The Cree First Nation of Waswanipi
1 Chief Louis Gull
Waswanipi, Qc
J0Y 3C0
Phone #: 819-753-2587
Fax #: 819-753-2555

HOUSING RENTAL APPLICATION FORM

Date of Application	
Name of Applicant	
D.O.B: **SIN:**	**Band #:** **Beneficiaries #:**
Name of Applicant's Spouse (if applicable)	
Number of bedrooms needed	
D.O.B: **SIN:**	**Band #:** **Beneficiaries #:**

1. Applicant Information

Please list the names of all the individuals who will be living in the home. The first name on the list should be the primary occupant. Under 'Relationship to Primary Occupant' this could be spouse/partner, children/dependents (son, daughter, parents), and another family member such as aunt, grandparent or someone not related to the primary occupant.

Name (First and Last Name)	Date of Birth	Male or Female	Relationship of Primary Occupants	CFNW Membership #
1. Primary Occupant 1:				
2. Primary Occupant 2:				
3.				
4.				
5.				
6.				

2. Current residential and postal address

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

Mailing address (if different from #2):

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

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

Primary Occupant 1	Home phone #	Cell phone #	Work phone #	Email
Primary Occupant 2				

4. **Alternate Contact for messages**

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

5. **Employment History**

PRIMARY OCCUPANT 1: Name of present employer/source of income:	
Employment Address:	
City/Town:	Postal Code:
Telephone Number:	Occupation:
Other Sources of Income:	
PRIMARY OCCUPANT 2:	
Name of present employer/source of income:	
Employment Address:	
City/Town:	Postal Code:
Telephone Number:	Occupation:
Other Sources of Income:	
Family income per year:	

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

Do you rent or own your current home (please check one)?	Rent ☐ Own ☐
What is the monthly rent that you pay at your current address?	$

Please provide information on your current and last residence

	From Date	To Date	Name of Landlord (if applicable)	Phone number for landlord
Current address				
Previous address				

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7. **Current Living Conditions:**
   a. Does the current dwelling pose a health and/ or safety risk to the occupants (must be

   b. supported by documentation such as an inspection report or someone with authority)?
   Provided detail:

   c. **Is the current household overcrowded? Please provide details with supporting documents by an authoritative agent and using NOS's guidelines[1].**

   d. **Presently are you residing in a temporary type of housing situation? If yes provide details and how long:**

   e. ☐ Yes ☐ No

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

9. **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**

10. **Gross Monthly Income:**

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[1] National Occupancy Standards' guidelines - **Suitable housing:**

i. Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements. Enough bedrooms based on NOS requirements means one bedroom for:
ii. each cohabiting adult couples.
iii. unattached household member 18 years of age and over.
iv. same-sex pair of children underage 18;
v. and additional boy or girl in the family, unless there are two opposite-sex children under 5 years of age, in which case they are expected to share a bedroom.
vi. A household of one individual can occupy a bachelor unit (i.e., a unit with no bedroom).

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Primary Applicant $_____/Month

Co-Applicant $_____/Month

You must provide proof of income - cheque stubs, bank statements, Income Assistance Affordability analysis to demonstrate you can afford monthly rent.

11. **Two Reference Letters described at either (a) or (b) must be provided as follows:**

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**

I CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS COMPLETE AND CORRECT IN ALL RESPECTS.

Primary applicant (please print)	
Signed	Date:

Secondary applicant (please print)	
Signed	Date:

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