



AAMJIWNAANG FIRST NATION HOUSING DEPARTEMENT

978 Tashmoo Ave.

Sarnia, ON N7T 7H5

Telephone: 519-336-8410

Fax: 519-336-0382

www.aamjiwnaang.ca

1. Complete and forward to: Aamjiwnaang First Nation
c/o Housing Department
978 Tashmoo Ave.
Sarnia, Ontario N7T 7H5
2. Please ensure all 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

Make sure the application is completed and required documents are attached. If you do not complete all sections of the application form or do not attach all requirement documents, your application will be considered incomplete and you will not be considered.

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

APPENDIX 1 – HOUSING APPLICATION

HOUSING RENTAL APPLICATION

Date of Application	
Name of Applicant	
Number of bedrooms needed	

1. Applicant Information

Please list the names of all of the individuals who will be living in the home. The first name on the list should be the primary occupant (head of the household). Under 'Relationship to Primary Occupant' 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)	Date of Birth	Gender	Relationship to Primary Occupant	FN membership #
1. Primary Occupant:				
2. Secondary Occupant:				
3.				
4.				
5.				
6.				

2. Current residential and postal address?

Street No. & Name/Box Number/R.R. #:		
First Nation/City/Municipality:	Province:	Postal Code:

Rental Application -FN Rental Unit What is your mailing address (if different from #2):

Street No. & Name/Box Number/R.R. #:		
First Nation/City/Municipality:	Province:	Postal Code:

3. Contact information (NTD: add row for email of each occupant)

Primary Occupant	Home phone #	Work phone #	Cell phone #
Secondary Occupant			

4. **Alternate Contact in Your Absence for messages**

Name: _____	Home phone #	Work phone #	Cell phone #
Relationship: _____ (i.e., friend, relative)			

5. **Employment History**

Name of present employer/source of income:	
Employment Address:	
City/Town/Reserve:	Postal Code:
Telephone Number:	Occupation:
Other Income:	
<i>Note: *Applicant must provide copy of most recent T4 & current pay stub.*</i>	

6. **Information on your current and previous accommodation**

Do you rent or own your current home (please check one)?			Rent <input type="checkbox"/>	
			Own <input type="checkbox"/>	
What is the monthly rent that you pay at your current address?			\$ _____	
<i>Please provide information on your current and last residence</i>				
	From Date	To Date	Name of Landlord (if applicable)	Phone number for landlord
Current address				
Previous address				

7. **Number of household member(s) who require disabled access or special modifications, please elaborate and justify by proper documentation:**

8. **What type of Housing are you and your family requiring? The house must meet National Occupancy Standards.**

a. 1 bedroom 2 bedrooms 3 Bedrooms 4 Bedrooms

9. **Gross Monthly Income:**

Primary Applicant \$ _____/Month

Co-Applicant \$ _____/Month

Must provide proof of income - cheque stubs, bank statements, Income Assistance Affordability analysis to ensure applicant can afford monthly rent

10. Two Reference Letters from either:
- a. Two landlord references are submitted (the references must be from the two most recent landlords).
- i. Yes No N/A
- b. Have not rented before, two-character references letters are submitted (not immediate family).
- i. Yes No N/A
11. Credit reference or copy of current utility bill (hydro, insurance, credit card statement, cell phone bill etc.)
- i. Yes No N/A

Primary occupant (please print)	
Signed	Date:

Secondary occupant (please print)	
Signed	Date:

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL AND USED FOR THE PURPOSE DESCRIBED HEREIN.

For Housing Unit use only		
Check off appropriate box and print name where required		
1. Date Received: _____ Via: Person <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/>	2. Acknowledge letter of receiving application and will be reviewed: Date: _____ by: _____	3. Review of application for completion? Date Reviewed: _____ Reviewer: _____ Complete: <input type="checkbox"/> Incomplete: <input type="checkbox"/>
4. Reason for incomplete _____ _____ _____ _____ _____	5 For incomplete application, contacted applicant by: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/> Date: _____ Notes: _____ Contacted person: _____ Reviewed by: _____	6. Application eligible or ineligible? Yes: <input type="checkbox"/> No: <input type="checkbox"/> details _____ _____ _____
7. Confirmation letter for eligibility or ineligibility sent Date: _____	8. Filed accordingly as eligible or ineligible: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____	9. Date of Conditional Housing Offer : _____

by: _____	Inputted into the Housing Waiting list: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____	by: _____ Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
Authorized by Print: _____ Dated: _____		Authorized by Signature: _____
Update # 1 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____
Update # 2 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____
Update # 3 Date: _____ Via: By: Person <input type="checkbox"/> mail <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	Any Changes to application? Provide details: _____ _____ _____	Received by: _____