



Eagle Village First Nation
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HOUSING APPLICATION

THREE BEDROOM UNIT - HOUSING VACANCY

SUBMISSION DEADLINE OCTOBER 28, 2011

Please check unit that you are applying for: Bungalow Duplex

Applicant Information:

Last Name _____ First Name _____

Social Insurance Number _____

Marital Status

Married Common-law Single parent Single

Current source(s) of Income: (please enter monthly amounts received)

Employed _____ Social Assistance _____

Old Age Pension _____ Employment Insurance _____

Disability _____ Other _____

If employed, please specify type:

Seasonal Full-time (permanent) Part-time (permanent)
 Full-time (contract) Part-time (contract)

Employer Information:

Company _____

Contact Person: _____ Phone Number _____

If you move to the community, will you still have a job? _____

Co-applicant Information:

Last Name _____ First Name _____

Social Insurance Number _____

Marital Status

Married Common-law Single parent Single

Current source(s) of Income: (please enter monthly amounts received)

Employed _____ Social Assistance _____

Old Age Pension _____ Employment Insurance _____

Disability _____ Other _____

If employed, please specify type:

Seasonal Full-time (permanent) Part-time (permanent)

Full-time (contract) Part-time (contract)

Employer Information:

Company _____

Contact Person: _____ Phone Number _____

If you move to the community, will you still have a job? _____

Household Composition:

List yourself on line 1, then list all other persons in your household who will be living with you

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
1					

	Status/Non-status/Application for re-instatement	Band number	Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
2					

	Status/Non-status/Application for re-instatement	Band number	Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
3					

	Status/Non-status/Application for re-instatement	Band number	Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
4					

	Status/Non-status/Application for re-instatement	Band number	Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
5					

	Status/Non-status/Application for re-instatement	Band number	Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
6					

	Status/Non-status/Application for re-instatement	Band number	Monthly Income

Does anyone living with you require wheelchair accessible housing? If so, please provide name.

Do you expect the number of people in your family to change in the next 12 months?
(pregnancy, family joining, family leaving) If yes, please explain.

Current Accommodations:

Rent Own Share expenses

How much do you pay monthly? _____ Does this amount include heat? _____

Describe your accommodation

Apartment House Room & Board

Other (please explain) _____

How many bedrooms do you have now? _____

Is your current housing accommodations adequate?

If no, please explain. _____

Does anyone living with you have health problems related to poor living conditions?
(medical attestation will be required) Please explain.

Residence History

Have you ever rented or owned a home on reserve?

If yes, please provide address _____

Please explain why you moved. _____

1 Present Address _____ Move in date: _____

Present Landlord _____ Landlord phone: _____

2 Previous Address _____ Move in date: _____

_____ Move out date: _____

Landlord _____ Landlord phone: _____

3 Previous Address _____ Move in date: _____

_____ Move out date: _____

Landlord _____ Landlord phone: _____

Personal References

Please provide at least two non-related references (i.e. spouse, co-joint)

First Name _____ Last Name _____ Phone Number _____

First Name _____ Last Name _____ Phone Number _____

Please provide phone number(s) where you can be contacted, if more information is required.

Daytime _____ Cell _____

Evening _____ Other _____

Please note certain documents will be requested in accordance with your situation.

I certify that the information provided above is true and complete and I authorize Eagle Village First Nation to verify all information provided in my housing application.

Applicant's signature _____

Date: _____

Co-applicants signature _____

Date: _____

Received by Eagle Village First Nation

Signature _____

Date: _____