



F O R T W I L L I A M F I R S T N A T I O N

FORT WILLIAM FIRST NATION

HOUSING APPLICATION FORM

Last Name	First Name	Middle Initial
Maiden Name/Alias:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Date of Birth (MM/DD/YY)		<input type="checkbox"/> Age Yrs. <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number:		

Mailing Address

Address:		
City:	Prov:	Postal Code:
Tel:	Cell #:	Work #:
Can you take personal calls at work?		
Alternate contact information:		

Telephone Numbers

Home:	Cellular:
Work:	Can you take personal Calls <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Contact Information:	

Present Accommodation

Home Information <input type="checkbox"/> Own <input type="checkbox"/> Co-Owner <input type="checkbox"/> Rent <input type="checkbox"/> Homeless
Are you currently in Crisis Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Landlord

Name:
Landlord Address:
Move-In Date:
Do you Have a Lease: <input type="checkbox"/> No <input type="checkbox"/> Yes Expiry Date:

Co-Applicant Details

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Last Name	First Name	Middle Initial
Maiden Name/Alias		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Date of Birth (MM/DD/YYYY)		Age <input type="checkbox"/> Male <input type="checkbox"/> Female
Registered Indian <input type="checkbox"/> Yes <input type="checkbox"/> No		Band Name:
S.I.N.		F.N. Registration Number

Other Occupants

Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YYYY)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female	
S.I.N.		
Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify:
Relation to Applicant <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative		

Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YYYY)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female	
S.I.N.		
Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify:
Relation to Applicant <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative		

Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YYYY)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female	
S.I.N.		
Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify:
Relation to Applicant <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative		

Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YYYY)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female	
S.I.N.		
Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify:
Relation to Applicant <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative		

Please use additional paper to add additional occupants with same information.

Verification of Income

Tenant Last Name				
Tenant First Name				
Sources of Income	Gross Monthly Amount	Gross Monthly Amount	Gross Monthly Amount	Gross Monthly Amount
Ontario Works				
O.D.S.P.				
Employment F/T				
Employment P/T				
Self Employed				
Rent Revenue				
Employment Ins.(E.I.)				
WSIB (short term)				
WSIB (long term)				
Old Age Security				
Canada Pension				
Education Living Allowance				
Other				
Total Monthly Income	\$	\$	\$	\$

Accessibility

Do you or family members have accessibility needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Please specify		
Do all household members currently reside in present accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Please explain.		

Supporting Information

Are there any Health and Safety issues of your current accommodation (overcrowding, hazards, etc)

Declaration , Consent and Release of Information

I declare that all information provided in this application is correct and complete to the best of my knowledge. The application and supporting documents, once received by FWFN become the property of FWFN Housing Department for file, reference and selection purposes. FWFN reserves the right to place applications on waiting lists as deemed necessary.

Personal Information contained in this application or in the attachments is collected by the FWFN Housing Department pursuant to the Freedom of Information and Protection of Privacy Act, (R.S.O. 1990,c.M.56). This information will be used solely to determine eligibility of FWFN Low Income, Rent-to Own, Special Needs Housing, size and type of housing unit and placement of the household on waiting lists on Reserve.

Personal Information may be disclosed to internal FWFN departments that assist in the provision of services and financial assistance to the applicant. Information provided by the household may be shared for the purpose of making decisions or verifying eligibility for assistance under the Ontario Disability Support Program Act (1997), Ontario Works Act (1997).

The Applicant consents to the verification, disclosure and transfer of information given on this form and attachments by or to any of the above entities and will provide any supporting material or documents.

Any questions relative to the collection of this information can be directed to the FWFN Housing Manager 200-90 Anemki Drive, Fort William First Nation, Ontario, P7J 1L3 (807-623-9543).

Signatures

Applicant

Date

Co-Applicant

Date

Attach the following documents to your application

Failure to submit all supporting documents will result in a delay in processing your application

Proof of First Nation Registration: If the co-applicant or family members are members of a First Nation other than Fort William First Nation, we will require copies of their Status Card.

Legal Custody: Should any of the family members listed in this application be under your legal custody, legal documents will be required to verify family composition.

Verification of all sources of income: Pay stubs or letter from employer indicating the same; EI benefits; self-employment monthly statements from business; CPP and all other pensions.

Accessibility Needs: Supporting letters from doctor or specialist identifying the Accessibility Needs.

Important Information to Applicants

- 1. Having a poor credit history with local Utility Companies can seriously affect your ability to secure housing. The successful awarding of a housing unit will be based on proof that the applicant can secure an active account with both Thunder Bay Hydro and Union Gas.**
- 2. Those applicants having an accounts receivable (owing money) to FWFN will have to ensure a payment arrangement has been made and accepted by FWFN.**

APPLICATIONS CAN BE DROPPED OFF OR MAILED TO:

Fort William First Nation

200-90 Anemki Dr.

Fort William First Nation, Ontario

P7J 1L3

Att: Housing Manager