

Appendix A: Simpcw First Nation Housing Rental Application

Last Name: _____ **First Name:** _____
Telephone: _____ **Email:** _____

Current Address: _____

Mailing Address: _____
 (If different from current address)

Simpchw Band No: _____ **Date of Birth:** _____

Marital Status: Single Single Parent Married Separated
 Divorced Common Law Other(explain) _____

Optional: do you require a unit with any accommodations or accessibility features? If so, please describe the accommodations or features necessary:

(This question will be used to select the most appropriate unit for you and accommodate any additional requirements to live comfortably in a home)

List of Persons that will be residing in the rental unit (include everyone):

NAME OF PERSON	BAND AFFILIATION	RELATIONSHIP	DATE OF BIRTH

YOUR EMPLOYMENT INFORMATION

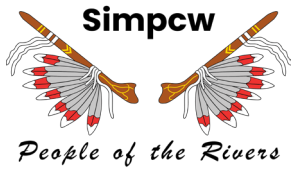
Currently employed: Yes No **If yes, how long:**
If yes, is the employment: Full time Part-time Other (explain): _____

Other (explain):

Name of Employer: _____

Profession/Trade: _____

Employer Address: _____



Work Telephone: _____

Salary/Wages: \$ _____ /hr \$ _____ /week \$ _____ /yearly

Other Income: \$ _____ /Month

I have provided a paystub for proof of income with this Application: Yes

SPOUSE EMPLOYMENT INFORMATION:

(IF APPLICABLE)

Currently employed: Yes No If yes, how long: _____

If yes, is the employment: Full time Part-time Other (explain): _____

Other (explain): _____

Name of Employer: _____

Profession/Trade: _____

Employer Address: _____

Work Telephone: _____

Salary/Wages: \$ _____ /hour \$ _____ /week \$ _____ /yearly

Other Income: \$ _____ /Month

Please provide a paystub for proof of income with this Application.

REFERENCES

Provide contact information for at least one (1) current or former landlord if applicable:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Permission to Contact Landlord(s) Yes

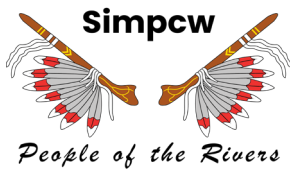
No, reason: _____

GENERAL INFORMATION

Check Yes or No to the following question

1. Does your current dwelling pose a serious health or safety risk? Yes or No

i. If yes, please describe: _____



2. **Does your current dwelling accommodate your disability (if applicable)?** Yes or No
3. **Is your current dwelling overcrowded, according to the National Occupancy Standards?** The National Occupancy Standards is defined as the following: that there is a maximum two person per bedroom. Spouses and couples can share a bedroom but parents cannot share a bedroom with children. Household members aged 18 or over cannot share a bedroom. Household members under 18 years of age of the same sex may share a bedroom. Household members under 5 years of age of the opposite sex may share a bedroom if doing so would reduce the number of required bedrooms. Yes or No
- i. **If yes, how many additional bedrooms would be required to meet the National Occupancy Standards in your current dwelling?**
4. **Are you currently in a transitional housing situation?** Yes or No
Transitional housing is defined as the following: An individual in transitional housing may be moving from homelessness, an emergency shelter, a health or correctional facility, or an unsafe housing situation.
5. **Are you in good standing financially with Simpcw First Nation?** Yes or No

X

Your Signature
Tenant - Head of Household

Enclosures:
Paystub for Head of Household;
Paystub for Spouse (if applicable);