



NEQOTKUK MALISEET NATION - HOUSING AUTHORITY

APPLICATION FOR ON RESERVE HOUSING

- 1. Please provide answers to all questions on the application form.**
- 2. If you need help in completing the application, contact the office of the ' Housing Administrator ' Tel: 273 - 5659.**
- 3. Once completed, drop off the application in person to the office of the ' Housing Administrator ', located on the lower level of the Training Centre. Between the hours of 9:00 AM and 4:00 PM.**

Application No. _____

Applicant's Contact Information		
<u>Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>
_____ () _____	_____ () _____	_____ () _____
<u>Present Address</u>		
Civic (Street) _____	Apt No. _____	
City/Town _____		
Province _____	Postal Code _____	

Applicant's Personal Information			
<u>Date of Birth</u>	<u>Sex</u>	<u>Marital Status</u>	
____/____/____ YYYY MM DD	M <input type="checkbox"/> F <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	
<u>Band No.</u> _____			
<u>Dependants</u>			
<i>List all members of your current household. - Include only individuals who will be living with you at the new residence</i>			
	Name	D.O.B	Relationship
1			
2			
3			
4			
5			
6			

Co - Applicant's Contact Information. (Including spouse and/or adults 18+)		
<u>Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>
_____ () _____	_____ () _____	_____ () _____
<u>Present Address (if different than above)</u>		
Civic (Street) _____	Apt No. _____	
City/Town _____		
Province _____	Postal Code _____	

Co - Applicant's Personal Information (Including spouse and/or adults 18+)			
<u>Date of Birth</u>	<u>Sex</u>	<u>Marital Status</u>	
____/____/____ YYYY MM DD	M <input type="checkbox"/> F <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	
<u>Band No.</u> _____			

Current Housing Information

Have you or your spouse previously lived in Band owned housing ?

Yes No

If "YES" give details (location and reason for moving)

Length of Residency in The Community ?

Months ____ Years ____

Type of Home You are Applying For:

House

No. Bedrooms

Apartment

Current Home

Rent

Own

Other (give details)

Home Details

Number of Bedrooms

One

Two

Three

Four

Number of Bathrooms

One

Two

Kitchen

Yes

No

Living / Family Room

Yes

No

Other Rooms (give details)

Current Home Condition

Good

Fair

Poor

Briefly describe your current living conditions, include such details as overcrowding or in need of repair (if they apply to your current situation).

Briefly explain why you are applying for on-reserve housing. Include circumstances such as moving back to community, change in family size or change in marital status (if they apply to you).

Do you or a member of your household require any special needs within the home, such as wheelchair accessibility ?

Yes No

If you answered 'Yes', please provide details below.

Employment Information

Applicant

- | | |
|---|--|
| <input type="checkbox"/> <i>Employed Full Time</i> | <input type="checkbox"/> <i>Employed Part Time</i> |
| <input type="checkbox"/> <i>Retired & Receiving a Pension</i> | <input type="checkbox"/> <i>Receiving EI Benefits</i> |
| <input type="checkbox"/> <i>Receiving Social Assistance</i> | <input type="checkbox"/> <i>Other (specify) _____</i> |

Co - Applicant

(if applicable)

- | | |
|---|--|
| <input type="checkbox"/> <i>Employed Full Time</i> | <input type="checkbox"/> <i>Employed Part Time</i> |
| <input type="checkbox"/> <i>Retired & Receiving a Pension</i> | <input type="checkbox"/> <i>Receiving EI Benefits</i> |
| <input type="checkbox"/> <i>Receiving Social Assistance</i> | <input type="checkbox"/> <i>Other (specify) _____</i> |

Income Information

Monthly Income	Applicant	Co-Applicant	Other Household Member(s) (18+)
<i>Current Job</i>	\$ _____	\$ _____	\$ _____
<i>Social Assistance</i>	\$ _____	\$ _____	\$ _____
<i>Old Age Security</i>	\$ _____	\$ _____	\$ _____
<i>Canada Pension</i>	\$ _____	\$ _____	\$ _____
<i>Disability Pension</i>	\$ _____	\$ _____	\$ _____
<i>Pension - Other</i>	\$ _____	\$ _____	\$ _____
<i>Employment Insurance</i>	\$ _____	\$ _____	\$ _____
<i>Child Support</i>	\$ _____	\$ _____	\$ _____
<i>Child Tax Benefit</i>	\$ _____	\$ _____	\$ _____
<i>Childcare Support</i>	\$ _____	\$ _____	\$ _____
<i>GST Rebate</i>	\$ _____	\$ _____	\$ _____
<i>Spousal Support</i>	\$ _____	\$ _____	\$ _____
<i>Other Income (give details)</i>	\$ _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____	\$ _____

Expense Information

Monthly Expense	Applicant	Co-Applicant	Other Household Member(s) 18+
Rent	\$ _____	\$ _____	\$ _____
Mortgage + Taxes	\$ _____	\$ _____	\$ _____
Utilities (Cable, Hydro, etc)	\$ _____	\$ _____	\$ _____
Home Insurance	\$ _____	\$ _____	\$ _____
Other Insurance (Car , Life)	\$ _____	\$ _____	\$ _____
Childcare	\$ _____	\$ _____	\$ _____
Personal Loan Payment	\$ _____	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____	\$ _____
Credit Card Payment	\$ _____	\$ _____	\$ _____
Child Support Payment	\$ _____	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____	\$ _____

References

Provide contact information for three (3) people who have known you for two (2) years and are not related to you.

	Name	Address	Telephone No.
1			
2			
3			

Authorization and Release

The undersigned declare(s) that the statements made in this application are true and correct. I/We, the application(s), consent to any inquiries by Neqotkuk Maliseet Nation deemed necessary to reach a decision on this application, including contacting references and criminal background checks. I/we consent to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom we have financial relations.

I/We understand the Neqotkuk Maliseet Nation is using this information to assess my/our qualifications for on- reserve housing and that the evaluation may also include personal visits, credit checks, financial review with budget analysis and employment verification.

I/We further certify that I/We have answered all the questions truthfully and to the best of my/our knowledge. I understand that if I have not answered the questions truthfully, my/our application may be denied and that even if I/We have already been selected to receive a home, I/We may be disqualified from the program.

Applicant's Signature

Co - Applicant's Signature

Print Name

Print Name

Date

Date

Acknowledgement of Application (for office use only)

Housing Administrator

Date