



Please provide Fort William First Nation Housing Department with all information requested on the Housing Application. Please note that housing applications must now be updated annually; failure to do so will be grounds to remove your application from the Housing Waitlist. Only complete applications will be accepted. If you need help filling out the application, feel free to call the Housing Department at (807) 623-9543.

PRIMARY APPLICANT DETAILS

Full Name (First, Middle, Last):		Title:
Alias/Maiden Name:		
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:
Social Insurance Number:		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Member of FWFN: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Nation Registration Number:	

APPLICANT'S CONTACT INFORMATION

Telephone Number:	Cellular Number:
Work Number:	Extension:
Can you take personal calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ALTERNATE CONTACT INFORMATION

Telephone Number:	Cellular Number:
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APPLICANT'S MAILING ADDRESS

Address:	Province:
City:	Postal Code:

PRESENT ACCOMMODATION

Address of Accommodation:	
Home Information: <input type="checkbox"/> Own/Co-Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other	
If Other, please explain:	



CURRENT LANDLORD

Full Name:

Landlord's Address:

Province:

City:

Postal Code:

Move-In Date:

Lease Agreement:

Yes

No

Expiry Date:

ACCESSIBILITY

Do you or family members have accessibility needs?

Yes

No

If Yes, please explain:

Do all household members currently reside at present accommodation?

Yes

No

If No, please explain:

SUPPORTING INFORMATION

Are there any Health and Safety issues at your current accommodation?
(Overcrowding, hazards, etc.)

Yes

No

If Yes, please explain:

CO-APPLICANT DETAILS

Full Name (First, Middle, Last):		Title:
Maiden Name/Alias:		
Marital Status:	Date of Birth (MM/DD/YYYY):	Age:
Social Insurance Number:		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Registered Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Band Name:	
First Nation Registration Number:		

OTHER OCCUPANT INFORMATION

Full Name(First, Middle, Last):	
Date of Birth (MM/DD/YYYY):	Age:
Social Insurance Number:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
In School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Special Needs:
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative	

OTHER OCCUPANT INFORMATION

Full Name(First, Middle, Last):	
Date of Birth (MM/DD/YYYY):	Age:
Social Insurance Number:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
In School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Special Needs:
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative	



OTHER OCCUPANT INFORMATION

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In School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Special Needs:
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Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Special Needs:
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative	

VERIFICATION OF INCOME

Please fill out the following chart with first and last name(s), and the monthly amount from your income source(s). Add all of your Monthly Amounts of income together to find the Total Monthly Income for the applicant, co-applicant (if applicable), and any other occupants.

	Applicant	Co-Applicant	Other Occupant
First Name			
Last Name			
Income Source	Monthly Amount	Monthly Amount	Monthly Amount
Ontario Works			
Ontario Disability Support Program			
Full-time Employment			
Part-time Employment			
Self Employed			
Rent Revenue			
Employment Insurance			
WSIB (Short Term)			
WSIB (Long Term)			
Canada Pension			
Education Living Allowance			
Other			
Total Monthly Income	\$	\$	\$

**It is very important to provide the Fort William First Nation Housing Department all information relevant to the Housing Application. Please note that you must attach verification for all sources of income for your application to be accepted as complete. This includes pay stubs or a letter from your employer, EI benefits, self-employment monthly statements from your business, CPP and all other pension.*

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 Synergy North and Union Gas (Enbridge Gas Inc.).
2. Those applicants having an accounts receivable (owing money) to Fort William First Nation will have to ensure a payment arrangement has been made and accepted by Fort William First Nation before your application will be accepted and considered for housing.

SUPPORTING DOCUMENTATION CHECKLIST

Please ensure to attach your supporting documentation to your Housing Application.
Failure to submit ALL supporting documentation can result in a delay in processing your Application.

<input type="checkbox"/>	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.
<input type="checkbox"/>	Child Welfare Documentation
	Should any of the family members listed in this application be under your legal custody, legal documents will be required to verify family composition.
<input type="checkbox"/>	Verification of all Sources of Income
	Pay stubs or a letter from your employer indicating the same; EI benefits; self-employment monthly statements from business; CPP and all other pensions.
<input type="checkbox"/>	Accessibility Needs
	Supporting letters from doctor or specialist identifying the Accessibility Needs.
<input type="checkbox"/>	Reference Letters
	A reference from previous landlords, and current landlord should include information regarding the care and condition of your rental unit, a summary of your landlord/tenant relationship, whether the payment of rent has been timely, and it should give insight on tenant behaviour while occupying the rental unit.

HOUSING APPLICATIONS CAN BE DROPPED OFF OR MAILED TO:

**Fort William First Nation
90 Anemki Drive – Suite 200
Fort William First Nation, Ontario
P7J 1L3**

**Attention: Housing Manager
OR
Community Relations & Administrative Assistant**

DECLARATION CONSENT & 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 Fort William First Nation Housing Manager 90 Anemki Drive – Suite 200, Fort William First Nation, Ontario, P7J 1L3 (807-623-9543).

Signatures

Applicant's Signature

Date:

Co-Applicant's Signature

Date:
