



CURVE LAKE FIRST NATION
 CURVE LAKE, ONTARIO K0L1R0
 PHONE: (705) 657-8045 FAX: (705) 657-8708



HOUSING APPLICATION

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED

1. Applicant

Last Name		First Name		Date Of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SIN#
Street No.	Street Name			Status No.	Are You A: <input type="checkbox"/> Member Of Curve Lake First Nation <input type="checkbox"/> Non-Member	
First Nation/City/Town			Postal Code	Telephone No.	Present Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Person to act on your behalf in your absence (or contact)				Name	Telephone No.	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other

2. Present Employment of Applicant (Also complete if self-employed)

Present Employer's Name:				Telephone No.		
Address Where Employed:						
Occupation	Name of Department		Telephone No.	Ext.	Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Employment with present employer year(s) month(s)	Do you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time and Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Part Time		If "part time" state days of the week: If "full time", give name of part time employer: If "shift" state hours:			

3. Co-Applicant/Guarantor

Last Name		First Name		Date Of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SIN#
Street No.	Street Name			Status No.	Are you a: <input type="checkbox"/> Member of Curve Lake First Nation <input type="checkbox"/> Non-Member	
First Nation/City/Town			Postal Code	Telephone No.	Present Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Relationship to Applicant:						

4. Please check the appropriate answer to the following questions:

	Applicant	Co-Applicant
Has the applicant/co-applicant ever received a housing loan previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant/co-applicant turned down a housing loan in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant/co-applicant own any home(s) on or off reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?



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5. Present Employment of Co-Applicant/Guarantor (Also complete if self-employed)

Present Employer's Name:		Telephone No.			
Address Where Employed:					
Occupation	Name of Department	Telephone No.	Ext.	Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Employment with present employer year(s) month(s)	Do you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time and Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Part Time		If "part time" state days of the week: If "full time", give name of part time employer: If "shift" state hours:		

6. Previous Employment

Applicant	Co-Applicant/ Guarantor	Employer	Position	From	To
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

7. (A) Family Income (Do not include Family Allowance)

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant/Guarantor	Other Family Member
Employment (From All Employers)	\$	\$	\$
General Welfare	\$	\$	\$
Provincial Family Benefits	\$	\$	\$
Old Age Security	\$	\$	\$
Alimony/Support	\$	\$	\$
Unemployment	\$	\$	\$
Other (Specify)	\$	\$	\$
Total of A			\$

7. (B) Financial Commitment (include groceries, telephone, child care)

Name & Address of Creditors/Expenditures	Applicant	Co-Applicant/ Guarantor	Total Debt	Monthly Payment
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total of B for office use only				\$

Assistance (Complete only if in receipt of General Welfare of Provincial

Social Worker	Telephone No.	Office Address



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8. Assets

	Amount
Bank Account: Bank Name: _____ Branch Address: _____	\$
Other Bank Accounts	\$
Other Accounts (Trust Companies, Credit Unions)	\$
Bonds/Savings Certificates	\$
Annuities/Shares/Securities/Stock	\$
Real Estate	\$
Other (Specify)	\$
Business Interest	\$

	Applicant	Co-Applicant
Are you or the co-applicant/guarantor a property owner? If "yes", give type, value and location of the property(ies) either on or off the Curve Lake First Nation Community:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property in Joint tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Is your present accommodation classified as inferior? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", attach letter from inspector Are you prepared to demolish inferior structured, if owned, if you received a house loan and constructed a new home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Does the property located on Curve Lake First Nation have a well and acceptable access? Well <input type="checkbox"/> Yes <input type="checkbox"/> No Access <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Other Family Members (Under Age 18) to reside in accommodation applied for

Last Name	First Name	Status No.	Date of Birth		Sex		Relationship
			Month	Year	M	F	

10. Present Location of Family Members

Do all members reside in present accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

11. Present Accommodation of Family

Type of Accommodation	Number of Bedrooms	Do you have your own: 1. Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Bathroom <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	If yes, expiry date	Present Landlord's Name
Address		Telephone No.
How long have you lived at present address	Year(s)	Month(s)



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12. Medical/Health Conditions

Do you have a health problem which is affected by your current accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you received a housing loan, would the present level of the housing loan be able to meet all your medical/health requirements when constructing the new home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify reasons and extra amount required:

13. Previous Landlord and Residential History

Previous Landlord's Name		Address		Telephone No.	
Applicant	Co-Applicant/ Guarantor	Address	From	To	Reason for Leaving
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

14. Credit References

Please provide three credit letters of reference from the applicant and/or co-applicant indicating that their bills are paid regular and on time. These can include letters from former landlords (not family), credit cards, hydro, car loans, bank loans, cable companies etc.

DECLARATION

I authorize Curve Lake First Nation Chief and Council:

- To make any inquires that it deems necessary to verify the information given in this Form and I authorize any person, corporation or social agency having knowledge of any such required information to release the information to CURVE LAKE FIRST NATION CHIEF AND COUNCIL. I agree to provide any supporting material CURVE LAKE FIRST NATION CHIEF AND COUNCIL may require.
- I solemnly swear that the information provided is a true statement and I understand that any false statement will void my application

Witness	Applicant	Today's Date
Witness	Co-Applicant	Today's Date