



k^wik^wəłəm
Kwikwetlem First Nation

Rental Application

Housing Application

Date: _____

Received by: _____

Applicant's Name: _____ Band#: _____

Present Address: _____

Home Phone: _____ Work or Message Phone: _____

TYPE: Rent () Own ()

PRESENT LIVING ARRANGEMENTS, LOCATION AND ADDRESS

How long at your present address? _____

Marital Status:

Couples with children () Single Adult ()

Single with children () Elder / Senior ()

Married no children () Special Needs ()

Name: _____ Status () Relationship: _____ DOB: _____

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Financial Information:

Net Income (Monthly)	Applicant	Co-Applicant
Employment	_____	_____
Employment Insurance	_____	_____
Student/Band Sponsor	_____	_____
Pension	_____	_____
Social Assistance	_____	_____
Total Monthly Income:	_____	_____
Monthly Expenses:		
Present Rental Charges	_____	_____
Utilities	_____	_____
Other	_____	_____
Total Expenses:	_____	_____
Income less expenses:	_____	_____

Do you or your spouse own property and/or a house (s) anywhere? Yes () No () If yes, list address:

UIC or MSS Office:

F.A.W. or Counsellor's Name & Phone Number: _____

Current Landlord: _____ Phone#: _____

Address _____ How long have you lived at current residence: _____

Previous Landlord: _____ Phone#: _____

Address: _____ Phone#: _____

Have you previously rented from the KFN? Yes () No ()

Employment History:

Applicant:

Present Employer: _____ Address: _____

Occupation: _____ Phone #: _____

Dates of Employment: Start: _____ Finish: _____ Full-time () Part-time () Temp ()

Previous Employer: _____ Address: _____

Occupation: _____ Phone #: _____

Dates of Employment: Start: _____ Finish: _____ Full-time () Part-time () Temp ()

Co-Applicant:

Present Employer: _____ Address: _____

Occupation: _____ Phone #: _____

Dates of Employment: Start: _____ Finish: _____ Full-time () Part-time () Temp ()

Previous Employer: _____ Address: _____

Occupation: _____ Phone #: _____

Dates of Employment: Start: _____ Finish: _____ Full-time () Part-time () Temp ()

Desired Home:

Type of House you are applying for: Sec. 59 () Sec. 56-1 () Other: _____

1 Bedroom () 3 Bedroom () Other: _____

2 Bedroom () 4 Bedroom ()

Do need to give 30 days notice to move? Yes () No ()

Are you Handicapped: Yes () No () If yes please specify below (i.e. use wheelchair)

Kwkwetlem First Nation

Housing Application

I/We declare that the information provided herein is true and correct, and realize that any false information provided can and will result in the cancellation of the application.

I/We also authorize **Kwkwetlem First Nation** to make any inquiries necessary to process this application.

I/We understand that accommodation availability is subject to placement on a waiting list and that the **KFN** does not provide emergency shelter, nor can the **KFN** accommodate “*URGENT*” referrals from other agencies.

Applications will be kept 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 **KFN** 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 maintains their priority on the master list.

1. 3 References attached.
2. I have read and understand the Housing Policy, Yes () No ()

Applicant’s Signature Date

Applicant’s Signature Date