

Xat'sùll First Nation

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

marital status

do you presently own a home?

Address of home owned by applicant.

PRESENT LANDLORD

last name

first and middle name(s)

unit no.

address

city

province

postal code

home phone

work/cell phone

e-mail

Rental History

Have you rented Soda Creek Indian Band
or any of the Northern Shuswap Tribal
Council Bands housing in the past?

yes

no

If yes, explain:

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Occupants

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

Name and Age

Relationship and Band Name or Number

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 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

supervisor's last name

supervisor's first name

unit no.

address

city

province

postal code

home phone

work/cell phone

e-mail

duration of employment

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

supervisor's first name

unit no.

address

city

province

postal code

home phone

work/cell phone

e-mail

duration of employment

monthly income

full time / part time employment

other income

Other Information

This is optional and is being gathered to assist the selection committee to easily assess the applicant.

House Type Requested

Please circle one

1. Handicap Dwelling – equipped with ramps and easy accessibility.
2. Family Dwelling – 2-5 bedroom
3. Bachelor Suit – 1-2 bedroom suite/duplex
4. Single Family Unit – 1-2 bedroom house
5. Elder's Unit (equipped for elders accessibility)

Are you willing and able to pay

Please circle one

- 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 much are you willing to pay for rent?

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I _____, also known as the Applicant do hereby give the Department the right to obtain any information that pertains to the application for Housing. Eg:

- Current or past rental statements,
- Arrears Statements,
- Employment Information,
- Family Status

I _____, do hereby state that all the information on this application is true, and do agree that if any information is incorrect that my application will be deemed incomplete and will be taken off of the Housing request file until all information is updated.

Attachments

Please attach the following:

Proof of Income (2 pay stubs or T4's, Income Tax Summary, Notice of Assessment)
Proof of other Income declaration of income from SA department.

References

Please provide three (3) residency references.

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. Contact our housing department at housing@xatsull.com , for any questions.