

## MUSCOWPETUNG SAULTEAUX NATION NEW AND VACANT HOUSING APPLICATION

## Office Use Only

Existing Housing Assigne	ed:					
Applicant						
Name of Applicant:						
Address:						
Telephone/Cell:						
Email:						
Applicant Date of Birth:						
Co-Applicant Date of Birth:						
Co-Applicant Date of Birth:						
Co-Applicant Date of Birth:						
List number of dependents currently residing with you and their relationship to you						
NAME	DATE OF BIRTH	TREATY NUMBER	RELATIONSHIP			
Monthly rent paid at the current address:						
Name of Landlord and Phone number:						
References:						

If you live on reserve, what is your unit:				
Size of current # of bedrooms at your current residence:				
Are you willing to pay rent on the CMHC housing unit? Yes No				
Have you or are you residing on Muscowpetung?				
How long have you lived off reserve?				
How long have you lived on reserve?				
Have you received a new house/vacant house? If so, when?				
Are you willing to abide by the MSN Housing Policy & Lease Agreement?				
Are you willing to repair/maintain, your unit if you are offered one?				
If you are offered a new unit are you willing to provide labour or financial equity for any				
renovations?				

## **Comment or Concerns:**

Financial Information (Gross Income Earned & Source of Income) For example: Social Assistance, Employment, Training Allowance, Employment Insurance, Workers Compensation, Child/Spousal Maintenance, Child Tax Benefit, Pension or other

SOURCE	APPLICANT	CO-APPLICANT	CO-APPLICANT

## **Declaration and Acknowledgement**

I understand this application does not constitute or guarantee house for me or my family.

I hereby authorize the Housing Department to review or contact my applications referrals or sources.

I understand that any or all of the statements made herein, being fully aware that the discovery of any false statements shall cancel further consideration of my application.

I further acknowledge the right of the Housing Department to cancel my application without notice should any false statements be made or found on this application.

I acknowledge that this application becomes the property of the Housing Department upon delivery.

I hereby declare that the information provided on this application is true, correct and complete.

Applicant's Name (please print)	Applicant's Signature	Date	
Co-Applicant's Name (please print)	Co-Applicant's Signature	Date	
Co-Applicant's Name (please print)	Co-Applicant's Signature	Date	