



SMITH'S LANDING FIRST NATION

ON-RESERVE HOUSING APPLICATION

CONFIDENTIAL ONCE COMPLETED

OFFICE USE ONLY
Date Received – DD/MM/YYYY

What type of on-reserve housing are you applying for?

New Home
 Rental
 Renovations*

*Please note that all applications for renovations require at least two quotes to be included with your application.

APPLICANT INFORMATION

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Mailing Address		City/Town	Prov/Terr Postal Code
Street Address		City/Town	Prov/Terr Postal Code
Home Phone	Work/Cell Phone	Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth DD/MM/YYYY	First Nation	Treaty Number
Current Living Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law	Considerations <input type="checkbox"/> Elder <input type="checkbox"/> Special Needs	Dependents <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?

Do you have any outstanding debts with Smith's Landing First Nation? Yes No

If yes, how much and what for?

Is this the first time that you are applying to Smith's Landing First Nation Housing Program? Yes No

CO-APPLICANT INFORMATION

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Mailing Address		City/Town	Prov/Terr Postal Code
Street Address		City/Town	Prov/Terr Postal Code
Home Phone	Work/Cell Phone	Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth DD/MM/YYYY	First Nation	Treaty Number
Current Living Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law	Considerations <input type="checkbox"/> Elder <input type="checkbox"/> Special Needs	Dependents <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?

Do you have any outstanding debts with Smith's Landing First Nation? Yes No

If yes, how much and what for?

Is this the first time that you are applying to Smith's Landing First Nation Housing Program? Yes No

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Please ensure you provide all requested information and documentation

For more information or assistance please contact Smith's Landing First Nation:

P: (867) 872-4950

F: (867) 872-5154

Smith's Landing First Nation

Box 1470, Fort Smith, NT X0E 0P0

E: housing@slfn196.com

SPOUSE AND DEPENDANT INFORMATION

Provide the following information for your spouse/children

Does your spouse live with you? Yes No

If yes, is your spouse employed? Yes No

Name		First Nation	Treaty Number
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other	
Name		First Nation	Treaty Number
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other	
Name		First Nation	Treaty Number
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other	
Name		First Nation	Treaty Number
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other	
Name		First Nation	Treaty Number
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other	
Name		First Nation	Treaty Number
Date of Birth DD/MM/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other	

CURRENT LIVING STATUS

Do you, your spouse or co-applicant own property and/or a house anywhere? Yes No

If yes, list the address:

Current Landlord:	Landlord Phone Number
How long have you lived here?	Address of Rental
Previous Landlord:	Landlord Phone Number
How long did you live here?	Address of Rental

Please provide names of three **housing references**: (current or past landlords)

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Have you ever rented from SLFN Housing? Yes No If yes, when?

Do you have rent arrears? Yes No

If yes, how much and with who?

Briefly explain your current living situation.

FINANCIAL INFORMATION

MONTHLY INCOME	Applicant	Co-Applicant	Other
Employment			
EI			
Student Living Allowance			
Social Assistance			
Pension			
Child Tax			
TOTAL INCOME			
MONTHLY EXPENSES	Applicant	Co-Applicant	Other
Current Rent			
Utilities (Power, water, heat, phone)			
Vehicle Payment			
Vehicle Insurance			
Credit Cards			
Other			
TOTAL EXPENSES			
INCOME - EXPENSES			

Please include 2 (two) current pay stubs with your application

Household income will be assessed to ensure applicant can afford all household operating costs such as fuel, power, water and sewage pump out costs etc.

EMPLOYMENT INFORMATION

APPLICANT

Present Employer	Work Address
Occupation	Work Phone
Start Date	Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Previous Employer	Work Address
Occupation	Work Phone
Start Date DD/MM/YYYY	End Date DD/MM/YYYY

CO-APPLICANT

Present Employer	Work Address
Occupation	Work Phone
Start Date	Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Previous Employer	Work Address
Occupation	Work Phone
Start Date DD/MM/YYYY	End Date DD/MM/YYYY

DECLARATION

- ✓ I/We declare that the information provided herein is true and correct and realize that any false information provided will result in cancellation of the application.
- ✓ I/We authorize Smith's Landing First Nation to make all necessary enquiries to process this application.
- ✓ I/We understand that accommodation availability is subject to available units.
- ✓ Applications will be kept on file for one year. You must re-apply each year.
- ✓ I/We understand that it is my/our responsibility to inform Smith's Landing First Nation Housing Department if the contact information on the application changes.

I/We have read the Smith's Landing First Nation Housing Policy. Yes No

X _____ Applicant's Signature (Mandatory)	DD/MM/YYYY Date	X _____ Witness's Signature (Mandatory)	DD/MM/YYYY Date
X _____ Co-applicant's Signature (Mandatory)	DD/MM/YYYY Date	X _____ Witness's Signature (Mandatory)	DD/MM/YYYY Date