3405 Mountain House Road Williams Lake, BC V2G 5L5 P. 250-989-2323 F. 250-989-2300



HOUSING POLICY F105 SCHEDULE 4 RENTAL HOUSING APPLICATION

Date Received				
Applicant Informat	ion			
last name	first and middle name(s)			
unit no.	mailing address			
city		province	postal code	
home phone	work/cell	phone	e-mail	
membership		statu	S	
date of birth	marital status		do you presently own a home?	
Address of home owned b	y applicant.			
PRESENT LANDLOR	D			
last name		first and	middle name(s)	
unit no.	address			
city		province	postal code	
home phone	work/cell		e-mail	
Rental History Have you rented Soc or any of the Norther Council Bands housi If yes, explain:		yes	no	. – – –

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Occupants

Name(s) of all adult and	minor occupants who will be	be residing in the home.

Name and Age

Relationship and Band Name or Number

Type(s) of home you are requesting

- CMHC Unit 2-4 bedroom c/w basement. Rent subsidized depending on Income.
- DIA Unit Older Unit 1-4 bedrooms. No Subsidies for this unit.

Occupancy

Date of residency needed

Comments

Please provide a brief explanation to why you are requesting Soda Creek Indian Band Housing and why you should receive a home within the community. (eg. overcrowding, loss of home, Disabilities, Emergency situation.) What is your current Living Situation? Please include additional pages if you need more space.

Applicant Employment Information

Employer			type of business	3
supervisor's last na	ame	super	visor's first name	
unit no.	address			
city		province	postal code	
home phone		work/cell phone	e-mail	
duration of employ	ment	monthly income		
full time / part time	employment	other	income	

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Spouse's Employment Information

Employer		type of business
supervisor's last name	supervi	isor's first name
unit no. address		
city	province	postal code
home phone work/o	cell phone	e-mail
duration of employment	monthly	y income
full time / part time employment	other in	ncome
Other Information This is optional and is being gathered to a applicant.	assist the selection	n committee to easily assess the
House Type Requested Please circle one		
 Handicap Dwelling – equipped wi Family Dwelling – 2-5 bedroom Bachelor Suit – 1-2 bedroom suite Single Family Unit – 1-2 bedroom Elder's Unit (equipped for elders a 	e/duplex n house	sy accessibility.
Are you willing and able to pay Please circle one		
A) A higher rent of a CMHC Unit \$50B) A lower rent or maintenance fee f		ome \$150-300.
How much are you willing to pay for re	nt?	

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	own as the Applicant do hereby give the Housing nation that pertains to the application for Housing. Eg: s,
l, do hereband do agree that if any information is in and will be taken off of the Housing requ	by state that all the information on this application is true, correct that my application will be deemed incomplete lest file until all information is updated.
Proof of other Income declaration of inco	
Please provide three (3) residency refere	ences.
name	phone
name	phone
name	phone
Applicant Signatures	
Applicant Signature	Date
Housing Department Signature	Date
Occupant's Signature	Date
Occupant's Signature	Date
Occupant's Signature	Date
Occupant's Signature	Date

Note: All Housing Applications must be updated yearly.

January of every year the Housing Request File will be updated. The Housing Department will call all applicants at the numbers on this application to give you the opportunity to re apply. It is the responsibility of the applicant to re submit an application if you wish to remain on the file.