



**CHAMPAGNE AND AISHIHIK FIRST NATIONS
APPLICATION FOR RENTAL HOUSING**

Applicant Checklist – Each of the items listed below must be included in your application package:

- Application form completed and signed
- Two references attached
- Proof of income attached (recent pay stubs, confirmation of SA, EI, etc.)

Please be advised that we are unable to process incomplete applications. If your application is not complete, it will be on hold until all of the necessary information is received.

For assistance in completing this form, please contact CAFN Property Services at 867-634-4200.
The information contained in this document is confidential and only for the information of the individuals authorized to receive and retain this information.

1. Primary & Secondary Applicant Name and Contact Information

	Home phone #	Work phone #	Cell phone #
Full Name:			
Full Name:			

2. Current address:

3. Mailing address (if different from #2, above):

Street No. & Name/Box Number:		
City/Municipality:	Territory/Province:	Postal Code:

4. Household Information

Please provide names of all additional individuals who would be living in the home. Under 'Relationship to Applicant' this could be spouse/partner, children/dependents (son, daughter), and other family member such as aunt, grandparent or someone not related to the primary occupant.

Name (First and Last Name)	Age	Elder/Disabled Y/N	Male or Female	Relationship to Applicant #1
1.				
2.				
3.				

5. Information on your Current Accommodations

Do you rent or own your home (please check one)? **Rent** **Own**

Type of current accommodations: Apartment House Trailer Sharing Other

If you **rent** your current accommodations, please provide information on your current and last 2 residences. Have the attached request for rental reference completed by two rental references.
Note: The application is not complete unless this information is provided.

	From Date	To Date	Name of Landlord	Phone #for landlord
Current address				
Previous address				

Number of people living in present accommodations: _____ Number of bedrooms _____
 Monthly rent \$ _____ or Monthly mortgage \$ _____

Condition of your current accommodation is:
 Good Fair Poor (Pictures must be provided if poor)
 If Poor, Explain: _____

Are there any Health and Safety Issues in your current accommodations?

- Homelessness
- Domestic Violence
- Overcrowding (national occupancy standards apply)
- Accessibility (handicap, wheelchair etc.)
- Unsanitary Conditions
- Mold
- Deficient Wiring
- Lack of kitchen facilities
- Inadequate Bathroom Facilities
- Inadequate Ventilation

Pictures provided: Yes No

Additional Information on your current Accommodations:

6. Previous Housing Application

Have you or anyone in your household applied previously for CAFN rental housing? Yes No

If yes, when was your previous application submitted? _____

NOTE: It is the responsibility of the applicant to ensure that their application is up to date: Application forms must be updated annually, or when the applicants' information changes. Applications over one year old will be destroyed.

7. Household Income

Please include proof of income from all sources or copies of your latest income tax assessment.

	Source of Income	Applicant	Co-Applicant	TOTAL
1	Annual salary/wages, part-time earnings			
2	Employment insurance benefits			
3	Social assistance, workers comp, other benefits			
4	Self-employed or seasonally employed earnings			
5	Other income. Please specify.			
Total Income from all sources				

8. Information Disclosure

I/we authorize CAFN to contact and receive information from other CAFN Departments previous landlords or other references/agencies I/we have supplied in order to confirm my eligibility for rental housing.

The information contained in this application is accurate. I/we understand that providing false or misleading information will result in the application being cancelled.

Applicant #1 (please print)	
Signed	Date:
Applicant #2 (please print)	
Signed	Date:

For Housing Department Use Only	
Date Received:	Processed by:
By hand ___ By mail ___ By email ___	
Application complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	Application eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	Details:

REQUEST FOR A RENTAL REFERENCE

Name of Primary Applicant: _____

Name of Secondary Applicant: _____

Dear Sir/Madam:

I/we have applied to Champagne and Aishihik First Nations for a rental housing unit and are required to provide confirmation of our tenancy record. Please complete the following:

Landlord Name: _____ Phone#: _____

Date applicant rented: From: _____ To: _____

Address of rental property: _____

		YES	NO
1.	Did the applicant give the required notice prior to vacating the unit?		
2.	Did the applicant maintain the unit according to the terms of the lease agreement?		
3.	Did the applicant commit any breach of the lease/rental agreement? If yes , please:		
	a) Confirm the nature of the breach (e.g. damage to the unit, noise): _____		
	b) Confirm if the tenant corrected the breach after receiving notice to do so (yes/no)		
5.	Was the rent paid each month, by the due date?		
6.	Is there a balance owing for rent, damage or other charges?		
Any other comments:			

Landlord's signature

Date

I/we the undersigned do hereby give my consent to release the above information.

Signed _____
Primary Applicant

Date: _____

Signed _____
Secondary Applicant

Date: _____