

APPENDIX A

August 1/18 draft

APPLICATION FOR HOUSING

ASHCROFT INDIAN BAND HOUSING POLICY

Date Received: _____

Name: _____ Phone: _____

Email: _____ Box Number or Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Band Number: _____ Date of Birth: _____

Please put N/A if any items do not apply to you or your family.
DO NOT LEAVE ANY BLANK SPACES.

HOUSING PROGRAM (Please check as many programs as apply – you may apply for more than one program. Talk to the Housing Manager if you are unsure about which programs you should apply for).

- Social Housing
- Rental Housing
- Elder Unit

HOUSEHOLD

Please tell us about the people who live in your household and who will be moving in with you.

Name	Relationship to Head	Age	Male/Female	Birthdate	Band Number
1.					
2.					
3.					
4.					
5.					

OTHER HOUSEHOLD INFORMATION

Please attach an extra sheet to this application if more space is needed to respond to the questions.

Is anyone in your household disabled? _____

CURRENT HOUSE

Has your current house been condemned? _____

Is your current house uninhabitable? _____

Do you own or rent your current house? _____

What are your monthly payments for the house? _____

Have you ever missed a payment on the house? _____

Do you have any outstanding payments due on the house? _____

What are your average utility payments (heating, electricity, water etc.) each month? _____

Are there any other circumstances that you would like us to know about your current living situation?

INCOME

What was your total annual household income (from all sources) in the last calendar year? _____

What was your total annual household income (from all sources) the year before last? _____

How much money do you have in savings? _____

Please list any debts you have and the payments you make below.

Loan From:	Loan For:	Total Debt	Monthly Payments
e.g., Bank of Montreal	Car	\$15,000	\$345

What debts do you have to the Band (eg. rental arrears, outstanding bills)?

Please attach your income tax return and notice of assessment from the previous year to this application.

EMPLOYMENT

Name, address and phone number of current employer:

How long have you been in this job? _____

REFERENCES

Name	Phone Number	Email Address	Relationship to you
1.			
2.			

I _____ give the Band permission to contact the above character references and to request information about me from them, for the purpose of this application.

OTHER INFORMATION

Attach your criminal record check. Please explain any items noted on the criminal record check, below:

Have you completed any associated housing programs, such as the new renter training program, including rental unit maintenance, or social housing program training?

No

Yes: Description _____

APPLICANT STATEMENT

I hereby certify that the information given the Band on this form is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for denial of housing assistance or termination of a rental agreement.

Signature of Head of Household _____

Date _____

Signature of Co-Applicant _____

Date _____

For Internal Use Only	
Date Processed	
Moneys Owed to the Band	
Income Tax Return and Notice of Assessment	
Employment Verified	
References Checked	
Criminal Records Check	
Housing Programs Completed New Renter Training Program including Rental Unit Maintenance Social Housing Program Training	
Credit Report	
Acceptance Letter Sent Social Housing Rental Housing Elder Unit	
Added to Housing Waiting List	