



Chippewas of Nawash Housing

**Suite 131 – 33 Maadookii Crescent, Neyaashiinigiing, Ontario NOH 2T0
(519) 534-1195**

SENIOR APARTMENT COMPLEX RENTAL APPLICATION

Must be 50 years of age or older to apply.

An application will not be scored until it has been fully completed.

The Housing Department is not responsible for updating Housing Applications or keeping them current. A Housing Application that has not been updated by April 1st of each year will be considered inactive and removed from the Waiting List.

Date of Application	
Name of Applicant	
Number of bedrooms needed	
Date Application submitted	

1. Applicant Information

Please list the names of all of the individuals who will be living in the rental unit. The first name on the list should be the primary occupant (head of the household). Secondary Occupant could be considered as spouse or partner.

Name (First and Last Name)	Date of Birth	Male or Female	Relationship to Primary Occupant	CNUFNN membership #
1. Primary Occupant:				
2. Secondary Occupant:				
3.				
4.				
5.				
6.				

2. **What is your current address?**

Street No. & Name/Box Number/R.R. #:		
First Nation/City/Municipality:	Province:	Postal Code:

Rental Application -FN Rental Unit What is your mailing address (if different from #2):

Street No. & Name/Box Number/R.R. #:		
First Nation/City/Municipality:	Province:	Postal Code:

3. **Contact information**

Primary Occupant	Home phone #	Work phone #	Cell phone #
Secondary Occupant			
E-mail Address			

4. **Name of Person to Contact in Your Absence for messages**

Name: _____	Home phone #	Work phone #	Cell phone #
Relationship: _____ (i.e. friend, relative)			

5. **Employment History**

Name of present employer/source of income:	
Employment Address:	
City/Town/Reserve:	Postal Code:
Telephone Number:	Occupation:
Other Income:	
<i>Note: *Applicant must provide copy of most recent T4 & current pay stub.*</i>	

6. **Information on your current and previous accommodation**

Do you rent or own your current home (please check one)?			Rent <input type="checkbox"/>	
			Own <input type="checkbox"/>	
What is the monthly rent that you pay at your current address?			\$	
<i>Please provide information on your current and last residence</i>				
	From Date	To Date	Name of Landlord (if applicable)	Phone number for landlord
Current address				
Previous address				

7. Current Living Conditions:

- a. The current dwelling poses a health and/ or safety risk to the occupants (must be supported by documentation such as inspection report or someone with authority)
Provided detail:**

- b. What is considered an overcrowded situation by the National Occupancy Standards (NOS):**

1. National Occupancy Standards' guidelines;

a. Suitable housing:

- i.** Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements. Enough bedrooms based on NOS requirements means one bedroom for:
- ii.** each cohabiting adult couple;
- iii.** unattached household member 18 years of age and over;
- iv.** same-sex pair of children under age 18;
- v.** and additional boy or girl in the family, unless there are two opposite sex children under 5 years of age, in which case they are expected to share a bedroom.
- vi.** A household of one individual can occupy a bachelor unit (i.e. a unit with no bedroom).

- c. The current household is overcrowded; please provide details with supporting documents by authoritative agent and using NOS's guidelines above.**

- d. Presently are you residing in temporary type housing situation? If yes provide details and how long:**

- e.** Yes No

8. Number of household member(s) who require disabled access or special modifications, please elaborate and justify by proper documentation:

9. What type of Housing are you and your family requiring? The house must meet National Occupancy Standards.

- a. Bachelor 1 bedroom 2 bedrooms

10. Gross Monthly Income:

Primary Applicant \$ _____/Month

Co-Applicant \$ _____/Month

Must provide proof of income - cheque stubs, bank statements, Income Assistance Affordability analysis to ensure applicant can afford monthly rent.

ODSP and Social Service income recipients are encouraged to provide the shelter component of their income.

11. Two Reference Letters from either:

a. Two landlord references are submitted (the references must be from the two most recent landlords).

- i. Yes No N/A

b. Have not rented before, two character references letters are submitted (not immediate family).

- i. Yes No N/A

12. If any information on this application should change, it is your responsibility to contact the Housing Department to update the current information. (phone number, change of address, email etc.

Primary occupant (please print)	
Signed	Date:

Secondary occupant (please print)	
Signed	Date:

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL AND USED FOR THE PURPOSE DESCRIBED HEREIN.

For Housing Unit use only		
Check off appropriate box and print name where required		
1. Date Received: _____ Via: Person <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/>	2. Acknowledge letter of receiving application and will be reviewed: Date: _____ by: _____	3. Review of application for completion? Date Reviewed: _____ Reviewer: _____ Complete: <input type="checkbox"/> Incomplete: <input type="checkbox"/>
4. Reason for incomplete _____ _____ _____ _____ _____ _____	5 For incomplete application, contacted applicant by: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/> Date: _____ Notes: _____ Contacted person: _____ Reviewed by: _____	6. . Application eligible or ineligible? Yes: <input type="checkbox"/> No: <input type="checkbox"/> details _____ _____ _____
7. Confirmation letter for eligibility or ineligibility sent Date: _____ by: _____	8. Filed accordingly as eligible or Ineligible: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____ Inputted into the Housing Waiting list: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____	9. Date of Conditional Housing Offer : _____ by: _____ Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
Authorized by Print: _____		Authorized by Signature: _____
Dated: _____		
Update # 1 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____ _____
Update # 2 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____ _____
Update # 3 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____ _____