



AAMJIWNAANG FIRST NATION HOUSING DEPARTEMENT

978 Tashmoo Ave.
Sarnia, ON N7T 7H5
Telephone: 519-336-8410
Fax: 519-336-0382
www.aamjiwnaang.ca

Application for Housing Assistance

1. Complete and forward to: Aamjiwnaang First Nation
c/o Housing Department
978 Tashmoo Ave.
Sarnia, Ontario N7T 7H5
2. Please ensure all five (5) pages of the application form are completed.
3. Please ensure that all applicants 18 years and older sign the Declaration, Release and Consent. If the application is not signed, it will be returned to you.

Application Checklist

- Have you completed all sections of this form?
- Have you signed the application?
- Have you attached documentation verifying all income for all applicants?
- Have you attached a credit reference or current utility bill to your application?
- Have you attached a reference letter from a current landlord?

Important Information

Housing applications are updated annually and it is the applicant's responsibility to re-apply annually by January 30th of each year and to have all up-to-date current information (new phone numbers and employment). If you do not complete all sections of the application form or do not attach all the required documents, your application will be considered incomplete and you will not be placed on the waiting list until all of the information is received.

There are separate waiting lists for apartments, duplexes, complex and houses. Some waiting lists are longer than others. Your place on each waiting list will vary since the length of each waiting list varies.

If you have difficulty completing this application or have any questions, please contact the Housing Department at 519-336-8410.



AAMJIWNAANG FIRST NATION

978 Tashmoo Avenue, Sarnia, Ontario N7T 7H5

HOUSING APPLICATION

Please indicate type of unit applying for:

<input type="checkbox"/> 1 bdrm Apartment	<input type="checkbox"/> House	<input type="checkbox"/> bdrm	Seniors 55+
<input type="checkbox"/> 2 bdrm Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> bdrm	<input type="checkbox"/> Complex
<input type="checkbox"/> 3 bdrm Apartment			<input type="checkbox"/> Duplex

Date Application Received		
Y	M	D

APPLICANT

Last Name		First Name		Date of Birth Y M D			Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social Insurance Number			
Street Number		Street Name				Status Number						
Town/Municipality		Postal Code		Telephone Number		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		

PRESENT EMPLOYMENT OF APPLICANT (Also complete if self-employed)

Present Employer's Name				Telephone Number					
Address Where Employed				Municipality					
Occupation		Name of Department		Telephone Number		Extension		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 and Part Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift		Part time-state days of the week. Shift-state hours. Full & Part time, give part time employers name					

CO-APPLICANT

Last Name		First Name		Date of Birth Y M D			Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social Insurance Number			
Street Number		Street Name				Status Number						
Town/Municipality		Postal Code		Telephone Number		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		

PRESENT EMPLOYMENT OF CO-APPLICANT (Also complete if self-employed)

Present Employer's Name				Telephone Number					
Address Where Employed				Municipality					
Occupation		Name of Department		Telephone Number		Extension		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 and Part Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift		Part time-state days of the week. Shift-state hours. Full & Part time, give part time employers name					

HOUSING APPLICATION

Are you or the co-applicant a property owner? If yes, give type, value and location of properties either on or off the Aamjiwnaang First Nation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property in Joint Tenancy? (in both the applicant and co-applicant's name or with someone else - please state)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your present accommodation classified as inferior? Attach letter from Certified Inspector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to demolish inferior structure, if owned, if you received a housing loan and constructed a new home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property located on the Aamjiwnaang First Nation on a serviced lot and accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Family Members to Reside in Accommodation Applied For?

Last Name	First Name	Status Number	Date of Birth			Sex		Relationship
			MM	DD	YY	M	F	

Do you share custody of the child(ren) listed on this application If yes, please provide custody agreement documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Present Location or Family Members

Do all members reside in present accommodation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Present Accommodation of Family

Type of accommodation	Number of bedrooms	Do you have your own: <table style="float: right; margin-left: 10px;"> <tr> <td style="padding: 2px;">Kitchen</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Bathroom</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> </table>	Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bathroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Bathroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Do you have a lease?	If yes, expiry date <table style="margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> </tr> </table>	Y	M	D	Present Landlord's Name			
Y	M	D						

HOUSING APPLICATION

Previous Employment

App	Co-App	Employed by	Position	First Day Worked			Last Day Worked		
				Y	M	D	Y	M	D

Family Income

Source of Income	Gross Monthly Income (Before Deductions)																	
	Applicant			Co-Applicant			Other											
Employment (from all employers)	\$						\$						\$					
Ontario Works	\$						\$						\$					
Ontario Disability Support Program (ODSP)	\$						\$						\$					
Nation Child Tax Benefit	\$						\$						\$					
Old Age Security	\$						\$						\$					
Pension	\$						\$						\$					
Alimony/Child Support	\$						\$						\$					
Unemployment Insurance	\$						\$						\$					
Other (Specify)	\$						\$						\$					
Total Monthly Income							\$											

Name & Address of Creditors/Expenditures	Applicant	Co-Applicant	Total Debt	Monthly Payment
Total				

Assistance (Complete only if receipt of Ontario Works)

Social Worker	Telephone Number	Office Address
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HOUSING APPLICATION

Medical/Health Conditions

Do you have a health problem which is affected by your current accommodations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is a baby expected?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you received a housing loan, would you require a handicapped unit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Previous Landlord and Residential History

Previous Landlord's Name		Address			Telephone
App	Co-App	Address	From	To	Reason for leaving

Emergency Contact or Next of Kin Information

Last Name	First Name	Street Number	Street Name
Town/Municipality	Postal Code	Telephone Number	Alternate Contact Number

DECLARATION:

1. To make any inquires that it deems necessary to verify the information given in the form. I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Aamjiwnaang First Nation Housing Department. I agree to provide any supporting material that the Aamjiwnaang First Nation Housing Department may require.
2. I solemnly swear that the information is a true statement and I understand that any false information will void my application.

Housing Staff	Date
Applicant	Date
Co-Applicant	Date

HOUSING APPLICATION

DECLARATION, RELEASE AND CONSENT OF INFORMATION

I declare that all information given in this application is correct and complete. I understand that falsifying information may result in the cancellation of my application, tenancy or occupancy.

Any changes to the information on this application must be reported in writing within 30 days to the Housing Department. Failure to do so will result in the cancellation of my application or the loss of position on the waiting list.

This application and any requested supporting documents become the property of the Aamjiwnaang First Nation Housing Department. This information will be used to determine eligibility.

Personal information contained on this form or in attachments is collected by the Aamjiwnaang First Nation Housing Department pursuant to the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, cM.56) Inquiries relating to this collection should be directed to the Aamjiwnaang First Nation Housing Department, 978 Tashmoo Ave., Sarnia, Ontario, N7T 7H5 or 519-336-8410.

Pursuant to the Municipal/Provincial Freedom of Information and Protection of Privacy Act and the Federal Privacy Act, I give my consent and authorization to the Aamjiwnaang First Nation Housing Department to:

- Make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Aamjiwnaang First Nation Housing Department. I agree to provide any supporting material required for my application.
- Disclose the information given on this form to non-profit housing corporations, co-operatives, and other municipal, provincial and federal departments and agencies providing social assistance to me and persons listed on this application.

SIGNATURES: All applicants over the age of 18 years must sign this application and Consent to Disclose.

Name (Please print name)	Signature	Date Signed
1)		
2)		
3)		
4)		

HOUSING APPLICATION
HOUSEHOLD FINANCE BUDGET
MONTHLY BUDGET

	CURRENT	PROJECTED	OFFICE USE ONLY
RENT/MORTGAGE			
CONTENTS INSURANCE			
LIFE INSURANCE			
HYDRO			
UNION GAS			
WATER and/or HOT WATER TANK RENTAL			
PHONE and/or CELL PHONE			
INTERNET			
CABLE TV/SATELLITE/VIDEO RENTAL			
CAR PAYMENT			
CAR FUEL/CAR REPAIRS and SERVICE			
CAR INSURANCE and LICENSE			
CREDIT CARDS and/or CREDITORS			
CHILD CARE			
CHILD SUPPORT/ALIMONY			
CLOTHING			
GROCERIES			
ENTERTAINMENT, RECREATION, MOVIES			
PERSONAL ITEMS			
OTHER _____			
TOTAL EXPENSES			
NET INCOME			
DIFFERENCE			