

KEEWATIN HOUSING ASSOCIATION INC. - APPLICATION FOR HOUSING
107-23 Nickel Rd, Thompson, MB R8N 0Y4
7 Phone: (204) 677-2341 or 1-800-665-6212, Fax: (204) 677-0257

HOUSEHOLD INFORMATION

APPLICANT'S LAST NAME	FIRST NAME	INITIAL	PH. #
D.O.B. (MM/DD/YY)	SEX (M/F)	DRIVER'S LICENSE #	S.I.N.#
Treaty Number/ Métis Number			

CO-APPLICANT'S LAST NAME	FIRST NAME	INITIAL	PH. #
D.O.B. (MM/DD/YY)	SEX (M/F)	DRIVER'S LICENSE #	S.I.N.#

MARITAL STATUS: (PLEASE CIRCLE ONE OF THE FOLLOWING):

SINGLE MARRIED COMMON-LAW DIVORCED SEPARATED WIDOWED

LIST ALL DEPENDANT CHILDREN UNDER 18 YEARS OF AGE WHO WILL BE LIVING WITH YOU:

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	D.O.B. (MM/DD/YY)

OTHER PERSONS WHO WILL BE LIVING WITH YOU:

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	D.O.B. (MM/DD/YY)

ARE ANY MEMBERS OF YOUR HOUSEHOLD DISABLED? YES _____ NO _____

IF YES, INDICATE NAME OF DISABLED PERSON & TYPE OF DISABILITY: _____

MEDICAL LETTER ATTACHED: _____ MEDICAL LETTER TO FOLLOW: _____

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CURRENT ADDRESS

APT. # _____ STREET _____ CITY _____ PROV. _____ POSTAL
CODE _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? _____ #OF
BEDROOMS _____

RENT\$ _____ UTILITIES INCLUDED IN RENT:
YES _____ NO _____

LANDLORD'S NAME	ADDRESS	PH. #
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PREVIOUS ADDRESS

APT. # _____ STREET _____ CITY _____ PROV. _____ POSTAL
CODE _____

LANDLORD'S NAME	ADDRESS	PH. #
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If you have not rented before, please supply us with a personal reference (no relatives please)

NAME	PHONE #
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SOURCE OF INCOME

PLEASE COMPLETE OR CHECK THE FOLLOWING THAT APPLY TO YOU:

PROVINCIAL SOCIAL ASSISTANCE _____ MUNICIPAL SOCIAL ASSISTANCE _____

GROSS MONTHLY INCOME _____ GROSS ANNUAL INCOME _____

EMPLOYMENT (INCLUDING SELF EMPLOYMENT): YES _____ NO _____
IF YES, COMPLETE THE FOLLOWING:

EMPLOYERS NAME	ADDRESS	PH. #
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GROSS MONTHLY INCOME _____ GROSS ANNUAL INCOME _____

SPONSORSHIP/ STUDENT ALLOWANCE (please attach letter of acceptance) YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

SPONSORS NAME	ADDRESS	PH. #
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GROSS MONTHLY INCOME _____ GROSS ANNUAL INCOME _____

OTHER SOURCES OF INCOME (CHECK ANY ONE OF THE FOLLOWING AND FILL IN PROPER AMOUNTS):

<u>SOURCE</u>	<u>GROSS MONTHLY AMOUNT</u>	<u>GROSS ANNUAL AMOUNT</u>
C.R.I.S.P	_____	_____
CHILD SUPPORT	_____	_____
ALIMONY	_____	_____
S.A.F.F.R.	_____	_____
E.I. BENEFITS	_____	_____
PENSION: TYPE _____	_____	_____
WORKERS COMPENSATION	_____	_____
GUARANTEED INCOME SUPPLEMENT	_____	_____
OLD AGE SECURITY	_____	_____
OTHER	_____	_____
INTEREST INCOME FR. SAVINGS/ INVESTMENTS/ CANADA SAVINGS BONDS	_____	_____
TOTAL OF ALL SOURCES OF INCOME	_____	_____

OUTSTANDING DEBTS (LOANS/CREDIT CARDS/ETC.)

BANK/COMPANY	MONTHLY PAYMENT	BALANCE	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION

TO ASSIST US IN PROCESSING YOUR APPLICATION, PLEASE WRITE DOWN YOUR REASONS FOR APPLYING.

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THE URBAN NATIVE HOUSING PROGRAM IS DESIGNED TO SERVE NATIVE CLIENTS. IN THIS RESPECT, PREFERENCE IS GIVEN TO APPLICANTS OF NATIVE ANCESTRY. DECLARATION: I DECLARE THAT I AND/OR MY LEGAL DEPENDANTS ARE OF NATIVE ANCESTRY (TREATY, NON-STATUS, METIS, INUIT).

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

I UNDERSTAND THAT I WILL SIGN THE KEEWATIN HOUSING ASSOCIATION INC. LEASE WHEN I MOVE INTO A UNIT. I UNDERSTAND THAT I WILL SUPPLY INCOME VERIFICATION INFORMATION (I.E.; T-4 SLIPS, CHEQUE STUBS, LETTER FROM EMPLOYER) FOR EACH HOUSEHOLD MEMBER WHO RECEIVES AN INCOME BEFORE OCCUPYING THE UNIT AND ANNUALLY AFTER THAT.

I UNDERSTAND THAT THE FIRST MONTH'S RENT AND THE SECURITY DEPOSIT (½ OF ONE MONTH'S RENT) WILL BECOME DUE AND PAYABLE ON THE FIRST DAY OF OCCUPANCY.

I UNDERSTAND THAT THE KEEWATIN HOUSING ASSOCIATION INC. IS FORMED FOR THE PURPOSE OF PROVIDING HOUSING AT COST TO ITS TENANTS.

I HEREBY AUTHORIZE KEEWATIN HOUSING ASSOCIATION INC. TO MAKE SUCH ENQUIRIES ABOUT MY CREDIT STATUS AS THEY SEE FIT TO PROCESS THIS APPLICATION. ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

All applicants for housing must fill out all required information. Any applications with information left blank and no signatures signed on the appropriate areas will be considered incomplete and will not be reviewed. **Income Verification must be attached such as copies of cheque stubs and/or bank book deposits.**

All applications are reviewed by our Selection Committee. They decide whose application to reject or approve, based on the information provided. It is your responsibility to follow up on your application. All approved applications are put on the waiting list and a number will be assigned to your application. This does not mean you will be placed into a house immediately. You are also required to keep your application up to date i.e; change of address, phone number, etc. If we are unable to locate you, either by phone or neglecting to return your update card (sent to you periodically), your application will be discarded.

FOR OFFICE USE ONLY		
SELECTION COMMITTEE INTERVIEW DATE:		
ACCEPTED	PRIORITY	REGULAR
REJECTED		
INCOMPLETE		