## **HOUSING APPLICATION**



# **Whitecap Dakota Nation**

182 Chief Whitecap Trail WHITECAP, SK S7K 2L2

Housing Phone Number: 306-491-9090

#### PLEASE EMAIL APPLICATIONS TO:

Patrice Eagle (Tenants Relations Officer)

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## Whitecap Dakota Nation

## **Housing Application**

	SECTION 1: GEN	ERAL INFORMATION		
Applicant:		Co-Applicant:	_	
Address:		Address:		
Phone: ( )		Phone: ( )		
Cellular: ( )		Cellular: ( )		
EMAIL:		EMAIL:		
Birth Date: (MM-DD-YYYY)	_Gender: F/M	Birth Date:(MM-DD	Gender: F / M	
First Nation:		First Nation:		
Status Number:		Status Number:		
Marital Status:		Marital Status:		
Spouse/Partner:		Spouse/Partner:		
SECTION 2: DEPENDENT INFORMATION				
1. Spouse/Partner:	<u>Date of Birth:</u> (MM-DD-YYYY)	First Nation:	Status Number:	
2. Children:				

SECTION 3: EMPLOYMENT INFORMATION				
Are you currently employed?Er	nployer's Name:			
How long have you been employed?				
What is your Monthly Net Income?				
What is your Spouse/Partner/Co-Applicants' Monthly Income? \$				
Are you on Social Assistance?Monthly Program Support: \$				
Do you have Child Support Expenses for children not in your care/possession?				
Monthly Child Support Expenses: \$				
SECTION 4: PREVIOU	JS HOUSING HISTORY			
Have you rented a home before?Have you rented a home from WDN before?				
Are you presently renting a home?				
What is your current Monthly Rental Rate? \$				
What are your current Monthly Utility costs:	Water & Sewer:			
	Electrical:			
	Gas:			
Present Landlord:	Landlord's Phone: ( )			
Address:	Duration: Year(s)Months			
Former Rental History:				
1. Address:	Duration: Year(s)Months			
Landlord:	Landlord's Phone: ( )			
2. Address:	Duration: Year(s)Months			
Landlord:	Landlord's Phone: ( )			
3. Address:				
Landlord:	Landlord's Phone: ( )			

SECTION 5: HOUSING REQUEST				
What type of Housing are you applying for? (Checkmark your Preference $\checkmark$ )				
BAND HOUSING: Trailer: House:	_			
CMHC RENTAL UNIT: # of Bedroom	ns:			
MARKET HOUSING: Apartment Unit: 1 bedroom 2 bedroom	ooms House:			
Do you own pets? What kind?	How many?			
How many vehicles will your house-hold own and/or be associated with this unit?				
Are there any occupants/dependents requiring accessible modifications to the unit?				
OFOTION O. CONFIDENTIA	ALITY O DEGLADATION			
SECTION 6: CONFIDENTIA	ALITY & DECLARATION			
I/WE HAVE READ & AGREE THAT ANY PERSONAL INFORMHITECAP DAKOTA NATION (WDN) FOR THE PURPOSE ODATA-BASE DEVELOPMENT;				
I/WE HEREBY CERTIFY AND DECLARE THAT THE INCOME MONTHLY NET INCOME;	E STATED IS MY/OUR TOTAL COMBINED HOUSEHOLD			
I/WE HEREBY GRANT PERMISSION/CONSENT TO THE DIS BY ME/US IN THE APPLICATION TO WDN FOR THE PURPO TO THE OPERATING AGREEMENT;				
I/WE HEREBY GRANT PERMISSION/CONSENT TO THE DISCLOSURE AND USE OF ANY INFORMATION PROVIDED BY ME/US IN THIS APPLICATION TO WDN FOR THE PURPOSE OF CONDUCTING PROGRAM EVALUATIONS;				
I/WE HEREBY GRANT PERMISSION TO THE DISCLOSURE AND USE OF ANY INFORMATION PROVIDED BY ME/US IN THIS APPLICATION TO WDN FOR AUDIT PURPOSES;				
I/WE HEREBY GRANT PERMISSION AND CONSENT TO WDN TO VERIFY ALL CLAIMS MADE BY ME/US FOR THE PURPOSE OF EVALUATING THIS APPLICATION;				
I/WE HEREBY CERTIFY AND DECLARE THAT ALL INFORMATION CONTAINED AND PRESENTED IN THIS APPLICATION/DECLARATION IS TRUE AND COMPLETE IN EVERY RESPECT; AND I/WE ARE RESPONSIBLE TO UPDATE APPLICATION ANNUALLY BY APRIL 1 <sup>ST</sup> .				
APPLICANT'S NAME:	CO-APPLICANT'S NAME:			
SIGNED:	SIGNED:			
DATE:	DATE:			