



Williams Lake
FIRST NATION

2672 Indian Drive
Williams Lake, BC
V2G 5K9

HOUSING APPLICATION PACKAGE AND CHECKLIST

Please ensure you have enclosed each of the following with your Application Package, **only complete packages with detailed information will be considered.**

Attachments – please provide the following: (Mandatory)
<ul style="list-style-type: none">○ Proof of Income (last 2 paystubs or T4's, Income Tax Summary, or Notice of Assessment)
<ul style="list-style-type: none">○ Or Proof of Income declaration of income from Social Assistance Department

All rental applications submitted without the above documents will be considered incomplete and will not put on the waiting list. All Rental Application need to be updated yearly.

Housing will review; upon completion of all requirements; Housing will review application with selection committee and:

1. The Application may be denied
 - If application is not completed
 - If applicant is in arrears with WLFN
 - Payment plan can be arranged, and applicant will then remain on the housing list
 - Applicant does not provide income verification
2. Hold the Application pending submissions of additional documentation;

Note: All Housing Applications must be submitted **yearly**. January of every year the Housing Request File will be updated. The Housing Department will call all applicants at the numbers on this application to give you the opportunity to re apply. It is the responsibility of the applicant to re submit an application if you wish to remain on the file.

F105 SCHEDULE 4 RENTAL HOUSING APPLICATION

Primary Applicants Information – fill out complete section (do not leave blank information)			
Last Name:		First & Middle Name:	
Membership:		Status No.:	
Date of Birth:		Marital Status:	
Telephone:	Cell:	Email:	
Present Address:			City:
Province:	Postal Code:	How long at address:	
Landlord Name (first & last):		Landlord Phone:	
Current Rent/mortgage: \$	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other <input type="checkbox"/>
Reason for leaving:			
Co-Applicant's Information – fill out complete section (do not leave blank information)			
Last Name:		First & Middle Name:	
Membership:		Status No.:	
Date of Birth:		Marital Status:	
Telephone:	Cell:	Email:	
Present Address:			City:
Province:	Postal Code:	How long at address:	
Landlord Name (first & last):		Landlord Phone:	
Current Rent/mortgage: \$	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other <input type="checkbox"/>
Reason for leaving:			
Rental History			
Have you rented at WLFN? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, date of rental:	
Have you rented at another First Nation Community? Yes <input type="checkbox"/> No <input type="checkbox"/>			FN Name:
Occupants- name of all adults and minor(s) who will be residing in home			
Name (first and last):		Age:	Relationship:
Name (first and last):		Age:	Relationship:
Name (first and last):		Age:	Relationship:
Name (first and last):		Age:	Relationship:

Housing Request – type of home you are requesting			
Number of bedrooms:	1 bedroom <input type="checkbox"/>	2 bedroom <input type="checkbox"/>	3 bedroom <input type="checkbox"/> 4 bedroom <input type="checkbox"/>
Handicap/Elder Dwelling <input type="checkbox"/>	Family Dwelling <input type="checkbox"/>	Bachelor Suite <input type="checkbox"/>	
Date of residency needed:			
Comments – Check why you require a home:			
Overcrowding: <input type="checkbox"/>	Explain:		
Loss of home: <input type="checkbox"/>	Explain:		
Disability: <input type="checkbox"/>	Explain:		
Emergency: <input type="checkbox"/>	Explain:		
Other: <input type="checkbox"/>	Explain:		

Primary Applicant Employment Information – if on Social Assistance, please state this in the “Employer” column	
Employer:	Position:
Supervisors Name:	Supervisors Phone No.:
Length of Employment:	Monthly Income:
Full time or Part-time?	If other, please explain: (Seasonal, etc)
Co-Applicant Employment Information - if on Social Assistance, please state this in the “Employer” column	
Employer:	Position:
Supervisors Name:	Supervisors Phone No.:
Length of Employment:	Monthly Income:
Full time or Part-time?	If other, please explain:

References – provide 3 residency references	
1. Name:	Phone
Relationship (if any):	Duration of residency:
2. Name:	Phone
Relationship (if any):	Duration of residency:
3. Name:	Phone
Relationship (if any):	Duration of residency:

Other Information – This is optional. Information will assist the Selection Committee to easily assess the applicant

--

Applicant Signatures

Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Housing Department Signature:	Date:

AUTHORIZED SIGNATURE:

The undersigned hereby makes application for Housing and certifies that the statements contained herein are true and correct. Should there be a change while the application is pending, I/we will notify the WLFN in writing immediately to avoid any unnecessary delay in processing the application.

Signature: _____ Date: _____

Print Name: _____

Application can be sent via email to the Housing Department.