

# HOUSING APPLICATION

Name: \_\_\_\_\_

Please mark 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## INSTRUCTIONS:

### 1. Applicant

- Section 1: Applicant Personal History
- Section 2: Applicant Personal Information
- Section 6: Applicant Request
- Section 7: Signature

### 2. Co-applicant (if applicable)

- Section 3: Co-applicant Personal Information
- Section 7: Signature

### 3. Co-signer (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):**

I/We \_\_\_\_\_ am a/are member(s) of the Walpole Island First Nation and hereby submit to the Walpole Island First Nation Housing Committee, the following information:

**Applicant Personal History:**

1.1 Do you:

Own?	Yes [ ]	No [ ]	Expiry Date: _____
Have a mortgage?	Yes [ ]	No [ ]	
Rent?	Yes [ ]	No [ ]	Expiry Date: _____
Board with relatives?	Yes [ ]	No [ ]	
Have a lease?	Yes [ ]	No [ ]	

1.2 Is there cause for eviction? Yes [ ] No [ ]  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.3 Landlord's Name: \_\_\_\_\_  
Print Signature

1.4 Landlord's Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business

1.5 Expenses:

Rent:	\$ _____	per month
Water:	\$ _____	per annum
Hydro:	\$ _____	per month
Heating:	\$ _____	per season
Telephone:	\$ _____	per month
Other:	\$ _____	
Total Expense:	\$ _____	per month

1.6 Individuals that are to reside with you?

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

_____	_____	_____	_____	_____
Last Name	First Name	D.O.B.	Sex	Relationship

**SECTION TWO (2):**

**Applicant Personal Information:**

2.1 Full Name: \_\_\_\_\_  
 2.2 Band No.: \_\_\_\_\_  
 2.3 Date of Birth: \_\_\_\_\_  
 DD/MM/YYYY

2.4 Marital Status: \_\_\_\_\_  
 2.5 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 2.6 Messages: (\_\_\_\_) \_\_\_\_\_

2.7 Living Location: \_\_\_\_\_

2.8 Mailing Address: \_\_\_\_\_  
 Street; P.O. Box; R.R.#

\_\_\_\_\_  
 City, Town Prov/State Postal Code/Zip

2.9 Email: \_\_\_\_\_

**Employment History:**

2.10 Present Employer: \_\_\_\_\_  
 2.11 Employer's Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Business

2.12 Length of Employment: \_\_\_\_\_  
 Years Months

**Income/Earnings:  
 Income – verification will be required.**

2.13	Employment	\$ _____	Weekly/Biweekly/Monthly
2.14	Social Assistance	\$ _____	
2.15	Family Benefits	\$ _____	Caseworker No. _____
2.16	Disability Pension	\$ _____	
2.17	Canada Pension	\$ _____	
2.18	Widows Pension	\$ _____	
2.19	Veterans Pension	\$ _____	
2.20	Social Security	\$ _____	
2.21	Baby Bonus	\$ _____	
2.22	Farm Rental	\$ _____	
2.23	Cottage Rental	\$ _____	
2.24	G.S.T.	\$ _____	Quarterly/Yearly
2.25	Other _____	\$ _____	
2.26	Bank Institution	_____	
2.27	Bank Balance	\$ _____	

**Credit History:  
 Firm/Company**

	<b>Balance</b>	<b>Monthly Payment</b>
2.28 Band Office	\$ _____	\$ _____
2.29 Bank/Car Loans	\$ _____	\$ _____
2.30 Credit Cards	\$ _____	\$ _____
2.31 Credit Cards	\$ _____	\$ _____
2.32 Furniture	\$ _____	\$ _____
2.33 Department Stores	\$ _____	\$ _____
2.34 Department Stores	\$ _____	\$ _____
2.35 Other _____	\$ _____	\$ _____
2.36 Other _____	\$ _____	\$ _____





**SECTION FIVE (5):**

**Co-signer Personal History:**

5.1 Do you:

- Own? Yes [ ] No [ ]
- Have a mortgage? Yes [ ] No [ ]
- Rent? Yes [ ] No [ ]
- Board with relatives? Yes [ ] No [ ]
- Have a lease? Yes [ ] No [ ]

Expiry Date: \_\_\_\_\_.

Expiry Date: \_\_\_\_\_.

5.2 Is there cause for eviction? Yes [ ] No [ ]  
If yes, please explain:

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5.3 Landlord's Name: \_\_\_\_\_  
Print Signature

5.4 Landlord's Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business

5.5 Expenses:

- Rent: \$ \_\_\_\_\_ per month
- Water: \$ \_\_\_\_\_ per annum
- Hydro: \$ \_\_\_\_\_ per month
- Heating: \$ \_\_\_\_\_ per season
- Telephone: \$ \_\_\_\_\_ per month
- Other: \$ \_\_\_\_\_
- Total Expense: \$ \_\_\_\_\_ per month

**SECTION SIX (6):**

**Applicant's Request:**

6.1 Amount of money that is to be borrowed? \_\_\_\_\_

6.2 What exactly is the money being used for (explain):

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**MANDATORY:**

- 6.3 Are estimates attached? Yes [ ] No [ ]
- 6.4 Are all applicant's proof of income attached? Yes [ ] No [ ]
- 6.5 Is the certificate of possession attached? Yes [ ] No [ ]
- 6.6 Are sections 6 & 7 completed? Yes [ ] No [ ]

**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

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