

HOUSING APPLICATION

Date Application Received
YY/MM/DD

1. Applicant

Last Name		First Name		Date of Birth Y M D		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Insurance No. 	
Street Number	Street Name			Status No.			Are you a <input type="checkbox"/> Member of T'it'kit Administration <input type="checkbox"/> Non-member		
Town/City		Postal Code		Home Telephone No.		Present Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law			
Person to contact in your absence or to act on your behalf	Name			Telephone No.			<input type="checkbox"/> Friend Other <input type="checkbox"/> Relative		

2. Present Employment of Applicant (Also complete if self-employed)

Present Employer's Name				Telephone No.	
Address Where Employed				Municipality	
Occupation	Name of Department		Telephone No.		Are you allowed to take personal calls <input type="checkbox"/> Yes <input type="checkbox"/> NO
Length of Employment with present Employer _____ year(s) _____ month(s)	Do you work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full and Part Time <input type="checkbox"/> Shift		If "part time" state days of the week. If "full time and part time", give name of part time employer. If "shift" state Hours		

3. Co-Applicant

Last Name		First Name		Date of Birth Y M D		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Insurance No. 	
Street Number	Street Name			Status No.			Are you a <input type="checkbox"/> Member of T'it'kit Administration <input type="checkbox"/> Non-member		
Town/City		Postal Code		Home Telephone No.		Present Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law			
Relationship to Applicant									

4. Present Employment of Co-Applicant (Also complete if self-employed)

Present Employer's Name				Telephone No.	
Address Where Employed				Municipality	
Occupation	Name of Department		Telephone No.		Are you allowed to take personal calls <input type="checkbox"/> Yes <input type="checkbox"/> NO
Length of Employment with present Employer _____ year(s) _____ month(s)	Do you work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full and Part Time <input type="checkbox"/> Shift		If "part time" state days of the week. If "full time and part time", give name of part time employer. If "shift" state Hours		

5. Other Family Members to Reside in Accommodation Applied For

Last Name	First Name	Status Number	Date of Birth		Sex		Relationship
			Month	Year	M	F	

6. Present Location of Family Members

Do all members reside in present accommodation? Yes No

7. Present Location of Family Members

Type of Accommodation		Number of Bedrooms	Do you have your own 1. Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Bathroom <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		If yes, expiry date Y M D		Present Landlord's Name
Address			Telephone No.	
How long have you lived at present address _____ Year(s) _____ Months(s)				

8. Previous Landlord and Residential History

Previous Landlord's Name		Address		Telephone No.	
Previous Address Appl	Co-Appl.	Address	From	To	Reason for Leaving
<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	_____			

9. Type of House Loan applying for (See your Housing Coordinator for more info)

Canada Mortgage and Housing Corporation
 Band Administered
 Individual

10. Medical /Health Conditions

Do you have a health problem that is affected by your current accommodation? Yes No
 Is a baby expected? Yes No
 If you received a housing loan, would the present level of the housing loan be able to meet all your medical/health requirements when constructing the new home?
 Yes No
 IF no, specify reasons and extra amount required.

Employment and Financial Information

Employment and Financial info needed only to determine if eligible for Band Administered loan or Individual loan

11. Previous Employment

Appli.	Co-Appli.	Employed by	Position	From	To
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

12. (A). Family Income (Do not include Family Allowance)

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant	Other Family Members
Employment (From all Employers)			
General Welfare			
Provincial Family Benefits			
Old age Security			
Alimony/Support			
Unemployment Insurance			
Other (Specify)			
TOTAL OF A			

Name & Address of Creditors/Expenditures	Applicants	Co-Applicant	Total Debt	Monthly Payment

TOTAL OF B
FOR OFFICE USE ONLY

12(B). Assistance (Complete only if in receipt of General Welfare or Provincial Family Benefits)

Social Worker	Telephone No.	Office Address
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13.

		Amount
Bank Account- Give Bank Name, Branch Address and Account Number	Bank Accounts	
	Other Accounts (Trust Companies, Credit Union)	
	Bonds/Savings Certificates	
Are you or the co-applicant a property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "yes", give type, value and location of property(ies) either on or off the T'it'kit Community.	Annuities/Shares/Securities/Stock	
Is the Property in Joint Tenancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate	
A. Is your present accommodation classified as inferior? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach a letter from Inspector	Other (Specify)	
Are you prepared to demolish inferior structured, if owned, if you received a housing loan and constructed a new home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Interest	
B. Does the property located on the T'it'kit Community have a well and Access acceptable access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Does the property have a well? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DECLARATION

I give my consent and authorization to the T'it'q'it Administration Council:

1. To make any inquiries that it deems necessary to verify the information given in this Form and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to T'it'q'it Council. I agree to provide any supporting material T'it'q'it 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.

Witness	Applicant	Today's Date
Witness	Applicant	Today's Date

