



**AAMJIWNAANG FIRST NATION HOUSING DEPARTEMNT**

978 Tashmoo Ave.  
Sarnia, ON N7T 7H5  
Telephone: 519-336-8410  
Fax: 519-336-0382  
[www.aamjiwnaang.ca](http://www.aamjiwnaang.ca)

1. Complete and forward to: Aamjiwnaang First Nation  
c/o Housing Department  
978 Tashmoo Ave.  
Sarnia, Ontario N7T 7H5
2. Please ensure all pages of the application form are completed.
3. Please ensure that all applicants 18 years and older sign the Declaration, Release and Consent. If the application is not signed, it will be returned to you.

**Application Checklist**

- Have you completed all sections of this form?
- Have you signed the application?
- Have you attached documentation verifying all income for all applicants?
- Have you attached a credit reference or current utility bill to your application?
- Have you attached a reference letter from a current landlord?

**Important Information**

Make sure the application is completed and required documents are attached. If you do not complete all sections of the application form or do not attach all requirement documents, your application will be considered incomplete and you will not be considered.

If you have difficulty completing this application or have any questions, please contact the Housing Department at 519-336-8410.

## APPENDIX 1 – HOUSING APPLICATION

### HOUSING RENTAL APPLICATION

<b>Date of Application</b>	
<b>Name of Applicant</b>	
<b>Number of bedrooms needed</b>	

**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	Gender	Relationship to Primary Occupant	FN membership #
1. Primary Occupant:				
2. Secondary Occupant:				
3.				
4.				
5.				
6.				

**2. Current residential and postal address?**

<b>Street No. &amp; Name/Box Number/R.R. #:</b>		
<b>First Nation/City/Municipality:</b>	<b>Province:</b>	<b>Postal Code:</b>

**Rental Application -FN Rental Unit What is your mailing address (if different from #2):**

<b>Street No. &amp; Name/Box Number/R.R. #:</b>		
<b>First Nation/City/Municipality:</b>	<b>Province:</b>	<b>Postal Code:</b>

**3. Contact information (NTD: add row for email of each occupant)**

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

4. **Alternate Contact in Your Absence for messages**

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

5. **Employment History**

Name of present employer/source of income:	
Employment Address:	
City/Town/Reserve:	Postal Code:
Telephone Number:	Occupation:
Other Income:	
<i>Note: *Applicant must provide copy of most recent T4 &amp; current pay stub.*</i>	

6. **Information on your current and previous accommodation**

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				

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


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

a.  1 bedroom     2 bedrooms     3 Bedrooms     4 Bedrooms

9. **Gross Monthly Income:**

Primary Applicant \$ \_\_\_\_\_/Month

Co-Applicant \$ \_\_\_\_\_/Month

**Must provide proof of income - cheque stubs, bank statements, Income Assistance Affordability analysis to ensure applicant can afford monthly rent**

10. Two Reference Letters from either:
- a. Two landlord references are submitted (the references must be from the two most recent landlords).
- i.  Yes     No     N/A
- b. Have not rented before, two-character references letters are submitted (not immediate family).
- i.  Yes     No     N/A
11. Credit reference or copy of current utility bill (hydro, insurance, credit card statement, cell phone bill etc.)
- i.  Yes     No     N/A

Primary occupant (please print)	
Signed _____	Date: _____
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		
1. Date Received: _____ Via: Person <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/>	2. Acknowledge letter of receiving application and will be reviewed: Date: _____  by: _____	3. Review of application for completion? Date Reviewed: _____  Reviewer: _____  Complete: <input type="checkbox"/> Incomplete: <input type="checkbox"/>
4. Reason for incomplete _____ _____ _____ _____ _____	5 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: _____	6. Application eligible or ineligible? Yes: <input type="checkbox"/> No: <input type="checkbox"/>  details _____ _____ _____
7. Confirmation letter for eligibility or ineligibility sent  Date: _____	8. Filed accordingly as eligible or ineligible: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____	9. Date of Conditional Housing Offer : _____

by: _____	Inputted into the Housing Waiting list: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____	by: _____ Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
Authorized by Print: _____ Authorized by Signature: _____ Dated: _____		
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: _____

# HOUSING APPLICATION

## DECLARATION, RELEASE AND CONSENT OF INFORMATION

I declare that all information given in this application is correct and complete. I understand that falsifying information may result in the cancellation of my application, tenancy or occupancy.

Any changes to the information on this application must be reported in writing within 30 days to the Housing Department. Failure to do so will result in the cancellation of my application.

This application and any requested supporting documents become the property of the Aamjiwnaang First Nation Housing Department. This information will be used to determine eligibility.

Personal information contained on this form or in attachments is collected by the Aamjiwnaang First Nation Housing Department pursuant to the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, cM.56) Inquiries relating to this collection should be directed to the Aamjiwnaang First Nation Housing Department, 978 Tashmoo Ave., Sarnia, Ontario, N7T 7H5 or 519-336-8410.

Pursuant to the Municipal/Provincial Freedom of Information and Protection of Privacy Act and the Federal Privacy Act, I give my consent and authorization to the Aamjiwnaang First Nation Housing Department to:

- Make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Aamjiwnaang First Nation Housing Department. I agree to provide any supporting material required for my application.
- Disclose the information given on this form to non-profit housing corporations, co-operatives, and other municipal, provincial and federal departments and agencies providing social assistance to me and persons listed on this application.

**SIGNATURES:** All applicants over the age of 18 years must sign this application and Consent to Disclose.

Name (Please print name)	Signature	Date Signed
1)		
2)		
3)		
4)		

**HOUSING APPLICATION**  
**HOUSEHOLD FINANCE BUDGET**  
 MONTHLY BUDGET

	CURRENT	PROJECTED	OFFICE USE ONLY
RENT/MORTGAGE			
CONTENTS INSURANCE			
LIFE INSURANCE			
HYDRO			
UNION GAS			
WATER and/or HOT WATER TANK RENTAL			
PHONE and/or CELL PHONE			
INTERNET			
CABLE TV/SATELLITE/VIDEO RENTAL			
CAR PAYMENT			
CAR FUEL/CAR REPAIRS and SERVICE			
CAR INSURANCE and LICENSE			
CREDIT CARDS and/or CREDITORS			
CHILD CARE			
CHILD SUPPORT/ALIMONY			
CLOTHING			
GROCERIES			
ENTERTAINMENT, RECREATION, MOVIES			
PERSONAL ITEMS			
OTHER _____			
<b>TOTAL EXPENSES</b>			
<b>NET INCOME</b>			
<b>DIFFERENCE</b>			