HOUSING APPLICATION

Name	e:		
Pleas	e n	na	rk one of the following:
	[]	New Construction Application
	[]	Renovation Loan Application
	[]	Emergency Loan Application
	[]	Band Rental Application
			[Band Rental Only] What unit are you applying for, eg. Snye Sub, Shobway Hills Sub, Fourplex, Algonkin Seniors (if more than one, indicate below and in order of preference): 1
INSTR	UC]	ГІС	ONS:
1. .	Арј	oli	cant
	_ 		Section 1: Applicant Personal History
			Section 2: Applicant Personal Information
			Section 6: Applicant Request
			Section 7: Signature
2.	Co-	ap	plicant (if applicable)
			Section 3: Co-applicant Personal Information
			Section 7: Signature
3.	Co-	się	mer (if applicable)
			Section 4: Co-signer Personal Information
			Section 5: Co-signer Personal History
			Section 7: Signature

THIS APPLICATION WILL NOT BE CONSIDERED, IF IT IS NOT SIGNED, DATED OR FULLY COMPLETED.

PLEASE NOTE: IF YOU ARE UNSUCCESSFUL IN THE SELECTION PROCESS, THIS DOCUMENT WILL BE DESTROYED.

SECTION ONE(1):

Applicant Personal Histo	ory:			
Oo you:				
Own? Have a mortgage? Rent? Board with relatives? Have a lease?	Yes [] Yes [] Yes [] Yes []	No [] No [] No [] No [] No []	Expiry l	
Is there cause for eviction? If yes, please explain:	Yes []	No []		
Landlord's Name:				
Landlord's Telephone:	Print () Home		Signature () Business	
Expenses:				
Hydro: \$	e with you?	per annum per month		
Last Name First	t Name	D.O.B.	Sex	Relationship
Cost Nome				
Last Name First	t Name	D.O.B.	Sex	Relationship
	t Name	D.O.B. D.O.B.	Sex	Relationship Relationship
Last Name First				
Last Name First	t Name	D.O.B.	Sex	Relationship
Last Name First Last Name First Last Name First	t Name t Name	D.O.B.	Sex Sex	Relationship Relationship

SECTION TWO (2):

Applicant Personal Information: Full Name: 2.1 2.2 Band No.: Date of Birth: 2.3 DD/MM/YYYY **Marital Status:** 2.4 Home Phone: 2.5 Messages: 2.6 2.7 Living Location: Mailing Address: 2.8 Street; P.O. Box; R.R.# City, Town Prov/State Postal Code/Zip 2.9 Email: _____ **Employment History: Present Employer:** 2.10 2.11 Employer's Telephone: Length of Employment: 2.12 Years Months **Income/Earnings:** Income – verification will be required. Weekly/Biweekly/Monthly 2.13 **Employment** Social Assistance 2.14 **Family Benefits** 2.15 \$ Caseworker No. ___ **Disability Pension** 2.16 Canada Pension 2.17 Widows Pension 2.18 **Veterans Pension** 2.19 2.20 **Social Security Baby Bonus** 2.21 2.22 Farm Rental Cottage Rental 2.23 2.24 G.S.T. Quarterly/Yearly Other 2.25 **Bank Institution** 2.26 2.27 **Bank Balance Credit History: Monthly Payment** Firm/Company **Balance** 2.28 **Band Office** Bank/Car Loans 2.29 **Credit Cards** 2.30 **Credit Cards** \$ \$ 2.31 **Furniture** \$ \$ 2.32 2.33 **Department Stores** \$ \$ **Department Stores** 2.34 \$ Other 2.35 \$ 2.36 Other

SECTION THREE (3):

	Co-applicant Pers	onal Information:	(must be band mem	ber)		
3.1 3.2 3.3	Full Name: Band No.: Date of Birth:	DD/MM/YYYY				
3.4 3.5 3.6	Marital Status: Home Phone: Messages:	(<u>)</u> (<u>)</u>				
3.7	Living Location:					
3.8	Mailing Address:	Street; P.O. Box; R.R.#				
2.0	Email:	City, Town	Prov/State	Postal Code/Zip		
3.9	Eman.					
	Employment Hist	ory:				
3.10	Present Employer:	()	()			
3.11	Employer's Telephor	Home	Business			
3.12	Length of Employme	ent: Years	Months			
	Income/Earnings Income – verifica	: tion will be require	d.			
3.13	Employment	\$	Weekly/Biwe	ekly/Monthly		
3.14 3.15	Social Assistance Family Benefits	\$ \$	 Caseworker N	Jo		
3.16	Disability Pension	\$	Cuseworker r	10.		
3.17	Canada Pension	\$				
3.18 3.19	Widows Pension Veterans Pension	\$ ¢				
3.20	Social Security	\$ \$				
3.21	Baby Bonus	\$				
3.22	Farm Rental	\$				
3.23 3.24	Cottage Rental G.S.T.	\$ \$	Quarterly/Ye	arly		
3.25	Other	\$ \$	Quarterly/ re	arry		
3.26	Bank Institution	<u> </u>				
3.27	Bank Balance	\$				
	Credit History: Firm/Company	Balar	nce Monthl	y Payment		
3.28	Band Office	\$	<u> </u>			
3.29	Bank/Car Loans	\$				
3.30	Credit Cards Credit Cards	\$ ¢				
3.31 3.32	Furniture	φ \$	 \$			
3.33	Department Stores	\$	ф.			
3.34	Department Stores	\$	<u> </u>			
3.35	Other	\$	\$			

SECTION FOUR (4):

	Co-signer Person	ial Information:	(band member or non band member			
4.1 4.2 4.3	Full Name: Band No.: Date of Birth:	DD/MM/YYYY	<u> </u>			
4.4 4.5 4.6	Marital Status: Home Phone: Messages:	()				
4.7	Living Location:					
4.8	Mailing Address:	Street; P.O. Box; R.R.#				
		City, Town	Prov/State	Postal Code/Zip		
4.9	Email:					
	Employment His	tory:				
4.10 4.11	Present Employer: Employer's Telepho	one: (<u>)</u>	(Business			
4.12	Length of Employm	ent: Years	Months			
	Income/Earning Income – verifica	s: ation will be require	ed.			
4.13	Employment	\$	Weekly/Biwe	eekly/Monthly		
	Credit History: Firm/Company	Bala	nnce Monthl	y Payment		
4.14	Band Office	\$	\$			
4.15	Bank/Car Loans	<u>,</u>	.			
4.16	Credit Cards	\$	\$			
4.17	Credit Cards	\$	\$			
4.18	Furniture	\$	<u> </u>			
4.19	Department Stores	\$	<u> </u>			
4.20	Department Stores	\$	<u> </u>			
4.21	Other		\$			
4.22	Other		\$			
4.23	Bank Institution					
4.24	Bank Balance	\$				

SECTION FIVE (5):

Co-signer Personal History:

5.1	Do you:				
	Own? Have a mortgage? Rent? Board with relatives? Have a lease?	Yes [] Yes [] Yes [] Yes []	No [] No [] No [] No [] No []	Expiry Date:	
5.2	Is there cause for eviction? If yes, please explain:	Yes []	No []		
5.3	Landlord's Name:	Print		Signature	
5.4	Landlord's Telephone:	() Home		() Business	
5.5	Expenses:				
			per month per season per month		
SEC	CTION SIX (6):				
	Applicant's Request:				
6.1	· — — — — — — — — — — — — — — — — — — —				
6.2	What exactly is the money b	eing used for (e	xplain):		
	MANDATORY:				
6.3	Are estimates attached?		Yes [] No []
6.4	Are all applicant's proof of in	ncome attached	? Yes [] No []
6.5	Is the certificate of possession	on attached?	Yes [] No []
6.6	Are sections 6 & 7 completed	1 ?	Yes [] No [1

SECTION SEVEN (7):

EACH OF THE UNDERSIGNED HEREBY AUTHORIZE THE WALPOLE ISLAND FIRST NATION BAND COUNCIL TO OBTAIN SUCH FURTHER INFORMATION FROM OTHERS AS IT MAY REASONABLY REQUIRE TO DISCLOSE TO OTHERS AS CREDIT GRANTORS OR CREDIT BUREAUS, AS PERMITTED BY LAW, INFORMATION RELATING TO THIS APPLICATION.

ALL INFORMATION GIVEN BY THE UNDERSIGNED IN THIS APPLICATION IS TRUE.

Applicant Name	Signature	Date
Co-applicant Name	Signature	Date
Co-signer Name	Signature	Date
Witness (is needed only when someone is signing with an X)	Signature	Date

THIS APPLICATION WILL NOT BE CONSIDERED IF IT IS NOT SIGNED, DATED OR FULLY COMPLETED.

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