



ON RESERVE HOUSING APPLICATION

NAME: _____

DATE: _____

CONTACT NUMBER: _____

HOW MANY PEOPLE WILL BE RESIDING IN THE RESIDENCE: _____

HOW MANY BEDROOMS DO YOU REQUIRE?: 1 2 3 4 5 6+

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ANY HEALTH AND/ OR DISABILITIES THAT MAY REQUIRE SPECIAL ACCESS TO THE HOME OR REQUIRE SPECIFIC NEEDS IN THE HOME?:

YES NO

IF YES, PLEASE EXPLAIN THE CONCERN AND WHAT THE HOME WOULD REQUIRE FOR EASE OF LIVING OR CONTINUED INDEPENDENT LIVING:

WILL THERE BE ANY PETS LIVING WITH YOU IN THE RESIDENCE OR OUTSIDE THE RESIDENCE?:

YES NO

IF YES, PLEASE RESPOND TO THE FOLLOWING:

TYPE: DOG CAT LIVESTOCK OTHER

SPAYED/ NEUTERED: YES NO

ARE ANY OF YOUR ANIMALS AGGRESSIVE: YES NO

IF YES, PLEASE EXPLAIN HOW YOU WILL ENSURE THAT OTHER COMMUNITY RESIDENTS WILL BE SAFE IN THE COMMUNITY, WHILE STILL ENSURING THAT YOUR ANIMAL IS CONTROLLED IN A SAFE AND SENSITIVE MANNER?:

ARE YOU CURRENTLY EMPLOYED:

YES

NO

EMPLOYER(S) NAME: _____

CONTACT NUMBER: _____

LENGTH OF EMPLOYMENT: _____

POSITION/ TITLE: _____

IF YOU ARE NOT CURRENTLY EMPLOYED HOW DO YOU INTEND ON PAYING RENT?:

PLEASE LIST ALL EMPLOYERS FOR THE PAST FIVE (5) YEARS WITH A CONTACT NUMBER:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

HAVE YOU EVER HAD A HOME ON-RESERVE BEFORE?:

YES

NO

IF YES, PLEASE EXPLAIN WHEN AND WHY YOU LEFT?:

HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE BEFORE?: YES

NO

IF YES, PLEASE EXPLAIN WHY:

WHY DO YOU WANT TO MOVE TO LIVE IN THE COMMUNITY OF DOIG RIVER?

PLEASE LIST ALL YOUR RESIDENCES IN THE PAST TWO YEARS, STARTING WITH YOUR CURRENT ONE AND INCLUDE PHONE NUMBERS FOR REFERENCE INFORMATION:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE FILL OUT THE FOLLOWING FINANCIAL INFORMATION:

MONTHLY INCOME:

- Your monthly earned income total: \$ _____
- Your monthly other income total: \$ _____
- Your partner monthly income total: \$ _____
- Any other household income that contributes: \$ _____
 - Total Monthly Household Income: \$ _____

MONTHLY EXPENSES:

- Vehicle Payments \$ _____
- Insurance Payments \$ _____
- Vehicle Fuel/ Maintenance Costs \$ _____
- Required Support Payments \$ _____
- Groceries and household necessities \$ _____
- Electricity Bills \$ _____
- Heating bills (Propane/ Natural Gas/ etc.) \$ _____
- Internet, Home Phone, Cell Phone, Cable \$ _____
- Entertainment \$ _____
- Personal Costs \$ _____
- Other \$ _____
 - Total Monthly Expenses \$ _____

OFFICE USE ONLY

ELIGIBLE APPLICATION: YES NO

SECURITY DEPOSIT: YES NO

REFERENCES VERIFIED: YES NO

INCOME VERIFIED: YES NO

DATE RECEIVED: _____

APPROVED: YES NO

HOUSE: _____

NOTIFIED ON: _____