

APPENDIX 2 – TFN HOUSING APPLICATION HOUSING RENTAL APPLICATION

Date of Application		
Name of Applicant		
Number of bedrooms needed		

1. Applicant Information

Please list the names of all of the individuals who will be living in the home. The first name on the list should be the primary occupant (head of the household). Under 'Relationship to Primary Occupant' this could be spouse/partner, children/dependents (son, daughter), and other family member such as aunt, grandparent or someone not related to the primary occupant.

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

2. Current residential and postal 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 (NTD: add row for email of each occupant)

	Home phone #	Work phone #	Cell phone #
Primary Occupant			

Secondary Occupant			
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4. Alternate 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):
 (NTD: item in this section can be moved to a note at the end of the document)

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:**

- 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. 1 bedroom 2 bedrooms 3 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.

11. Two Reference Letters from either:

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

Yes No N/A

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

Yes No N/A

Primary occupant (please print)	
Signed	Date:

Secondary occupant (please print)	
Signed	Date:

Please return this form to housingtfn@temagamifirstnation.ca or print and return to the band office
ATTN: Elizabeth Potts, TFN Housing Supervisor

***Include all required supporting documents as attachments in your email**