Housing Application Form

INSTRUCTIONS
Applications must be complete for housing ELIGIBILITY.

Applications are only held for 1 (one) year and must be updated if any changes occur that may affect your housing requirement.

Once completed please deliver application for review to:

Sagamok Housing Department
4007 Espaniel Street

Sagamok Housing Department

Phone: (705) 865-2421

Fax: (705) 865-3307

Email: Sagamokhousing@sagamok.ca

SECTION 1- APPLICANT INFORMATION

Name of each ADULT applying for housing (18 years of age and older)	Date of Birth	Age	Band Number
Name of each Child/person residing with applicant (Under 18 years of age)	**Date of Birth**	**Age**	**Band Number**

Are there any health problems which may affect the type of accommodation required?

☐ Yes **(written details must be provided by a physician with the application)**

☐ No

Name and telephone number of Your current Landlord.

Name:

Phone Number:

MANDATORY – These letters must accompany the housing application.

1) **Reference letter** from your current/previous landlord.
2) **Character letter** must accompany the housing application.

Are you a smoker? ☐ Yes or ☐ No
Do you own pets? ☐ Yes or ☐ No

Note:
Please ensure all documentation is attached when submitting your Housing Application or your Housing Application will be returned.

SECTION 2 – CURRENT ADDRESS

Street	Apt.	P.O. Box #
City/Town/First Nation	Province	Postal Code
Contact Information: Home Phone: Cell Phone: Work Phone:	Messages	Email

What is your Current accommodation? Please check

Type of Accommodation	✓	Number of bedrooms	Type of accommodation	✓	Number of bedrooms
House	☐		Hotel	☐	
Apartment	☐		Room & Board	☐	
Shared Apartment	☐		Extended Family	☐	
Other (give details)					

Type of Housing Request / Accommodations

Please Check One:	✓
Transfer Request	☐
New Application	☐

Please check only one as per family size

Type of Accommodation	✓	**Unit**
One Bedroom	☐	
Two Bedroom	☐	
Three Bedroom	☐	
Other	☐	

SECTION 3 – PREVIOUS ADDRESS

List the last three addresses where you lived, with #1 being the most recent.

	Address	From	To
1			
2			
3			

SECTION 4 – HOUSEHOLD INCOME

Applicant(s)	**Dly, wkly, mthly, annually**
Employed at: **Employed at:**	**$** **$**
Employment Insurance	**$**
Ontario Works	**$**
Disability / Pension	**$**
Other	**$**

*Must provide proof of income to complete the Housing Application.

Does the applicant(s) owe money to Sagamok Housing Department?

☐ Yes, indicate Rental Arrears or amount owing:

☐ No

	✔	Amount Owing
Rental Arrears	☐	**$**
Damages	☐	**$**

Has an Arrears Recovery Agreement been signed between the applicant and the Sagamok Housing Department?

☐ Yes, (must provide arrears recovery agreement as attachment)

☐ No

Additional comments by Applicant:

DECLARATION OF ZERO TOLERANCE

Therefore be it resolved, that the Chief and Council will no longer allow the non payment of rent and all tenants under community housing are advised that eviction will commence if any tenant(s) are in housing payment default or rent arrears.

Band Council Approval May 2008

The foregoing statements in this application are true to the best of my knowledge and belief. Information required has not been concealed or omitted

Signature of Applicant	**Date**
Signature of Co-Applicant	**Date**

Please Note: ***If the applicant has an outstanding account (eg. rental arrears) with Sagamok Housing, the applicant will be ineligible for a unit/apartment until the account has been addressed and/or paid in full.***

This section is for office use only - Mandatory

Received by:	Date:
Reviewed by:	Date:
Recommendations:	
Correspondence Sent:	