

P.O. Box 400 ♦ Fox Lake Reserve ♦ Chapleau, Ontario ♦ POM 1K0 Ph (705) 864-0784 ♦ Fax (705) 864-1760 reception@chapleaucree.ca

Application for CCFN Rental Housing – Appendix D

Date of Application:

Personal Information

NameFirstMiddle InitialLastDate of BirthStatus Band #Phone NumberWork Phone NumberCell NumberE-mail AddressStreet AddressPostal CodeCity/ProvincePostal CodeAdd to CCFN email list? \Box Yes \Box No

If applicant is under 18, is the Applicant 16 years of age or older, and able to live independently.

Yes
No

In addition to yourself, who will reside in the rental unit for 22 days or more within a 12-month period?

Name	Relationship to Applicant	Date of Birth	Member Y/N	Non-Member of CCFN ancestry Y/N
1.				
2.				
3.				
4.				
5.				

References

Please provide three (3) references below. List prior landlord references whom you have rented from in the past three years, or, if you do not have three, add current and previous employer references, or other references who can confirm your ability to effectively manage the financial and physical obligations under the Tenancy Agreement

Name	Relationship (i.e. landlord / former landlord, employer / previous employer, family/ friend)	Contact Phone Number
1.		
2.		
3.		

Account Information					
1. Do you have outstanding debt with CCI		Yes/No			
If yes, do you have an active Arrears Re		Yes/No			
If yes, have you made three consecutiv	eement?	Yes/No			
2. Have you ever been evicted from an CC	CFN rental unit?		Yes/No		
3. Have you failed to comply with a Tenar	ncy Agreement within the p	ast two years?	Yes/No		
Income Information					
4. Are you currently employed?		Yes/No			
If no, what is your current income sour	ce:				
5. Is your spouse employed?			Yes/No		
If no, what is their current income sour	rce:				
Employment Information (if appli	cable)				
Name of Employer					
Employment Type	Full-time/Part-time/Temporary	Start date			
Job Title		Annual income			
Address & Contact Information					
Employment Information of Spou	se (if applicable)				
Name of Employer					
Employment Type	Full-time/Part-time/Temporary	Start date			
Job Title		Annual income			
Address & Contact Information					
Housing Information					
6. Describe your current housing situation, including the number of rooms, how many people live with you, and their relationship to you or other person listed on this application.					
7. How much do you pay per month for your current housing? Indicate type of current housing: rental lodger owner other:					
8. How much do you pay per month for utilities (Hydro, propane, etc)?					
9. How long have you lived at this address?					
10. If you have lived at your present address for less than 24 months, please include previous addresses as well as details on the number of bedrooms/tenants, costs, and how long you lived there.					
Please ensure the following documents are included with your application: \checkmark					

Proof dependents listed above will be included in your household (e.g. Child Tax Benefit)			
Identification (e.g. photocopies of status cards, Driver's Licenses and/or Birth Certificates).			
Urgent Need			
If possible, please attach additional information or documentation.			
11. Do you have an urgent need for rental housing?	Yes/No		
12. Are you using an emergency shelter to escape violence or other abuse?	Yes/No		
13. Are you homeless or going to become homeless for reasons beyond your control?	Yes/No		
14. Does your current housing put you at risk of losing child custody?	Yes/No		
15. Does your current housing fail to meet your specific health or accessibility needs?	Yes/No		
16. Is your current housing hazardous?			
Non-Member Applicants ONLY			
17. Do you have an income sufficient to pay the Rent? Please attach proof of income sufficient to pay Rent.	Yes/No		
18. Do you have ancestral ties to Chapleau Cree First Nation? <i>Please explain.</i>	Yes/No		
19. Do you consent to a criminal record check? A criminal record check is mandatory for Non-Members to become tenants	Yes/No		

Affordability Analysis

- 1. Insert your income and expenses in each column. (Multiply each line item for annual number). If you are unsure how much your rent and utilities will be, leave those items blank and do not calculate totals.
- 2. If you have arrears or are filling this form out for arrears purposes, you must provide the Minimum Arrears Payable.
- 3. After filling out each box, add up the totals.
- 4. Your income should exceed your cost of living expenses in order to maintain your cost of living.

Annual Primary Income		Annual Primary Cost of Living Expenses		nses		
Employment Income		Rent	\$	 x	=	
\$x=		Arrears Re	payment \$	_ X	=	
Spousal Income		Utilities (h	ydro/gas) \$	 _ x	=	

\$=			
Y^		Contents insurance	
Social Assistance		Vehicle Payment \$x=	
\$x=		Gasoline & Repairs \$x=	
Education Allowance		Vehicle Insurance	
\$x=		Groceries \$x =	
Employment Insurance \$x=		Ordered Payments \$x=	
Other:		Loan payments \$x =	
Other:		Credit payments \$ x =	
SUBTOTAL (<i>w</i>)		SUBTOTAL (y)	
Secondary Incom	ondary Income Secondary Cost of Living Expe		
GST / Tax Refund		Cigarettes & Tobacco \$ x=	
Child Tax Benefits \$x=		Clothes & Hygiene \$x=	
OAS:		Cell phone/phone \$x=	
СРР:		Internet \$ x =	
GIS:		Cable TV \$ =	
ODSP:		Entertainment \$x=	
Other:		Other: \$ =	
SUBTOTAL (<i>x</i>)		SUBTOTAL (z)	
TOTAL INCOME (<i>w+x</i>)		TOTAL EXPENSES (y+z)	
+ TOTAL INCOME	\$		
- TOTAL EXPENSES	\$		
= TOTAL SURPLUS/SHORTF	ALL \$		

Declaration

By signing below, I hereby certify and acknowledge that everything I state in this application is verifiably true without exception and I authorize Chapleau Cree First Nation to contact my references:

	Signature	Date
Print Name	-	