



Housing Application

Date of Application Submission: _____
Month Day Year

Tla-o-qui-aht Applicant: (Primary Applicant)

First Name Middle Names Last Name

Tla-o-qui-aht Band Registry #: _____ (Attach copy of status card)

Current Mailing Address: _____

Phone #: _____ Cell #: _____

Email: _____ (Required)

TENANCY TYPE

The purpose for this information requested, is to assist you in securing suitable accommodation to meet your current needs. It is important that you are aware that this information will be kept on file for **12 (twelve) months**, after which time a new application must be completed. The information in this form is protected and will be kept confidential.

of Bedrooms Required _____

Which community are you applying to live in: *(check community applying for)*

Opitsaht

Ty-Histanis

No Preference

Requests:

(indicate anything such as prefer a rancher style (no stairs), wheel chair accessible, or duplex unit preferred etc.)

OCCUPANTS:

Please list all individuals who will be living with you in the house, including yourself, spouse, and children

Name	Birthdate	Sex	Relationship

INCOME DATA:

Employer: _____

Position: _____ How Long (start date): _____

Address: _____ Phone Number: _____

Salary: _____ Supervisors Name: _____

Spouse's Income Data

Employer: _____

Position: _____ How Long (start date): _____

Address: _____ Phone Number: _____

Salary: _____ Supervisors Name: _____

Social Assistance, Pension, Disability, or Old Age recipients please complete the following:

Total Monthly Amount \$ _____

Indicate Type of Income: _____
(ex: Social Assistance, Old Age Pension etc)

Identification Information

Social Insurance # _____

Bank: _____ Branch Address: _____
(Unit #, Street Name, City, Province)

Present Living Accommodations

Is your present residence: *(please circle)* House Apartment Townhouse Duplex

Do you *(please circle)* Rent Own Share

If none of the above, please explain:

Landlord Information

Name of Landlord: _____ Address: _____

Phone #: _____ Cell #: _____

Fax #: _____ Email: _____

Are you currently on a lease?: (Yes) (No)

What is the reason for moving?: _____

Total Monthly Amounts

Rent: _____ BC Hydro: _____ Telus: _____ Other *(indicate)*: _____

Present Housing Conditions

How many people living in the house?: _____ How many bedrooms? _____

Please check off which categories apply to your current situation:

	Yes	No
Repairs Required:	_____	_____
Children Allowed:	_____	_____
High Rent:	_____	_____

Poor Living Conditions: (re: crowded) _____
Problems with Stairs: (accessibility) _____
Problems with amenities: _____

PERSONAL INFORMATION:

Have you been charged with Sexual Abuse: _____
(If YES, indicate date of charge)

Have you been charged with Drug Possession?: _____
(If YES, indicate date of charge)

Additional Information: _____

Is your application as result of a Medical Need: (Yes) (No)
Doctor's note attached: (Yes) (No)
Smoker: (Yes) (No)
Do you have any pets: (Yes) (No)

ALL PETS IN TLA-O-QUI-AHT COMMUNITIES MUST BE REGISTERED WITH THE TFN ANIMAL CARE & CONTROL BYLAW REGISTRY. IF YOU ALREADY RESIDE IN A TFN COMMUNITY AND YOUR PET IS REGISTERED PROVIDE INFO BELOW:

Pets Name	Type (Dog or Cat)	Breed	Registry #
Do you own a vehicle:		(Yes)	(No)
Do you own a boat:		(Yes)	(No)

REFERENCES:

1. Name: _____ Phone#: _____
Relationship (Employer or Former Landlord) _____

2. Name: _____ Phone#: _____
Relationship (Employer or Former Landlord) _____

MISCELLANEOUS QUESTIONS:

Do you have the resources to pay first month's rent and security deposit?
(Yes) (No)

Are you in good standing with BC Hydro?
(Yes) (No)

Can you provide proof of income?
(Yes) (No)

How soon would you be able to move in?

Month & Year or Other Info

Endorsing Signature(s)

I/We certify that the information on this form is true. I/We certify and consent to the Tla-o-qui-aht First Nations verifying any or all information contained in this application including, obtaining credit or personal reports on me/us from one or more agencies or individuals.

I/We hereby authorize agencies or individuals to provide any information they have to the Tla-o-qui-aht First Nations to provide me/us with rental or rent-to-own accommodations.

I/We understand this application will remain on file for a period of 12 (twelve) months. If at any time during the 12 months should I/we move or need to up-date the information on this application, it is my/our responsibility to come into or call the office and make the necessary changes. Any applications not updated annually will be considered void, and discarded.

Primary Applicant Signature

Spouse Signature

Date Signed

Date Signed

