



Application for Housing

The purpose of the information requested is to assist you in securing suitable accommodation to meet your current needs. Please be advised that the information collected on this application will remain on file and is strictly confidential for 12 months, after which a new application must be completed.

Which community are you applying to live in? Woyenne Tachet Fort Babine

Applicant Name: _____

Email: _____ **Phone:** _____

Address: _____

Full Name	Date of Birth (MM/DD/YY)	Gender (M/F)	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			

Do you expect your family to change in the next 12 months? Yes No (Circle one)

Household Information

Health Disability - Please list household members with significant disability or health issues:

Name	Wheel Chair?	Disability/Health

Income Verification – Please list Income before deductions for ALL household members

Name	Source (Employed, Social Assistance, E.I, Disability, Pension)	Amount

Resident History – Please list residences for the last 3 years

Note: Two (2) Rental Reference letters are required to complete Housing Application

Address	Date: Move in & Move out	Landlord Contact Name & Phone #

Have you lived in any of the Lake Babine Nation communities before? Yes No (Circle one)

If yes, which community? **Woyenne** **Tachet** **Fort Babine**

Rent Amount:	Do you own any pets?	
Are you under Notice to Terminate your present tenancy?		Yes No
<i>*If yes, please attach a copy of the “Notice to terminate a tenancy” from your landlord to this application</i>		<small>(Circle one)</small>
If you are not under Notice to Terminate a tenancy, why do you wish to move? Explain Below		
Application Signature: Please read and sign this statement		
<i>I understand that this application does not constitute any agreement on the part of Lake Babine Nation Housing Department to provide me with rental accommodation. I hereby certify that the information provided in this application is true, correct, and completed to the best of my knowledge and can be documented, if so, required by Lake Babine Nation Housing Department. I understand that it is my responsibility to advise Lake Babine Nation Housing Department of any changes to the information provided above.</i>		
Applicant Signature:		Date:
Spouse Signature:		Date: