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 Information** last name first and middle name(s) unit no. mailing address city province postal code home phone work/cell phone e-mail membership status date of birth do you presently own a home? marital status Address of home owned by applicant. **Present Landlord** last name first and middle name(s) unit no. address city postal code province home phone work/cell phone e-mail **Rental History** Have you rented Xatsull First Nation or yes no any of the Northern Shuswap Tribal Council Bands housing in the past? If yes, explain:

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Occupants Name(s) of all adult and minor occupants who will be residing in the home. Relationship and Band Name or Number Name and Age **Housing Request** 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 Xatsull First Nation 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 supervisor's last name supervisor's first name address unit no. city province postal code work/cell phone home phone e-mail duration of employment monthly income

full time / part time employment

other income

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Spouse's Employment Information

Employ	er			type of busi	ness	
supervisor's last name		-	supervisor's first name			
unit no		address				
city		-	province	postal code		
home p	hone		ork/cell phone	e-mail		
duration of employment		monthly income				
full time / part time employment			other in	other income		
		s being gathered	to assist the selection	on committee to easil	y assess the	
	Type Reques	ted				
 Handicap Dwelling – equipped with ramps Family Dwelling – 2-5 bedroom Bachelor Suit – 1-2 bedroom suite/duplex Single Family Unit – 1-2 bedroom house Elder's Unit (equipped for elders accessib 			uite/duplex om house	y accessibility.		
	u willing and a	able to pay				
	A) A higher rent of a CMHC Unit \$500-600 or, B) A lower rent or maintenance fee for an older DIA home \$150-300.					
How m	uch are you v	villing to pay for	rent?			

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I, also kno	own as the Applicant do hereby give the Housing
	nation that pertains to the application for Housing. Eg:
 Current or past rental statement 	ts,
 Arrears Statements, 	
 Employment Information, 	
 Family Status 	
I do here	by state that all the information on this application is true,
	ncorrect that my application will be deemed incomplete
Attachments	
Please attach the following:	
	come Tax Summary, Notice of Assessment)
Proof of other Income declaration of income	
References	
Please provide three (3) residency refe	rences.
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.