



HOUSING APPLICATION

-Confidential-

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

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

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 were 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			PHONE #:
ADDRESS	LENGTH OF TIME AT THE ADDRESS		LANDLORD'S NAME	
	DATE FROM	DATE TO		
#1				
#2				
#3				

INCOME

(Please provide income verification with application)

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 () UIC:
- () 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.

Signature of Band Member Applicant:	Date:	Signature of Band Manager	Date:
Signature of Co-applicant	Date:	Witness	Date:

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: _____
	Date application submitted: _____
	Date application submitted: _____
	Date application submitted: _____

HOUSING COMMITTEE	Date application reviewed: _____
Recommendation:	

HOUSING COMMITTEE	Date application reviewed: _____
Recommendation:	