

MEADOW LAKE NATIVE URBAN HOUSING CORPORATION
APPLICATION FOR SUBSIDIZED HOUSING
(Please complete all parts in full or application may be rejected)

APPLICANT NAME		
SPOUSE NAME		
CURRENT ADDRESS		
TELEPHONE		
MARITAL STATUS	() Married () Common-law () Single	
GENDER	Male ()	Female ()
ANCESTRY	Metis () Treaty () Other (Specify)	
SASK HEALTH #		

HOUSEHOLD DATA

NAME	RELATIONSHIP	SEX	AGE	DATE OF BIRTH	OCCUPATION	MONTHLY INCOME
	APPLICANT					
	SPOUSE					
	CHILD					
	CHILD					
	CHILD					
	CHILD					
	CHILD					
	CHILD					
CHILD TAX CREDIT						\$
TOTAL GROSS HOUSEHOLD INCOME						\$

PRESENT INCOME	MONTHLY AMOUNT
EMPLOYMENT	\$
EMPLOYMENT INSURANCE	\$
SOCIAL SERVICES/ TEA	\$
BAND FUNDING	\$
WORKER'S COMPENSATION	\$
PENSION (s)	\$
PTA/STUDENT LOAN(s)	\$
OTHER (specify)	\$

LANDLORD'S TELEPHONE:

ADDRESS:

HOW LONG AT THIS ADDRESS	() Years () Months () Weeks		
DOES RENT INCLUDE	Heat	Power	Water
DO YOU OWN A LAWN MOWER	() YES () NO		

PREVIOUS LANDLORD:	
LANDLORD'S TELEPHONE:	
ADDRESS OF PREVIOUS ACCOMODATIONS	
HOW LONG AT THIS ADDRESS	() Years () Months () Days

HAVE YOU EVER RENTED FROM US BEFORE?	() Yes () No
HAVE YOU EVER BEEN EVICTED BEFORE?	() Yes () No

EXPLAIN EVICTION REASON:

DO YOU REQUIRE WHEELCHAIR ACCESS?

PRESENT ACCOMODATIONS (Use Check Mark)	House	Duplex	Apt.	Trailer
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PRESENT RENT	\$
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NUMBER OF BEDROOMS	
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REASON FOR LEAVING PRESENT ACCOMODATIONS:

I/We understand that this application becomes the property of the Housing Corporation on delivery by me to it or its agents.


I/We further acknowledge the right of the Meadow Lake Native Urban Housing Corporation or it's agents at any time prior to the execution and delivery to me of a lease, (hereby applied for), to withdraw, revoke, cancel, without penalty, liability or damages from any acceptance or approval of this application that may have been previously made or given. Incomplete applications will be rejected.

*PLEASE NOTE THAT MEADOW LAKE NATIVE URBAN HOUSING CORPORATION HAS A **NO PET POLICY.***

I/We hereby authorize the Meadow Lake Native Urban Housing Corporation or it's agents to investigate any or all statements obtained herein being fully aware that if any information contained herein shall be determined to be false and this application shall be deemed invalid.

*****THIS APPLICATION IN ONLY VALID FOR SIX (6) MONTHS FROM THE DATE OF THIS APPLICATION****
(Cut off for receiving applications is the one week prior before the scheduled MLNUH Board Meeting)

DATED AT MEADOW LAKE THIS _____ DAY OF _____, YEAR

APPLICANT SIGNATURE:	 I declare this information to be correct
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CO-APPLICANT SIGNATURE:	 I declare this information to be correct
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