



Peerless Trout First Nation
Housing Authority
P.O Box 128
Peerless Lake, AB T0G 2W0

APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING

PLEASE CAREFULLY READ INSTRUCTIONS FOR COMPLETING APPLICATION

Complete ALL questions and supply ALL requested information. If a question does not apply to your situation, mark **N/A** in the section. Space is provided for any other information you would like us to be aware of

YOU WILL BE REQUIRED TO SUBMIT THE FOLLOWING:

- ☐ *Income and Employment verification filled out by employer for each working member in your family stating the rate of pay, number of hours worked per week, total earnings and commencement date of current employment.*
- ☐ *Current Income Assessment document from Revenue Canada Line 150*
- ☐ *if you or any member of your family is receiving Social Assistance, a signed letter from your social worker must be attached verifying the amount of the benefit.*
- ☐ *Any documents to verify all other sources of income, example child support, self-employment.*
- ☐ *A copy of your most recent cheque stub, benefit cheque stub, pension cheque stub for each member of your family receiving income from other sources.*
- ☐ *A copy of Birth Certificate, Treaty Status card, Metis card, OR Inuit status card for proof of Citizenship. If Permanent Resident, please provide documentation.*
- ☐ *If you are a student, a letter from the registrar's office of your school verifying your registration as a full-time student and stating the amount received for Student Allowance. This is required for household head, spouse and all dependents over the age of 18 years*
- ☐ *For any medical reasons, a signed letter from your doctor must be attached (Handicap etc...)*
- ☐ *If you have been given a "NOTICE TO VACATE", submit a copy of the notice stating the reasons for EVICTION from you Landlord or Previous Landlord.*
- ☐ *Please ensure all questions have been completed.*

PLEASE NOTE:

THIS APPLICATION WILL NOT BE PROCESSED AND ACCEPTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED, AND ALL THE REQUIRED INFORMATION IS ATTACHED WITH THE APPLICATION.

APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING

Confidential INFORMATION

PLEASE ANSWER ALL QUESTIONS AND SIGN Ti-IF APPLICATION

PLEASE PRINT:

1. Applicant: _____

Home Phone: _____ Business Phone: _____

Email: _____ Date of Birth: _____

2. Co-Applicant: _____

Home Phone: _____ Business Phone: _____

Email: _____ Date of Birth: _____

3. Marital Status:

- a. Single
- b. Married
- c. Widowed
- d. Divorced
- e. Separated
- f. Common-Law

4. Citizenship (Circle One)

- a. First Nation
- b. Canadian Citizen
- c. Permanent Resident

5. Treaty Status: _____ Treaty # _____

- a. yes
- b. No

6. Do you live on Reserve?

- a. yes
- b. no

7. have you applied for housing? _____ Date Applied: _____

- a. yes
- b. no

8. Have you ever received any **Housing assistance in the past?**

- a. yes
- b. no

If **yes**, where is this home now? _____

When did you receive this home? _____

9. Did you and/or spouse apply for housing with another agency?

- a. yes
- b. no

How long have you lived in the community? _____

10. Present Accommodation (where you live now.) _____

11. Accommodation type of heat?

- a. Furnace
- b. Wood Stove
- c. Other: _____

12. Present Payments:

Rent/House: _____ Water & Sewer: _____
\$ _____ per Month \$ _____ per Month

Power: _____ Heat: _____
\$ _____ per Month \$ _____ per Month

13. List all person, including yourslef who will be living with you, should your apllication be accepted.

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTHDATE	OCCUPATION (JOB)

14. Please fill in the following, if you are renting:

Name of current Landlord: _____

Address: _____

Phone #: _____

15. If you do no pay rent, do you contribute financially?

a. yes

b. no

If yes, please specify and provide the exact amount contributed monthly: _____

16. Do you share your present accommodation?

a. yes

b. no

If yes, please fill in the following:

Number of Adults: _____ Number of Children: _____

17. Rooms in your present accommodation:

☐ Kitchen

☐ Living room

☐ Dining room

Number of bathrooms: _____ Number of Bedrooms: _____

18. Are you currently in a reunification home?

a. yes

b. no

19. Any defects in your present accommodation?

20. Please write down the name 2 references from past landlords.

1) Name: _____

2) Name: _____

21. Is any member member of your family physically handicapped?

a. yes

b. no

If yes, Please specify: _____

22. Do you have any pets?

a. yes

b. no

if yes, how many of each? _____

23. Reason for wanting to move from your present accommodation?

24. STATEMENT OF INCOME

NOTE: ALL INFORMATION REGARDING YOUR FAMILY'S INCOME MUST BE COMPLETE AND ACCURATE. PROVIDE DETAILS OF CURRENT EMPLOYMENT HELD IN THE LAST TWELVE (12) MONTHS (**BEGIN WITH THE MOST RECENT**)

Applicant's Name: _____
(Please Print)

Social Ins. No: _____

Company/Employer	From:	To:	Annual Salary	Hourly Pay	Weekly Hours

When did your spouse last work?

Month: _____

Year: _____

Co-Applicant's or Spouse name: _____ Social Ins. No: _____

(Please Print)

Company/Employer	From:	To:	Annual Salary	Hourly Pay	Weekly Hours

25. **Please list all source of monthly income.**

	Source of Income	Monthly Income
☐	A. Student Grant/Allowance	\$
☐	B. Unemployed Insurance	\$
☐	C. Worker's Compensation	\$
☐	D. Social Assistance	\$
☐	E. Child Support/Alimony	\$
☐	F. Family Income	\$
☐	G. Other Income	\$
☐	H. Pension Department	\$
☐	1.Department of Veteran Affairs	\$
☐	2.Old Age Security (Retirement, Widow & Orphan Benefits)	\$
☐	3.Guaranteed Income Supplement	\$
☐	4.Alberta Income Supplement	\$
☐	5.Company or Group Pension	\$
☐	6.Disability (AISH)	\$
☐	H. Income from Self- Employment	\$

26. Accommodation Description:

Please feel free to describe your present accommodation and any information you would like the PTFN Housing Authority to be aware of. This space is provided for you to explain your reasons for applying for Community Housing and will assist us in the approval of your application.

I understand that this application does not constitute an agreement on the part of the PTFN Housing Authority, or its agents, to provide me with rental accommodation. I hereby authorize PTFN Housing Authority or its agents to investigate any or all of the statements made herein, being fully aware that the discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obliged to advise PTFN Authority or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I also agree that the information provided by me pertains to all persons named within this application.

(Applicant)

(Date)

(Co-Appllcant)

(Date)