

CHIPPEWAS OF THE THAMES FIRST NATION

HOUSING RENTAL APPLICATION

Date of Application	
Name of Applicant	
Family Size	

1. APPLICANT INFORMATION:

Please list the names of all of the individuals who will be living in the home. The first name on the list should be the primary occupant (head of the household). Under 'Relationship to Primary Occupant' this could be spouse/partner, children/dependents (son, daughter), and other family member such as aunt, grandparent or someone not related to the primary occupant.

Name (First and Last Name)	Date of Birth	Male or Female	Relationship to Primary Occupant	COTTFN membership #
Primary Occupant:				
Secondary Occupant:				

2. CURRENT ADDRESS:

Street No. & Name/Box Number/R.R. #:		
First Nation/City/Municipality:	Province:	Postal Code:

3. MAILING ADDRESS IF DIFFERENT THAN THE ABOVE

Street No. & Name/Box Number/R.R. #:		
First Nation/City/Municipality:	Province:	Postal Code:

4. PRIMARY OCCUPANT CONTACT INFORMATION

Name	Home phone #	Work phone #	Cell phone #
Primary Occupant			
Secondary Occupant			

5. ALTERNATE CONTACT AUTHORIZED IN YOUR ABSENCE

Name: _____	Home phone #	Work phone #	Cell phone #
Relationship: _____ (i.e. friend, relative)			

6. INCOME VERIFICATION:

Name of present employer or source of income:	
Employment Address:	
City/Town/First Nation:	Postal Code:
Telephone Number:	Occupation:
Gross Monthly Income: Primary Applicant \$ _____ /Month Co-Applicant \$ _____ /Month	
<i>Note: *Applicant must provide copy of most recent T4 & two current income stubs.*</i>	

7. CURRENT HOUSING ACCOMODATION:

Do you rent or own your current home (please check one)?				Rent <input type="checkbox"/>
				Own <input type="checkbox"/>
What is the monthly rent that you pay at your current address?				\$
<i>Please provide information on your current and last residence</i>				
	From Date	To Date	Name of Landlord (if applicable)	Phone number for landlord
Current address				
Previous address				

8. CURRENT LIVING CONDITIONS:

- a. The current dwelling poses a health and/ or safety risk to the occupants (must be supported by documentation such as inspection report or someone with authority)

Provided detail:

- b. What is considered an overcrowded situation by the National Occupancy Standards (NOS): (NTD: item in this section can be moved to a note at the end of the document)

1. National Occupancy Standards' guidelines;

- a. **Suitable housing:**

- i. Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements. Enough bedrooms based on NOS requirements means one bedroom for:
 - ii. each cohabiting adult couple;
 - iii. unattached household member 18 years of age and over;
 - iv. same-sex pair of children under age 18;
 - v. and additional boy or girl in the family, unless there are two opposite sex children under 5 years of age, in which case they are expected to share a bedroom.
- vi. A household of one individual can occupy a bachelor unit (i.e. a unit with no bedroom).

- c. The current household is overcrowded; please provide details with supporting documents by authoritative agent and using NOS's guidelines above.

d. Presently are you residing in temporary type housing situation? If yes provide details and how long:

Yes No

9. Number of household member(s) who require disabled access or special modifications, please elaborate and justify by proper documentation:

10. FINANCIAL STANDING WITH THE FIRST NATION:

Please provide confirmation from the COTT Finance Department that you are in good financial standing with the First Nation.

11. What type of Housing are you and your family requiring? The house must meet National Occupancy Standards.

1 bedroom 2 bedrooms 3 Bedrooms 4 Bedrooms

12. Two Reference Letters from either:

Two landlord references are submitted (the references must be from the two most recent landlords).

Yes No N/A

If you have not rented before, two-character references letters are submitted (not immediate family).

Yes No N/A

Primary occupant (please print)

Signed _____	Date: _____
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Secondary occupant (please print)	
Signed _____	Date: _____

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL AND USED FOR THE PURPOSE DESCRIBED HEREIN.

For Housing Unit use only		
Check off appropriate box and print name where required		
Date Received: _____ Via: Person <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/>	Acknowledge letter of receiving application and will be reviewed: Date: _____ by: _____	Review of application for completion? Date Reviewed: _____ Reviewer: _____ Complete: <input type="checkbox"/> Incomplete: <input type="checkbox"/>
Reason for incomplete _____ _____ _____ _____ _____ _____ _____	For incomplete application, contacted applicant by: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/> Date: _____ Notes: _____ Contacted person: _____ Reviewed by: _____	Application eligible or ineligible? Yes: <input type="checkbox"/> No: <input type="checkbox"/> details _____ _____ _____
7. Confirmation letter for eligibility or ineligibility sent Date: _____ by: _____	8. Filed accordingly as eligible or Ineligible: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____ Inputted into the Housing Waiting list: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____	9. Date of Conditional Housing Offer : _____ by: _____ Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
Authorized by Print: _____ Dated: _____	Authorized by Signature: _____	

Update # 1 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____
Update # 2 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____
Update # 3 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____

RENTAL APPLICATION SCORING CRITERIA

Name of Applicant: _____ Application Original ____ or Up-dated #: _____

Date Application Received: _____ Reviewed by: _____

Review Date: _____

An application will not be scored until it is considered complete.

	Selection Criteria	Points	Total Points
1.	Who is not eligible a) The applicant is under the age of 16; b) The application is incomplete; c) Application is over the 2 years old and has not been updated; d) The applicant cannot afford the unit and all personal expenses (see: attached expense sheet) Monthly income is less than 3 X monthly rent; e) The applicant owes money to COTTFN; f) The applicant has a history of not complying with the “Rental Agreement” g) Doesn’t meet the National Occupancy Standards.	Any Bullet with a check mark will disqualify the applicants application. <input checked="" type="checkbox"/> for applicable	
2.	Duration the Application has been applying for housing when advertised a) Updated application only, for each 6 months on the waiting list. Up to max 5 years	.25 point for every 6 months	
3.	Family Structure a) For each applicant’s child under the age of 18. b) Applicant is a single parent with dependents. c) Applicant and dependent(s) are members – point for each member. d) Number of household member(s) who require disabled access or special modifications _____. e) Does the current posted unit (bedrooms/size) accommodate the family size?	1 point each	
4.	Current Living Conditions a) The current dwelling poses a health and/or safety risk to the occupants (must be supported by documentation such as inspection report). b) Applicant currently resides in a temporary housing situation (this must be justified with documentation from an authority or acceptable agent). c) The household is considered overcrowded per the National Occupancy Standards, *See below. (Must be justified with documentation from an authority or acceptable agent).	1 point each	
5.	Household Income a) Applicant’s income affords all personal and housing related cost (monthly income is 3 X monthly rent) (Gross Monthly Income / Monthly Rent) b) Applicant does not owe money to COTTFN. c) Applicant has confirmation from Income Assistance for Shelter component	2 points each	
	TOTAL For noting or commenting use back of this page.		

*National Occupancy Standards – enough bedrooms based on the following requirements means one bedroom for:

- Each cohabiting adult couple;
- Unattached household member 18 years of age and over;
- Same-sex pair of children under age of 18;
- And additional boy or girl in the family, unless there are two opposite sex children under 5 years of age, in which case they are expected to share a bedroom. A household of one individual can occupy a bachelor unit (i.e. a unit with no bedroom).

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