

HOUSING APPLICATION

Note that all information will be held in strict confidence. The undersigned applicant is applying for a Social Housing Home with the Bonaparte Indian Band and agrees to abide by the standard terms and conditions of the Housing Policy as agreed upon by the Bonaparte Indian Band Housing Committee. NOTE: It is the responsibility of the applicant to ensure a current address is on file with the Bonaparte Housing Department.

Applications will be kept on file for one year. After one year, the applicant must submit a new application in order to maintain his or her position on the Master Waiting List. A new application is required in order to keep the Band advised of changing circumstances of applicants. Submitting a new application does not mean that the applicant goes to the bottom of the list; the applicant stays in the same place on the list.

Applicant:	Co-Applicant:
Address :	Address:
Phone :	Phone:
E-Mail Address:	E-Mail Address:
Applicant's Present Employer's Name	Co-Applicant's Present Employer's Name:
Address of Employment	Address of Employment:
Occupation	Occupation
Length of Employment	Length of Employment

OTHER FAMILY MEMBERS TO RESIDE IN ACCOMMODATION APPLIED FOR:

LAST NAME	FIRST NAME	STATUS NUMBER	DATE OF BIRTH	SEX	RELATIONSHIP
		Non-Member/Member of Bonaparte	Month Year	M/F	
1.					
2.					
3.					
4.					
5.					

If you are a Legal Guardian of any of the above dependants, please provide legal documents as proof.

PRESENT LOCATION OF FAMILY MEMBERS:

Do all members reside in present accommodation? Yes No

If so,
Type of Accommodation: _____ Number of Bedrooms _____

Do you have a lease? Yes No Monthly Yearly If yes, expire date: YY MM DD

Present Landlord's Name: _____ Address: _____ Telephone: _____

How long have you lived at present address: Year(s) _____ Month(s) _____

Reason for Leaving: _____

MEDICAL/HEALTH CONDITIONS

Do you have a health problem that is affected by your current accommodation? Yes No Note: Handicap/Elder's Unit to remain a Band Rental Unit ONLY!

Is a baby expected? Yes No

If you were selected for a new home, would the present level of investment be able to meet all your medical/health requirements when constructing the new home? Yes No

If No, specify reasons and extra amount required. (ie: Handicap features)

Are you or the co-applicant Property owner(s)? Yes No

If YES, give type, value and location of property(ies) either on or off the Bonaparte Band Land. (Provide Legal Description)

Is the Property in Joint Tenancy? Yes No

Is your present accommodation classified as inferior? Yes No (Attach a letter from Inspector)

Are you prepared to demolish the inferior structure, or relinquish ownership, if you were accepted for new housing? Yes No

Does the property, located on Bonaparte Band Land, have acceptable access? Yes No

Does the property have a Well? Yes No

FINANCIAL INFORMATION

Type of House Loan Applying for:

Canada Mortgage and Housing Corporation:

Yes No

Individual:

Yes No

Income Assistance

(Specify Applicant/Co-Applicant or Both)

Name of Social Worker:

Office Address:

Telephone Number:

PART A – INCOME VERIFICATION

Applicant Source of Income

(Do not include Family Allowance)

Gross Monthly Income (before deductions)

Employment:

General Welfare:

Provincial Family Benefits:

Unemployment Insurance:

Old Age Security:

Alimony/Support:

Other (Specify):

TOTAL INCOME:

Gross Monthly Income (before deductions)

Employment:

General Welfare:

Provincial Family Benefits:

Unemployment Insurance:

Old Age Security:

Alimony/Support:

Other (Specify):

TOTAL INCOME:

Co-Applicant Source of Income

(Do not include Family Allowance)

PART B – CREDIT HISTORY

Bank#1

(Name & Address of Applicant's Creditors/Expenditures)

Account #

Monthly Payment

Phone

Contact person

Name of bank

Address

Bank#2

(Name & Address of Co-Applicant's Creditors/Expenditures)

Account #

Monthly Payment

Phone

Contact Person

Name of Bank

Address

DECLARATION:

I give my consent and authorization to the Bonaparte Indian Band Council:

1. To make any inquiries that it deems necessary to verify the information given in this Form and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to Bonaparte Housing Department. I agree to provide any supporting material the Bonaparte Housing Department may require.

2. I solemnly swear that the information provided is a true statement and I understand that any false information will SUSPEND my application.

Applicant's signature:

Witness:

Printed name:

Witness:

Title:

Date: