



# Housing Application

**NOTE:** We recommend for Housing Applications for Wahgoshig First Nation to be submitted every two (2) years. The two-year timeline begins from date of application. All applications older than two (2) years old will not be considered and will be destroyed.

SECTION 1: Applicant's Information																							
<b>Date:</b>	<b>Full Name of Applicant:</b> (Please print first, second and last name.)																						
<b>Home Address of Applicant:</b>	<b>First Nation/ Indian Band:</b>																						
	<b>Indian Status #:</b>																						
<b>Mailing Address:</b> (If different from home address.)	<b>Marital Status:</b>																						
	<b>Phone #:</b>																						
SECTION 2: Applicant's Source of Income																							
<b>Employed?</b> (Use check mark) No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, are you employed Full-time? <input type="checkbox"/> or Part-time? <input type="checkbox"/>	<b>Name of Employer:</b> _____																						
<b>Contact #:</b> _____																							
<b>Other Income?</b> (Use check mark) Social Assistance <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Employment Benefits <input type="checkbox"/> Old Age Security <input type="checkbox"/> Post-Secondary Sponsorship <input type="checkbox"/> Self-employed <input type="checkbox"/> Other: _____																							
SECTION 3: Spouse's Source of Income																							
<b>Full Name of Spouse:</b> (Please print first, second and last name.)																							
<b>Employed?</b> (Use check mark) No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, are you employed Full-time? <input type="checkbox"/> or Part-time? <input type="checkbox"/>	<b>Name of Employer:</b> _____																						
<b>Contact #:</b> _____																							
<b>Other Income?</b> (Use check mark) Social Assistance <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Old Age Security <input type="checkbox"/> Post-Secondary Sponsorship <input type="checkbox"/> Self-employed <input type="checkbox"/> Other: _____																							
SECTION 4: Type of Housing Needed																							
(Use check mark) Bachelor Unit <input type="checkbox"/> 2 Bedroom Unit <input type="checkbox"/> 3 Bedroom Unit <input type="checkbox"/> 4 Bedroom Unit <input type="checkbox"/> Any accessibility requirements for disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>																							
SECTION 5: List of Dependents																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 60%;">Full Name of Dependent</th> <th style="width: 20%;">Relation to Dependent</th> <th style="width: 20%;">Dependent's Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Full Name of Dependent	Relation to Dependent	Dependent's Age																		
Full Name of Dependent	Relation to Dependent	Dependent's Age																					
SECTION 6: Letter From Applicant																							
<b>Is a written letter to request for housing attached?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> - If no, when will letter be provided? Date: _____																							

**SECTION 7: References**

Please provide the names and contact information for three (3) references to include with your application. Do not provide the names and contact information of family members.

Name	Type of Relationship	Phone Number or Email Address

**DECLARATION**

*I/we, the undersigned, hereby certify that the information given for this application is, to the best of my/our knowledge, true and I/we further recognize any false information given may result in the retraction of an offer for a housing unit from Wahgoshig First Nation.*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Spouse's Signature*

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On/Off/On/Off/On/Off	
<b>Reference File ID:</b>	<b>Date of Application Received:</b>
<b>Date Scheduled for Interview:</b> _____	
<b>Items applicant must bring for interview: (Check mark)</b>	
<input type="checkbox"/> - Copy of Hydro bill	<input type="checkbox"/> - Three references provided?
<input type="checkbox"/> - Copy of Income Paystub	<input type="checkbox"/> - Two (2) pieces of applicant's identification – one (1) with photo. (Example: <i>Indian Status card, birth certificate, driver's license, etc.</i> )
<input type="checkbox"/> - Copy of Letter	
<b>Signature of Housing Personnel:</b>  _____	