

**Reminder:** Information you provide in this application is voluntary. To ensure equitable evaluation, please include all information requested within this application and return to the Fort William First Nation's Housing Department. **For assistance completing application, please contact: Housing Coordinator, (807) 623-9543 Ext 223 or BriannaHyslop@fwfn.com**

PRIMARY APPLICANT'S DETAILS						
Full Name (First, Middle, Last):						
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:	Female:	Non-Binary:
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of FWFN: <input type="checkbox"/> Yes <input type="checkbox"/> No		First Nation Registration Number:				
PRIMARY APPLICANT'S CONTACT INFORMATION						
Telephone Number:			Cellular Number:			
Email Address:						
Work Number:			Extension:			
PRIMARY APPLICANT'S MAILING ADDRESS						
Street Address:			Province:			
City:			Postal Code:			
PRIMARY APPLICANT'S 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"/> Living/staying with Family	<input type="checkbox"/> Other
If Other, please explain:						
PRIMARY APPLICANT'S CURRENT LANDLORD						
Full Name:				Province:		
Landlord's Address:				City:		
Postal Code:		Phone Number/Email:		Move-In Date:		
Lease Terms: <input type="checkbox"/> Month-to-Month <input type="checkbox"/> 6-12 Months <input type="checkbox"/> N/A				Expiry Date:		

<b>DOCUMENTED ACCESSIBILITY NEEDS</b>	
Do you or family members have documented accessibility needs? (e.g. limited mobility)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Do all household members currently reside at present accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain:	

<b>DOCUMENTED SUPPORTING INFORMATION</b>	
Are there any documented Health and Safety concerns at your current accommodation? (e.g. Domestic Violence, Overcrowding, Health Hazards, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	

<b>CO-APPLICANT'S DETAILS</b>	
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"/> Non-Binary: <input type="checkbox"/>
Registered Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Band Name:
First Nation Registration Number:	



<b>OTHER OCCUPANT (1) INFORMATION</b>			
Full Name (First, Middle, Last):			
Date of Birth (MM/DD/YYYY):			Age:
Social Insurance Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Non-Binary: <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:		
Registered Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Band Name:		
First Nation Registration Number:			
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative			
<b>OTHER OCCUPANT (2) INFORMATION</b>			
Full Name (First, Middle, Last):			
Date of Birth (MM/DD/YYYY):			Age:
Social Insurance Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Non-Binary: <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:		
Registered Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Band Name:		
First Nation Registration Number:			
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative			
<b>OTHER OCCUPANT (3) INFORMATION</b>			
Full Name (First, Middle, Last):			
Date of Birth (MM/DD/YYYY):			Age:
Social Insurance Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Non-Binary: <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:		
Registered Indian:			
First Nation Registration Number:			
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative			



<b>OTHER OCCUPANT (4) INFORMATION</b>			
Full Name (First, Middle, Last):			
Date of Birth (MM/DD/YYYY):			Age:
Social Insurance Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Non-Binary: <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:		
Registered Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Band Name:		
First Nation Registration Number:			
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative			
<b>OTHER OCCUPANT (5) INFORMATION</b>			
Full Name (First, Middle, Last):			
Date of Birth (MM/DD/YYYY):			Age:
Social Insurance Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Non-Binary: <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:		
Registered Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Band Name:		
First Nation Registration Number:			
Relation to Applicant: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative			
<b>OTHER OCCUPANT (6) INFORMATION</b>			
Full Name (First, Middle, Last):			
Date of Birth (MM/DD/YYYY):			Age:
Social Insurance Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Non-Binary: <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:		
Registered Indian:			
First Nation Registration Number:			
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**

Complete the respective column of the following chart for each income generating occupant. Add all Occupant's Total Monthly Income amounts together to obtain the Household Total Monthly Income.

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Other Occupant</b>
<b>First Name</b>			
<b>Last Name</b>			
<b>Income Source</b>	<b>Monthly Amount</b>	<b>Monthly Amount</b>	<b>Monthly Amount</b>
Ontario Works/Social Service			
Canada Child Benefit Tax			
Ontario Disability Support Program			
Full-time Employment			
Part-time Employment			
Contract Employment			
Self Employed			
Rent Revenue			
Employment Insurance			
WSIB (Short Term)			
WSIB (Long Term)			
Canada Pension			
Education Living Allowance			
Other			
<b>Occupants Total Monthly Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Household's Total Monthly Income</b>	<b>\$</b>		

**\*Note:** You must attach verification for all sources of income for your application to be complete. This includes pay stub(s) and/or official documentation for: employment, Canada Child Benefit(s), EI benefit(s), self-employment monthly statement(s), Canada Pension Plan and all income sources.

**IMPORTANT INFORMATION TO APPLICANTS**

1. Having a poor credit history with local Utility Companies will 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**

**You must attach ALL supporting documentation to your Application for Housing.  
Failure to submit ALL supporting documentation can result in a delay or cancelation of your Application.**

<input type="checkbox"/>	<b>Proof of First Nation Registration</b>
	If any occupant listed in this application are members of a First Nation other than Fort William First Nation, we require copies of their Status Card.
<input type="checkbox"/>	<b>Child Welfare/Custody Documentation</b>
	Should any of the dependants listed in this application be under your legal custody, legal documents will be required to verify family composition.
<input type="checkbox"/>	<b>Verification of all Sources of Income</b>
	You must attach verification for all sources of income. This includes pay stub(s) and/or official documentation for: employment, Canada Child Benefit(s), EI benefit(s), self-employment monthly statement(s), Canada Pension Plan and all income sources.
<input type="checkbox"/>	<b>Documented Accessibility Needs</b>
	Supporting letter(s) from doctor or specialist identifying the documented accessibility needs.
<input type="checkbox"/>	<b>Documented Health and Safety Concerns</b>
	Supporting documentation that identified the Health and Safety Concern.
<input type="checkbox"/>	<b>Reference Letters</b>
	A reference from previous landlord(s), and current landlord must be included. 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:**

**C/O: Housing Coordinator**  
 Fort William First Nation  
 100 Little Lake Road, Orion Building Suite 201  
 Fort William First Nation, Ontario  
 P7J 0L2

**DECLARATION CONSENT & RELEASE OF INFORMATION**

*I declare all information provided in this application is truthful, accurate and complete to the best of my knowledge and abilities. I understand my application may be disqualified if it is proven that dishonest, inaccurate or incomplete information is included.*

*I understand this application and the supporting document(s), once received by Fort William First Nation (FWFN), become the sole property of FWFN Housing Department indefinitely for file, reference, verification and selection purposes now and/or in the future.*

*I understand that FWFN reserves the right to allocate housing, and/or place application(s) on waiting list(s) as deemed necessary. I understand that myself, and anyone advocating on my behalf are to respect FWFN staff and their decision-making, and that FWFN staff may discontinue service if abusive or threatening language or behaviour(s) are exhibited during our interactions.*

*I understand 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 needs based on family composition.*

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

*I, 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 as requested.*

Questions relative to the collection of information can be directed to: Housing Manager, Fort William First Nation, 100 Little Lake Road – Suite 201, Fort William First Nation, ON, P7J 0L3 (807) 623-9543.

**Signatures**

*Applicant's Signature*

*Date:*

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*Co-Applicant's Signature*

*Date:*

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