MUSCOWPETUNG SAULTEAUX NATION

NEW and/or VACANT HOUSING APPLICATION

Office Use Only:

Date Application Received: _____

New Housing Assigned: _____

Existing Housing Assigned: _____

Reference Checked: _____

Comments: _____

Applicant Information

Name: _____

Name of Co-Applicant (18+): _____

Current Address: _____

Telephone #/ Cell #/ Email: _____

Applicant Date of Birth: _____

Applicant Treaty #: _____

Co-Applicant Date of Birth: _____

Co-Applicant Treaty #: _____

List the # of **dependents** currently residing with you and their relationship to you.

NAME	DATE OF BIRTH/AGE	TREATY #	RELATIONSHIP

Monthly rent paid at the current address (If applicable): $_____

Name of Landlord and Phone # (please provide reference): _____

If on reserve, what is your Unit #: _____

Current size and # of bedrooms at your residing address: _____

Are you willing to pay rent on CMHC housing unit? YES_____ NO_____

Have you or are you residing on Muscowpetung? _____

How long have you resided off? _____

How long have you resided on? _____

Have you ever received a new/vacant house? _____

If so when? _____

Are you willing to abide by the Housing Policy
and Lease Agreement set out by Muscowpetung? _____

Are you willing to repair/ maintain your unit if you are offered one? _____

If you are offered a new unit are you willing to
provide labor or financial equity for any renovations? _____

Comments or Concerns:

Financial Information (Gross income earned and source of income.) For example: Social Assistance, Employment, Training Allowance, Employment Insurance, Workers Compensation, Child/Spousal Maintenance, Child Tax Benefit, Pension or other.			
Source	**Applicant**	**Co-Applicant**	**Co-Applicant**

Declaration and Acknowledgement

I understand this application does not constitute or guarantee a house for me and my family

I hereby authorize the Housing Department to review or contact my application referrals or sources.

I understand that any or all of the statements made herein, being fully aware that the discovery of any false statements shall cancel further consideration of my application.

I further acknowledge the right of the Housing Department to cancel my application without notice should any false statements be made or found on this application.

I acknowledge that this application becomes the property of the Housing Department upon delivery.

I hereby declare that the information provided on this application is true, correct and complete.

Applicant's Name (please print) Applicants Signature Date

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