



Application for Accommodation Northern United Place

**100 - 5004 54th Street
Yellowknife, NT X1A 2N5**

**Phone: (867) 873-2527
Email: admin@northernunitedplace.com**

WHAT KIND OF UNIT IS AVAILABLE?

There are 70 bachelor units and 14 one-bedroom units in the building.

Please note that we have limitations on the number of people occupying units, and all tenants must be able to live independently. **All units are non-smoking, and we do not allow pets.**

WHO MAY APPLY?

Individuals and families whose total gross income is **less than \$45,000 annually**. (Line 150 of your Income Tax Return gives you this information).

WHAT WILL MY RENT BE?

Rent is calculated at 30% of the gross income. However, there is a minimum rent. This includes your heat, water, and electricity.

WHEN DO I GET A UNIT?

Once you have completed this application and provided **ALL** the documentation required, you will be placed on our waiting list.

You must contact us every 3 months to inform us that you are still looking for a place.

If we have yet to hear from you in 6 months, your name will be removed from the waiting list, and you will need to start the application process again.

Applicants who do not contact us for 6 months will have their application cancelled, and they must start the application process again.



APPLICATION FOR ACCOMMODATION

Please print clearly and complete ALL sections.

Single Application

Joint Application

Applying as Senior

PERSONAL INFORMATION:

	Applicant #1	Applicant #2
Last Name		
First Name		
Date of Birth		
SIN		

CURRENT ADDRESS:

Address (Street, Apt, Box)	
City, Province	
Postal Code	
Home Phone	
Work/ Cell Phone	
Email	

PREVIOUS HOUSING:

Please list the last places that you lived and paid rent or a mortgage:

	Prior Residence #1	Prior Residence #2
Address		
Did you own or rent?		
If rental, Landlords Name		
Landlord's Phone #		
How long did you live there?		
Why did you leave?		

PUBLIC HOUSING:

Are you currently living in public housing: Yes No

Have you lived in Public Housing? Yes No

If yes, where did you live? _____

When did you live there? (Dates) _____

Do you owe rent or damages to any previous landlord? Yes No

Please explain why you owe rent or damages and provide details on any repayment plan you have in place or indicate if there is no repayment plan in place:

PEOPLE WHO WILL BE LIVING IN THE UNIT WITH YOU:

Please list all persons who will be residing in the Apartment with you. Please note that no more than two adults or one adult and one child under the age of 18 years are allowed to occupy a bachelor apartment:

Name	M/F	Date of Birth	Relationship to You

EMPLOYMENT & INCOME SOURCE

Please complete the following for all persons who will be living in the Unit over the age of 18:

HOUSEHOLD MEMBER	EMPLOYER OR SCHOOL ATTENDING	GROSS INCOME FROM ALL SOURCES	MONTHLY OR YEARLY INCOME?

OR

I will be receiving Income Support Yes

If yes, my Income Support Worker is _____

You MUST include a copy of the latest Income Tax Return for each person noted above:

Note that a current Income Tax Return must be submitted when you are offered a unit.

ASSETS:

Bank Accounts – please list any bank accounts you hold *(please attach additional lists if required)*

Type of Account (Chequing or Savings)	Bank Name & Address	Current Balance

Investments – please list any Guaranteed Investment Certificates (GIC), term deposits, treasury bills, bonds, debentures etc. *(please attach additional lists if required)*

Type of Investment (GIC, Term Deposit etc.)	Name & Address of Institution	Current Balance

Vehicles – Please list any vehicles that you own by yourself or with others.

Vehicle Description	% of Ownership	Personal or Business Use	Assessed Value

Property

Property Address	% of Ownership	Type of Property (Residential or Commercial)	Assessed Value

Other Assets

Description of Asset (please be detailed)	Current Value

PERSONAL REFERENCES (not relatives):

	Reference #1	Reference #2
Name		
Address		
Phone Number (s)		
Email Address		

I make this application as a Senior Citizen, and as such, I have lived in the Northwest Territories for a minimum of two years. I am providing a copy of my birth certificate or another document as proof of my age. I confirm that I can live independently and will provide a completed "Medical Information Document" with the application when I am offered a Unit.

Initials: _____

OR

I make this application as a person with a mobility disability. I attach a medical report or Doctor’s letter as proof of my disability. I confirm that I can live independently and will provide a completed “Medical Information Document” on application and when I am offered a Unit.

Initials: _____

DECLARATION:

I / We hereby certify that the information contained herein is true. I/We have not concealed or omitted any information needed. I realize that if any information I have given is false, my application will be cancelled. I understand that all information is confidential.

I understand that this application is only complete once all information requested is provided, and I will only be approved for the waiting list once N.W.T. Community Services Corporation receives this information.

I understand that all units are non-smoking and that there are no pets allowed in the units.

I understand that this application does not promise me housing.

I agree that I must advise the N.W.T. Community Services Corporation of any changes in family size, gross income, employment, assets or change of address.

AUTHORIZATION FOR INFORMATION:

I / We hereby authorize any person, agency or organization, including Federal / Provincial or Municipal Government Departments, to release to N.W.T. Community Services Corporation or it’s Representative(s) information required for the purpose of determining and verifying eligibility for an apartment. Without restricting the generality of the foregoing, I/ we understand this authorization may include requests for information about my/our marital status, employment, credit records, medical or family conditions and benefits received under other programs.

I/We hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested. Further, I/we authorize that all documents may be transmitted via public fax machines to and from the N.W.T. Community Services Corporation from time to time at their discretion.

Dated at the City of Yellowknife this _____ day of _____, 20_____

Applicant # 1 - Signature

Application #2 - Signature

Witness – Signature

Witness - Signature