



Appendix 1
HOUSING APPLICATION

Mississauga First Nation

Name of Applicant: _____ Band #: _____
Applicant DOB: _____ Email: _____
Co-Applicant: _____ Band #: _____
Co-Applicant DOB: _____ Email: _____

Section A: Personal Information

Current Address:			
Home Phone:		Work Phone:	

Marital Status: Married Common Law Single Single Parent

Number of dependents under the age of 18 years: Male: Female:

Are you and/or the co-applicant, where applicable, employed? Yes No

If employed, please list your employment history for the last three years:

If no, please list your sources of income:

You will be required to complete the budget worksheet to demonstrate you can afford rental payments.

Section B: Current Living Conditions

Have you received previous housing allocation? Yes No

Are your current living conditions a health and safety risk? Yes No

If yes, please state the risk: (e.g. mold, overcrowding, etc.)

Reason(s) for requesting housing on Mississauga First Nation?

Please be advised that it is the applicant's responsibility to keep their address and phone number updated with the Housing Committee. Notices are sent out to the address listed above.

Applicant's Signature

Date

Co-Applicant

Date

For Office Use Only

Date Received: _____

Received by: _____

INTERNAL REVIEW: _____

Application #: _____

Arrears: Yes No

Appendix 2
Budget Worksheet

Monthly Income	Amount \$
Income (wages or salary after deductions)	
Child Tax Credit	
Child/Spouse Support	
Pension	
Investment Income/Rental Income	
Total Monthly Income	
Monthly Expenses	Amount \$
Current Rent/Mortgage	
Electricity	
Natural Gas/Propane	
Telephone/Cell	
Cable/Internet	
Groceries	
Car Payment	
Gasoline	
Bus Pass	
Credit Cards (3% of Credit Limit)	
Loan Payments	
Insurance Auto/Life/Medical/Disability	
Savings	
Child Care	
Entertainment	
Other	
Total Regular Monthly Expenses	
Surplus/(Shortfall)	
Total Monthly Income – Expenses	
*Add: Current Rent (Will no longer pay with new place)	
Income left for proposed loan/rent	