

Date Received _____

Reference Check: yes () no ()

CHAMPAGNE and AISHIHIK First Nation

Housing, Properties & Municipal Services Department

APPLICATION FOR HOUSING

1. APPLICANT INFORMATION

CO-APPLICANT INFORMATION

APPLICANT'S LAST NAME	CO-APPLICANT'S LAST NAME
FIRST NAME & MIDDLE INITIAL	FIRST NAME & MIDDLE INITIAL
C.A.F.N MEMBER BENEFICIARY YES () NO () YES () NO ()	C.A.F.N MEMBER BENEFICIARY YES () NO () YES () NO ()
19 YEARS OF AGE OR OLDER Yes () No ()	19 YEARS OF AGE OR OLDER Yes () No ()

STREET ADDRESS:

MAILING ADDRESS:

CITY/TOWN:

POSTAL CODE:

TEL.# Home: _____

Work: _____

E-Mail: _____

Or leave message at:

TEL.# Home: _____

Work: _____

Or leave message at:

 SENIOR DISABLED
 Yes () No () Yes () No ()

 SENIOR DISABLED
 Yes () No () Yes () No ()

 MARTIAL STATUS
 Single () Married () Common-law () Other ()

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 Single () Married () Common-law () Other ()

2. NUMBER OF PEOPLE who will be residing in this dwelling. _____

3. SOURCE OF INCOME

(Start with yourself, than co-applicant, then all others who will live with you)

NAME	EMPLOYER	MONTHLY INCOME (GROSS)	LENGTH OF EMPLOYMENT

4. DO YOU HAVE ANY PETS?: Yes () No () (List below)

TYPE OF PET	MALE/FEMALE	INSIDE/ OUTSIDE	SPAYED/ NEUTERED

5. DO YOU OR YOUR CO-APPLICANT own a house or trailer at this time: Yes () No ()

6. ADDITIONAL HOUSEHOLD MEMBERS

Full Name	Date of Birth (yy/mm/dd)	Gender M/F	Relationship (ie: son, daughter)	CAFN Member (Y/N)

7. PRESENT ACCOMODATIONS:

- Type of present accommodations: Apartment () House () Trailer () Sharing () Other ()
 - Number of people living in present accommodations: _____
 - Number of bedrooms _____
 - Monthly rent \$ _____ or Monthly mortgage \$ _____
 - Condition of your present accommodations is:
 Good () Fair () Poor ()
- If Poor, Explain: (Pictures optional) _____
- _____
- _____

Are there any Health and Safety Issues in your present Dwelling?

- Overcrowding
- Unsanitary Conditions
- Deficient Wiring
- Lack of kitchen facilities
- Inadequate Bathroom Facilities
- Inadequate Bedroom Space
- Inadequate Ventilation
- Inadequate Lights

8. WHAT TYPE OF UNIT ARE YOU APPLYING FOR?

Rental/CMHC _____ Subsidy _____
 MunKu Complex _____ Diamond Willow Apartment Bldg. _____

Where would you like the unit to be located?

Haines Junction _____ Canyon Creek _____
 Takhini Sub-Division _____ Champagne _____

If other, please specify where: _____

9. RENTAL HISTORY – (Previous TWO Landlords)

Please attach reference letters and/or cover letter explaining your situation.

Landlord's Name _____

Telephone # _____

How long have you resided here? _____

Why did you move out of your unit? _____

Landlord's Name _____

Telephone # _____

How long have you resided here? _____

Why did you move out of your unit? _____

AGREEMENT

- I/we acknowledge the right of the CAFN at anytime prior to the execution and delivery to me/us of a lease hereby applied for, to withdraw , revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.
- I/we understand that this application does not constitute an agreement on the part of Champagne & Aishihik First Nation, or its agent, to provide me/us with assistance.
- **I/we hereby authorize CAFN, or its agent, to make any or respond to any inquiries necessary to verify the facts contained in this application.**
- I/we hereby authorize an inspection of my/our property.
- I/we have completed this application completely to the best of my/our knowledge.

Applicant's Signature

Date

Co-Applicants Signature

Date

*If you have any questions or concerns please contact:
 CAFN Housing, Properties & Municipal Services
 Phone: (867) 634-4217 OR Fax: (867) 634-2962*