

CHIPPEWAS OF KETTLE & STONY POINT FIRST NATION RENTAL HOUSING APPLICATION

Personal information on this form will be used to assess eligibility for the rental housing program provided by KSPFN. Questions about the collection and use of your personal information should be directed to the Housing Department. If additional space is required in order to provide complete information, please attach additional pages to this application form.

PLEASE NOTE: All available rental units will be posted on the KSPFN website (www.kettlepoint.org) and the "Chippewas of Kettle & Stony Point" Facebook page. In the event there are no available rental units at the time your application is received, the Housing Department will return your application to you by mail.

1. GENERAL INFORMATION			
1A. Applicant Information (req	uired)		
Applicant Name (FIRST)	(MIDDLE)	(LAST)	Band Membership Number
Date of Birth			
Mailing Address (Street address	s, unit number, city and po	ostal code)	
Phone Number			Relationship Status (select one) ☐ Single ☐ Married ☐ Common-law
Email Address			
Are you currently employed? ☐ Yes – if yes, do you work ☐ F ☐ No			Name of current employer (indicate if self-employed)
How long have you worked for	your current employer?		Employer Phone Number
Work Address (Street address,	unit number, city and post	tal code)	
1B. Co-Applicant Information (not required)		
Co-Applicant Name (FIRST)	(MIDDLE)	(LAST)	Band Membership Number (if applicable)
Date of Birth			
Relationship to Applicant			
Mailing Address (Street address,	unit number, city and postal	code)	
			Relationship Status (select one) ☐ Single ☐ Married ☐ Common-law
Email Address			
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			Name of current employer (indicate if self- employed)				
How long have you worked for your current employer?			Employer Phone Number				
Work Address ((Street ad	ddress, unit number, city	and postal code)					
1C. Other Residents - complete the below chart with all additional family members who will reside in the housing being applied for.							
Last Name	First Name	Band Membership Number (if applicable)	Date of Birth Relationship applicant(s				
n the space below or on a separate piece of paper, please introduce yourself and the other residents and any special considerations the Housing Department should be aware of in reviewing your application.							

2. INCOME INFORMATION					
Sources of Family Income - complete					
documentation to verify your curre					
must provide copies of your last 2 week	eks of pay stubs. Attach inc	come stubs for other sources	of income.		
Source of Income	Applicant	Co-Applicant	Other Contributors		
	(Amount per month)	(Amount per month)	(Name & Amount per month)		
Employment (From All Sources)					
Ontario Works					
Provincial Family Benefits					
OAS Pension (Old Age Security)					
Alimony/Support					
El Benefits					
ODSP (Ontario Disability Support Program)					
Lease Property Income					
Other (Specify)					
Total Gross Family Income:					
Note: If an Applicant is on ODSP an	d requires a letter for the	ir Casawarkar from Housing	n stating that they are		
applying for an apartment. Please c					
address. Housing will provide a lett					
		•	, 0		
3. HYDRO ONE ACCOUNTS					
Please call Hydro One at 1-888-664					
Credit Reference Letter and attach					
Hydro One. This letter will confirm					
unpaid bills. If you never had an account with Hydro One, please ask the representative for a letter confirming this.					
If you have never had an account with Hydro One, please check this box: ☐					
4. ENBRIDGE GAS ACCOUNTS					
For those currently set up with Enb					
Enbridge Gas bill, to confirm you are not in arrears. You can request this by calling 1-877-362-7434, then hit 1 for					
English, 3 for main menu, 2 for account balances, then 0 for customer service. You can also receive a copy of your latest bill by going to: https://myaccount.enbridgegas.com/.					
iatest bill by going to. https://myaccount.enbhugegas.com/.					
If you have never had an account with Enbridge, please check this box:					
5. FINANCIAL STANDING WITH KS					
Please provide a current letter of good standing from the KSPFN finance department for <u>each applicant</u> , to be eligible					
to apply. Failure to provide such letter of good standing for all applicants will result in an ineligible application. Please call Shilo Shawnoo at 519-786-2125 x 108 or email him at					

6A. PRESENT HOUSING							
Current ho ☐ Rental ☐ Own		ment (select one)	How long have you lived at this address?				
	6B. Q	uestion	Yes	No	If yes, describe		
Does your safety cond family?	current housin cerns for you o	g present any health or r any members of your					
Do you hav housing sit		rns about your current			(Please attach an additional required)	page if more space is	
	NCE HISTOR	Y I former residences of the	annlic	ant(s)	for the past 10 years		
	Co-Applicant			. ,	Landlord Information (Name, phone number)	Date of residence (mm/yyyy to mm/yyyy)	
					,		
П	П						

Attach to this application on a separate piece of paper, Two Reference Checks from previous landlords. If you never rented before provide Two-Character References from non-family members.

8. CHECKLIST SUMMARY OF DOCUMENTS NEEDED FOR A COMPLETED APPLICA	TION	
Did you review each page completely and ensure there are no spaces that are left blank	Yes	No
or unanswered in any of the boxes from Numbers #1 to #7?		
Did you submit (2) copies of your last sources of income with your application?	Yes	No
This includes for both the applicant and co-applicant.		
Did you provide a copy of a Letter of Good Standing?	Yes	No
This includes for the both the applicant and co-applicant.		
Did you attach a Credit Reference Letter from Hydro One?	Yes	No
Or if you never had an account did you check the box in #3?		
Did you attach a copy of your last bill from Enbridge?	Yes	No
Or if you never had an account did you check the box in #4?		
Did you fill out the #1C Introduction Letter or attach one on a separate piece of paper?	Yes	No
Did you attach copies of either:	Yes	No
Two Reference Checks from Previous Landlords		
Or		
Two Character References from Non-Family Members		

9. DECLARATION

I authorize the Kettle and Stony Point First Nation to make any inquiries that it deems necessary to verify the information given in this Application and I authorize any person, corporation or agency having knowledge of any such required information to release the information to the Kettle and Stony Point First Nation. I agree to provide any supporting material the Kettle and Stony Point First Nation may require.

I certify that the information provided is true and I understand that where my application contains false information, my application may be refused.

Signature of Applicant	Date	Date Signature of Co-Applicant	

Please fully review your application and ensure it is completed before submitting.