



Chippewas of the Thames First Nation

APPLICATION FOR ANTLER RIVER SENIORS HOUSING COMPLEX RENTAL

FOR OFFICE USE ONLY

Application received by:

Date and Time:

PERSONAL INFORMATION

NAME:

PHONE NO:

ADDRESS:

BAND NO:

BIRTHDATE:

S.I.N.:

MARITAL STATUS: (check one)

MARRIED

COMMON-LAW

WIDOW(ER)

SINGLE

NAME OF SPOUSE:

BAND NO:

BIRTHDATE:

S.I.N.:

ARE ALL OF THE ABOVE BAND MEMBERS?

Yes _____ No _____

If NO state particulars.

DO YOU/YOUR SPOUSE HAVE A VALID STATUS CARD? Yes _____ No _____

If one of you are not a member of this First Nation, a copy of your status card is to be submitted with this application.

DO YOU/YOUR SPOUSE HAVE A HEALTH PROBLEM? Yes _____ No _____

If YES, state problem and attach doctors letter giving details of medical condition.

EMPLOYMENT DATA:

<i>ARE YOU EMPLOYED?</i>		Yes ___ Full time ___ Part time ___ No ___
NAME OF EMPLOYER		
ADDRESS:		PHONE NO:
HOW LONG EMPLOYED THERE?		
POSITION HELD:		SALARY: (before deductions)\$
<i>IS YOUR SPOUSE EMPLOYED?</i>		Yes ___ Full time ___ Part time ___ No ___
NAME OF EMPLOYER		
ADDRESS:		PHONE NO:
HOW LONG EMPLOYED THERE?		
POSITION HELD:		SALARY: (before deductions)\$

INCOME STATUS:

You and your spouse must submit a verification of income, for the past two years. If you or your spouse are not employed, show your present source of income by checking one of the following:

Pension	Ontario Works	Disability
U.I.C.	Family Benefits	Other
STATE ANNUAL INCOME: \$		

RESIDENCE STATUS:

<i>DO YOU PRESENTLY RESIDE ON THE CHIPPEWAS OF THE THAMES FIRST NATION?</i>
Yes _____ No _____
If YES, state how long you have resided here:
If NO, state where you are presently residing and how long you have lived there:
Describe your current living conditions:

HOME OWNERSHIP STATUS:

DO YOU OR YOUR SPOUSE CURRENTLY OWN A HOUSING UNIT ON OR OFF THIS FIRST NATION? Yes _____ No _____

If YES, state where, and condition of the dwelling:

Do you presently pay rent? _____ mortgage payment? _____ (check one)

What is your present monthly rent or mortgage payment? \$ _____

OUTSTANDING DEBTS:

DO YOU HAVE ANY OUTSTANDING DEBTS OWING TO THE CHIPPEWAS OF THE THAMES FIRST NATION? Yes _____ No _____

If YES, state type of debt:

HAVE YOU EVER RECEIVED HOUSING ASSISTANCE ON OR OFF THIS FIRST NATION? Yes _____ No _____

If YES, state Year:

From where:

Amount of Assistance received \$ _____

Amount still outstanding if any \$ _____

CREDIT VERIFICATION:

TO VERIFY AFFORDABILITY OF MONTHLY RENT, THE FOLLOWING IS TO BE SUBMITTED WITH YOUR APPLICATION:

Current up to date bank statement

Credit references used in the past five years with names, address and phone numbers

Housing credit information from Chippewas of the Thames First Nation (if any)

(These will be checked)

REFERENCES:

THE FOLLOWING IS TO BE SUBMITTED WITH YOUR APPLICATION

Provide two (2) references, a police reference and an employment reference if employed.

Provide a written reference from your current landlord along with phone number for confirmation purposes.

(These will be checked)

STATEMENT:

All information given in this application is true and correct in all respects. No information required, has been concealed or omitted.

I/We do hereby consent to the collection of information and release of information relating to me/us to an authorized representative of the Chippewas of the Thames First Nation, as it pertains to my/our application for rental accommodation, upon request.

I/We do hereby understand that if all required documentation is not submitted with our application, our application will be screened out.

If statements on this application are false, this application will become **NULL AND VOID**.

All statements in this application will be investigated.

All information collected will be held confidential.

Date of application

Signature of Applicant

Signature of Spouse

*****NOTE: The Antler River Seniors Housing Complex is for the purpose of independent living and mentally capable. The age limit to qualify for renting an apartment in the complex is 60 years of age and over.**



Chippewas of the Thames First Nation

VERIFICATION OF INCOME SENIORS

Protected when completed

To: Chippewas of the Thames First Nation Housing Department 320 Chippewa Road MUNCEY, Ontario N0L 1Y0	Date:
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The following verification is provided to Chippewas of the Thames First Nation Housing Department in strict confidence, to support the recipient's application for a CMHC RENTAL UNIT under the Chippewas of the Thames First Nation Housing Program.

Recipient's Name	Address
Type of Benefits	
A. Old Age Security	\$ _____
B. Canada Pension Plan	\$ _____
C. Gains	\$ _____
D. Private Pensions	\$ _____
Total Monthly Benefits	\$ _____

Recipient's Signature

PLEASE PROVIDE A COPY OF YOUR BANK STATEMENT TO VERIFY THE INCOME REPORTED ABOVE.