



Champagne and Aishihik First Nations PROPERTY SERVICES DEPARTMENT

APPLICATION FOR HOUSING - 2017

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

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

3. ADDITIONAL HOUSEHOLD MEMBERS

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

4. 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

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

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

6. DO YOU OR YOUR CO-APPLICANT own a house or trailer at this time: Yes () No ()
If yes, where? _____

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 Property Services Department ~ Rental Housing Coordinator

Phone: (867) 634-4200 ext. 223 and fax completed application to (867) 634-2962 and/or email to lgraham@cafn.ca

It is your responsibility to update your application annually or when your circumstances have changed.

