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ROSEAU RIVER FIRST NATION HOUSING APPLICATION

*****PLEASE FILL IN ALL THE BLANKS*****

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Please indicate location: RR2A (Main Reserve) _____ RR2B (Rapids) _____

Applicant:

Name: _____ Date of Birth: _____

Mailing Address: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Gender: Male Female Treaty Number: _____

Marital Status:

Single Married Separated Common Law Divorce Widow(er)

Other (specify) _____

Name of Spouse: _____ Date of Birth: _____

Dependents: (List all dependents that will permanently reside in your household)

Name:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you need more space, please write on a separate sheet and attach to application.

Source of Income: Employed Social Assistance

Present Rent: _____ Number of Bedrooms: _____ How long? _____

Utilities ARE included in my rent Utilities ARE NOT included in my rent

Employment and Income Assistance (EIA)/Social Assistance pay all utilities directly.

If your utilities ARE NOT included with your rent, what is your utility cost:

Electric (monthly): \$ _____ Heat/Gas (monthly): \$ _____

Water (quarterly): \$ _____

Do you owe utility arrears: Yes No

If yes, explain: _____

Electric: \$ _____ Heat/Gas: \$ _____ Water: \$ _____

What is your total gross monthly income? (Please ensure all income in the household is included)

Applicant:

Name of Employer: _____

Position: _____

Monthly Income: _____ Other Income: _____

How Long? : _____

Spouse:

Name of Employer: _____

Position: _____

Monthly Income: _____ Other Income: _____

How Long? : _____

Past Landlord: _____
Present Landlord: _____
Character Reference: _____

Phone: _____
Phone: _____
Phone: _____

Have you ever had a house in Roseau River First Nation? When? _____

Accommodation Required: 1 bdrm. 2 bdrm. 3 bdrm. 4 bdrm. 5 bdrm.

I understand that this application is not an agreement on the part of Roseau River Anishinaabe First Nation Housing Organization to provide me with housing and will be put on the waiting list. I acknowledge that this application becomes the property of Roseau River Anishinaabe First Nation Housing Organization.

Signature of Applicant: _____ Date: _____

Reason for Application

YOUR APPLICATION WILL BE ACTIVE FOR 6 MONTHS

PLEASE CONTACT THE TENANT RELATIONS OFFICER AT OUR OFFICE TO UPDATE YOUR APPLICATION; OTHERWISE YOUR APPLICATION WILL BE DISCARDED.

For office use only:
