

Stswecem'c Xgat'tem Canoe Creek Indian Band

General Delivery Dog Creek, B.C., V0L 1J0
Phone (250) 440-5645 Fax (250) 440-5679



HOUSING POLICY
F105 SCHEDULE 4
RENTAL HOUSING APPLICATION

.....
Date Received

Applicant Information

..... last name first and middle name(s)

..... unit no. mailing address

..... city province postal code

..... home phone work/cell phone e-mail

..... membership status

..... date of birth marital status do you presently own a home?

.....
Address of home owned by applicant.

Present Landlord

..... last name first and middle name(s)

..... unit no. address

..... city province postal code

..... home phone work/cell phone e-mail

Rental History

Have you rented Canoe Creek Indian Band yes no
or any of the Northern Shuswap Tribal
Council Bands housing in the past?

If yes, explain:

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Occupants

Name(s) of all adult and minor occupants who will be residing in the home.

Name and Age	Relationship and Band Name or Number
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.....
.....

Housing Request

Type(s) of home you are requesting

- **CMHC Unit 2-4 bedroom c/w basement. Rent subsidized depending on Income.**
- **DIA Unit Older Unit 1-4 bedrooms. No Subsidies for this unit.**

Occupancy

Date of residency needed

Comments

Please provide a brief explanation to why you are requesting Canoe Creek Indian Band Housing and why you should receive a home within the community. (eg. overcrowding, loss of home, Disabilities, Emergency situation.) What is your current Living Situation? Please include additional pages if you need more space.

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Applicant Employment Information

Employer		type of business
supervisor's last name	supervisor's first name	
unit no.	address	
city	province	postal code
home phone	work/cell phone	e-mail
duration of employment	monthly income	
full time / part time employment	other income	

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Spouse's Employment Information

Employer		type of business	
supervisor's last name		supervisor's first name	
unit no.	address		
city	province	postal code	
home phone	work/cell phone	e-mail	
duration of employment		monthly income	
full time / part time employment		other income	

Other Information

This is optional and is being gathered to assist the selection committee to easily assess the applicant.

House Type Requested

Please circle one

1. Handicap Dwelling – equipped with ramps and easy accessibility.
2. Family Dwelling – 2-5 bedroom
3. Bachelor Suit – 1-2 bedroom suite/duplex
4. Single Family Unit – 1-2 bedroom house
5. Elder's Unit (equipped for elders accessibility)

Are you willing and able to pay

Please circle one

- A) A higher rent of a CMHC Unit \$500-600 or,
- B) A lower rent or maintenance fee for an older DIA home \$150-300.

How much are you willing to pay for rent?

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I _____, also known as the Applicant do hereby give the Housing Department the right to obtain any information that pertains to the application for Housing. Eg:

- Current or past rental statements,
- Arrears Statements,
- Employment Information,
- Family Status

I _____, do hereby state that all the information on this application is true, and do agree that if any information is incorrect that my application will be deemed incomplete and will be taken off of the Housing request file until all information is updated.

Attachments

Please attach the following:

Proof of Income (2 pay stubs or T4's, Income Tax Summary, Notice of Assessment)

Proof of other Income declaration of income from SA department.

References

Please provide three (3) residency references.

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name

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phone

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name

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phone

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name

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phone

Applicant Signatures

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Applicant Signature

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Date

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Housing Department Signature

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Date

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Occupant's Signature

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Date

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Occupant's Signature

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Date

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Occupant's Signature

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Date

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Occupant's Signature

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Date

Note: All Housing Applications must be updated yearly. January of every year the Housing Request File will be updated. The Housing Department will call all applicants at the numbers on this application to give you the opportunity to re apply. It is the responsibility of the applicant to re submit an application if you wish to remain on the file.