



# MISSISSAUGA FIRST NATION APPLICATION FOR HOUSING (APPENDIX 2)

DEADLINE DATE:

LOCATION:

Please print and fill out all sections of this form and submit to the Housing Department. **Incomplete applications will not be accepted.**

## SECTION 1: APPLICANT INFORMATION

Name (First):		Name (Last):	
Band Number:		Birthdate (mm/dd/yy):	
Mailing Address:		Unit Number:	
City/Town:	Province:	Postal Code:	
Home #:	Cell #:	Work #:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Single w/ children			
E-mail Address:			

## SECTION 2: CO-APPLICANT INFORMATION

Name (First):		Name (Last):	
Band Number:		Birthdate (mm/dd/yy):	
City/Town:	Province:	Postal Code:	
Home #:	Cell #:	Work #:	

## SECTION 3: OTHER HOUSEHOLD MEMBERS (that will also be living in unit)

First Name	Last Name	DOB	Gender	Relationship to Applicant
		(mm/dd/yy)		
		(mm/dd/yy)		
		(mm/dd/yy)		
		(mm/dd/yy)		

## SECTION 4: ANNUAL INCOME INFORMATION

Household Member	Type of Income	Annual Amount
<b>Applicant # 1</b> Employer: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Employed: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> OW (Niigaaniin)	
	<input type="checkbox"/> ODSP (Ontario Disability Support Program)	
	<input type="checkbox"/> EI (Employment Insurance)	
	<input type="checkbox"/> CPP (Canada Pension Plan)	
	<input type="checkbox"/> OAS (Old Age Security)	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Other	
<b>Co-Applicant # 2</b> Employer: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Employed: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> OW (Niigaaniin)	
	<input type="checkbox"/> ODSP (Ontario Disability Support Program)	
	<input type="checkbox"/> EI (Employment Insurance)	
	<input type="checkbox"/> CPP (Canada Pension Plan)	
	<input type="checkbox"/> OAS (Old Age Security)	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Other	
<b>Total Annual Household Income</b>		<b>\$</b>

**SECTION 5: WHAT ARE YOUR CURRENT ACCOMMODATIONS? (PLEASE CHECK)**

- House                      Number of Bedrooms: \_\_\_\_\_ Monthly rent payment \$ \_\_\_\_\_
- Apartment                      Number of Bedrooms: \_\_\_\_\_ Monthly rent payment \$ \_\_\_\_\_
- Room & Board                      Monthly rent payment \$ \_\_\_\_\_
- Shelter
- Extended Family                      Monthly rent payment \$ \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

Are there any immediate health & safety problems with current accommodation?     Yes     No  
*If "yes", written details must be provided by a physician/inspection with the application.*

**Current Landlord**

Name: _____	Telephone: _____	Move in: _____ / _____ / _____
-------------	------------------	--------------------------------

**Previous Landlord**

Name: _____	Telephone: _____	Move in: _____ / _____ / _____
-------------	------------------	--------------------------------

**Personal Reference**

Name: _____	Telephone: _____	Relationship: _____
-------------	------------------	---------------------

*Note: References from Chief and Council will not be accepted for conflict of interest reasons and to keep the application process unbiased and transparent.*

**SECTION 6: PREVIOUS MFN HOUSING ALLOCATION**

Have you received previous housing on MFN?     Yes     No

If yes: Address: \_\_\_\_\_

Reason for relocating: \_\_\_\_\_

Do you currently have a "Certificate of Ownership" and/or had one issued? Please explain: \_\_\_\_\_

**SECTION 7: DECLARATION**

1. The foregoing statements in this application are true to the best of my knowledge and belief.
  2. If information on this application is incorrect or not true, Mississauga First Nation may cancel my application.
  3. I authorize Mississauga First Nation to make any inquiries that it deems necessary to verify information given on this form.  
I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to Mississauga First Nation. x \_\_\_\_\_ (please initial)
  4. MFN Housing will no longer allow the non payment of rent and all tenants under community housing are advised that eviction will commence if any tenant(s) are in housing payment default or rent arrears.
  5. If the applicant(s) have an outstanding account (eg. rental arrears) with MFN Housing, the applicant will be ineligible for a unit until the account has been addressed and/or paid in full.
  6. Signatures of all household members that are 18 years of age and over are included below.
  7. When both applicants are band members, both must agree to sign a "Domestic/Cohabitation Contract"
  8. Are you willing to obtain content insurance within 15 days of accepting the First Nations Housing Allocation offer, if selected. Yes  No  please explain: \_\_\_\_\_
  9. Do you have pets? If so what type & how many: \_\_\_\_\_
- Is your pet a service animal? Yes  Registration #: \_\_\_\_\_ No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received BY: _____	DATE Received: _____
--------------------	----------------------