SAMPLE HOUSING APPLICATION FORM¹

Housing Candidacy Application

Please fill out this form as completely as possible, as this form will be used to assess your suitability

and need for housing in the community.			
Which housing program(s) do you wish to apply for?			
Vacant Rental _ Personal Inf	Social Housing ((new)	Other
Name	Last name: First name: Middle name / initial:		
Date of birth		Status # (if applicable)	
Application date		Expiry date (if applicable)	
Primary phone number		Business/work phone number	
Cell number		Email address	
Street address	•		
City/province		Postal code	

 $^{^{1}}$ Excerpted from CMHC's On-Reserve Non-Profit Housing Program Reference Manual, 2015

 □ Single □ Widowed □ Separated □ Common-law 			
Who will be residing on the premises?			
Name	Relationship to Applicant	Date of Birth	
PRESENT LIVING CONDITIONS			
HOUSE OWNERSHIP:			
Certification Of Possession			
Band-Owned			
Renting			
HEALTH CONSIDERATIONS:			
RAMP REQUIRED FOR ACCESSIBILIT	Y? YES NO		

MARITAL STATUS

PLEASE SPECIFY ANY OTHER CONSIDERATIONS:	
REASON FOR LEAVING PRESENT ACCOMMODATION:	

Pe	Personal Information (please circle appropriate answer)		
1.	Have you ever occupied a unit in the community?	Yes / No	
2.	Do you owe any outstanding debts to the community?	Yes / No	
3.	If you answered "yes" to question 2, have you arranged a repayment plan for those debts with the community?	Yes / No	
4.	4. Are you currently homeless or inadequately or unsafely housed?		
Er	Employment Information		
5.	Are you currently employed?	Yes / No	
6.	Will you be able to maintain employment while residing in the rental unit?	Yes / No	
7.	Are you paying for employment insurance through your current job?	Yes / No	

8. Is your spou	ouse employed?			Yes / No
9. Will your spouse be able to maintain employment while residing in the rental unit?				Yes / No
10. Is your spou	10. Is your spouse paying for employment insurance through his/her current job? Yes / No			
Employer In	formation (if applicab	le)		
Name of employer				
Nature of employment	full-time part-time temporary	When was your start date?		
Job title		What is your annual income?		
Employer's street address				
Employer's city		Employer's postal code		
Spousal Employment Information (if applicable)				
Name of employer				
Nature of employment	full-time part-time temporary	When was your start date?		
Job title		What is your annual income?		

Employer's street address			
Employer's city		Employer's postal code	
References			
	(3) references helo	w Please note that reference	es may be weighted based on <u>you</u>
elationship to the refe	rence and depending	on what scoring criterion is use	ed. For example, landlord reference
•		9	and family/friends references scorin usiness days of being contacted, the
ne Housing Departme	nt will contact the "sta	ndby" reference.	
Na	me	Relationship	Contact Phone Number
1.			
2.			
3.			
Standby:			
	_	vledge that everything I ha	ave said on this application is
erifiably true with	out exception:		
	Signat	ure	

(rental candidate)

Print name

Date