



# 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 and signed by Landlord
- 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

Full Name	Home phone #	Work phone #	Cell phone #

Email:

## 2. Current address:

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

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



CHAMPAGNE AND AISHIHIK FIRST NATIONS

## Application for Rental Housing

4. I/ We are applying for rental housing in:

Haines Junction  
 Canyon

Champagne  
 Takhini

Whitehorse

5. or; Transfer from current CAFN rental unit, Explain:

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I/ We are applying for a: ( ) 1-bedroom unit ( ) 2-bedroom unit ( ) 3-bedroom unit

6. Household Information

Please provide names of all individuals who would be living in the home.

Name (First & Last Name)	Age	Elder/Disabled Yes/No	Male or Female	CAFN Citizen Yes/No

7. Transportation -Do you own/operate a vehicle? Yes  No

8. Pets – Please note, pets are NOT permitted in the Whitehorse units

Do you have pets? Yes  No  How Many? Names: Registered: Yes  No

Breed: Sex: Male  Female  Spayed/Neutered: Yes  No

## 9. 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
Annual salary/wages, part-time earnings			
Employment insurance benefits			
Social assistance, workers comp, other benefits			
Self-employed or seasonally employed earnings			
Other income. Please specify.			
Total Income from all sources			

## 10. 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? \_\_\_\_\_

## 11. Information on your Current Accommodations

Do you rent or own your home? <i>(circle your answer)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of current accommodations: <i>(circle your answer)</i>	<input type="checkbox"/> House	<input type="checkbox"/> Sharing
	<input type="checkbox"/> Trailer	<input type="checkbox"/> Other
Do you own/operate a vehicle?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 and contact for Landlord	



CHAMPAGNE AND AISHIHK FIRST NATIONS

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Current address:

Previous address:

Number of people living in present accommodations:

Number of bedrooms:

Condition of your current accommodation is:  Good  Fair  Poor

*(pictures must be provided if poor)*

If Poor, explain:

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## Application for Rental Housing

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 and why you are applying for CAFN Rental Housing:  
*(Attach additional page if needed)*

## 12. 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:

**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.

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## Application for Rental Housing

## For Property Services Department Use Only

## Request for a Rental Reference

(This must be filled out and signed by your previous Landlord)

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 Confirm the nature of the breach (e.g. damage to the unit, noise unauthorized guests):		
	a) Did the tenant correct the breach after receiving notice to do so?		
4	Is there a balance owing for rent, damage or other charges?		
5	Any other Comments		

\_\_\_\_\_  
Landlord's signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Landlord's signature

\_\_\_\_\_  
Date