rent or any other receivables relevant to housing?

☐ Yes ☐ No

If yes, please describe situation and list outstanding amounts: _____

_____

_____

**4. Co-Applicant**

| Last Name | First Name | Date of Birth<br>Y M D | Social Insurance # |
|---|---|---|---|
| Complete Mailing Address | | Are you a member of this F.N. ?<br>☐ Yes<br>☐ No | Band Registration # |
| Home Telephone # | Marital Status<br>☐ Married<br>☐ Common-Law | ☐ Single<br>☐ Widowed | ☐ Separated<br>☐ Divorced |
| Person to contact in case of absence or to act on your behalf | Name | Telephone # | ☐ Friend<br>☐ Relative<br>☐ Other |

**5. Present and previous employment of applicant (including self-employment)**

| | Employer | Occupation | Year(s) |
|---|---|---|---|
| (1) Present | | | |
| (2) Previous | | | |
| (3) Previous | | | |
| (4) Previous | | | |
| (5) Previous | | | |

**6. (A) Family Income**

| | Gross Monthly Income (Before Deductions) | | |
|---|---|---|---|
| Source of Income | Applicant | Co-Applicant | Other |
| Employment | $ | $ | $ |
| Social Assistance | | | |
| Old Age Security | | | |
| Employment Insurance | | | |
| Other (Specify) | | | |
| | | TOTAL OF (A) | $ |

**6. (B) Expenditures**

| Name & Address of Creditor/Expenditures | Applicant | Co-Applicant | Total Debt | Monthly Payments |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL OF (B) | $ |
| | | | OFFICE USE ONLY | |

**7. Other Family Members to Reside in Accommodation Applied for? (Excluding Co-Applicant and dependants over the age of 18)**

| Name | Relationship | Band Registration # | Date Of Birth | | | Sex | |
|---|---|---|---|---|---|---|---|
| | | | Y | M | D | M | F |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**8. Present Accommodation of Family**

| Type of Accommodation | Number of Bedrooms | Do you have your own?<br>1. Kitchen ☐Yes ☐No<br>2. Bathroom ☐Yes ☐No |
|---|---|---|

**9. Medical/Health Conditions**

Do you have any health problems which have affected your current accommodation?

☐ Yes ☐ No

Are there any extraordinary medical/health conditions that may go above and beyond a set housing loan if one was offered?

☐ Yes ☐ No

If yes, please describe extraordinary expenses: _____

_____

_____

**10. Previous Landlord and residential History, please provide telephone number**

| Applicant | Co-Applicant | Name/Telephone # | From | To | Reason For Leaving |
|---|---|---|---|---|---|
| ☐ | ☐ | | | | |
| ☐ | ☐ | | | | |
| ☐ | ☐ | | | | |
| ☐ | ☐ | | | | |

| Reference Checks to be Completed by Housing Manager | | |
|---|---|---|
| ☐ Excellent | ☐ Fair | ☐ Poor |

**11. Credit – To be completed by Housing Manager**

| | Excellent | Fair | Poor |
|---|---|---|---|
| First Nation | | | |

**DECLARATION**

I give my consent and authorization to Nicickousemenecaning First Nation Chief & Council:

1. To make inquiries that it deem necessary to verify information given in this Form and I authorize any person or corporation having knowledge of any such required information to release the information to NICICKOUSEMENECANING FIRST NATION CHIEF & COUNCIL. I agree to provide any supporting material Nicickousemenecaning First Nation Chief & Council may require.
2. I solemnly swear that the information provided is a true statement and I understand that **any false information will void my application.**

| **Applicant** | **Date** | **Witness** |
|---|---|---|
| **Co-Applicant** | **Date** | **Witness** |

**Office Use Only**

Recommendation and course of action of Housing Manager: _____

_____

_____

_____

_____

_____