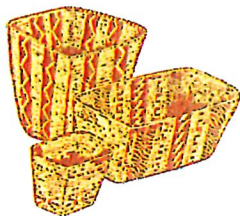


Appendix 1 – Application for a Rental Unit



LYTTON FIRST NATION

P.O. Box 20, Lytton, B.C., Canada, V0K 1Z0, Ph. 250-455-2304

APPLICATION FOR A RENTAL UNIT

This application will form the basis of your assessment for a Rental Unit, which is done through a standardized points assessment process. Pursuant to the Housing Policy, you are required to update the Housing Manager with any changes to the information provided. If you fail to update such information where required, such omission may negatively affect your application's prioritization.

1. Personal Information

Full Name of Applicant:		
Birthdate:		
Indian Status Number (10 digits):		
Full Street Address (including PO Box):		
Phone #:		Email:

2. Marital Status

☐ Married ☐ Common Law ☐ Single ☐ Widow ☐ Divorced

Spouse Information – if applicable

Full Name of Spouse:		
Birthdate:		
Indian Status Number, if applicable (10 digits):		
Full Street Address (including PO Box):		
Phone #:		Email:

3. Dependents

Name of Dependent(s)	Relationship to Applicant	Birth Date	Band Name & Indian Status # (if applicable)
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4. Current Living Accommodations

☐ Own ☐ Rent ☐ Other, explain: _____

- Please explain your reasons for wanting to leave your present accommodations (use additional paper if needed):

Current address:			
How many bedrooms in present accommodation?			
How many adults and children live in the house?			
Current rent/mortgage per month:			
Name of current Landlord (if applicable):		Phone number of current Landlord (if applicable):	
Date tenancy started (if applicable):			

5. Previous Living Accommodations

(if you have lived in current accommodations for less than 2 years)

Previous address:			
Previous housing status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please specify): _____		

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Date tenancy started?		Date tenancy ended?	
Reason for vacating:			
Name of previous Landlord (if applicable):		Phone number of previous Landlord (if applicable):	

6. Additional Previous Living Accommodations

(if you have been in both previous and current living accommodation for less than 2 years)

Previous address:			
Previous housing status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please specify): _____		
Date tenancy started?		Date tenancy ended?	
Reason for vacating:			
Name of previous Landlord (if applicable):		Phone number of previous Landlord (if applicable):	

Please use additional paper if you have additional previous residences to list.

7. Additional Information

A. Please read and check all statements that are true.

Note: We use this information to match you with the most suitable housing for your needs.

(a) Do you require any home adaptations for independence? <i>(For example: Adaptations for wheelchair accessibility)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) I can walk up and down stairs:	<input type="checkbox"/> With no limitations <input type="checkbox"/> With some limitations <input type="checkbox"/> Not at all
(c) At least one member of my household uses a:	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter
(d) I am willing to live in a non-smoking property:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Have you ever been offered housing on Lytton First Nation reserve? If yes, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Have you received a house on Lytton First Nation reserve	<input type="checkbox"/> Yes <input type="checkbox"/> No

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in the past five years?	
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- If awarded a house, please list all other persons who will be living with you:

<i>Full Name of Individual</i>	<i>Relationship to Applicant</i>	<i>Age</i>	<i>Band Name & Indian Status # (if applicable)</i>

B. Please indicate your current source and amount of gross monthly family income:

	Applicant	Spouse	Other
Employment	\$ _____	\$ _____	\$ _____
- <i>Employment type (check one)</i>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Social Assistance	\$ _____	\$ _____	\$ _____
Student Receiving Post-Secondary Funding	\$ _____	\$ _____	\$ _____
Employment Insurance	\$ _____	\$ _____	\$ _____
- <i>EI Type (check one; examples of other include parental, no confirmed return to work, military, etc.)</i>	<input type="checkbox"/> Parental/maternity <input type="checkbox"/> Seasonal employee with confirmed return to work <input type="checkbox"/> No confirmed return to work <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Parental/maternity <input type="checkbox"/> Seasonal employee with confirmed return to work <input type="checkbox"/> No confirmed return to work <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Parental/maternity <input type="checkbox"/> Seasonal employee with confirmed return to work <input type="checkbox"/> No confirmed return to work <input type="checkbox"/> Other: _____ _____

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Pension	\$ _____	\$ _____	\$ _____
Child Tax Benefit	\$ _____	\$ _____	\$ _____
Other Sources (for example, Extended health leave, WBC Income, post-secondary funding, etc.):	\$ _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____	\$ _____

C. Special Considerations/Circumstances

- Are there any special conditions or circumstances you would like us to consider during the screening process?

BY SUBMITTING THIS APPLICATION, I/WE DECLARE, UNDERSTAND AND AUTHORIZE THAT:

- I/we consent to the request and release of information to Lytton First Nation from a prior landlord and/or credit reporting agency, if required to support this application.
Applicant Initials _____ Spouse Initials, if applicable _____
- Incomplete applications will not be accepted or added to the waitlist;
Initials _____ Initials _____
- This application is not an agreement on the part of LFN or its Members to provide me/us with housing;
Initials _____ Initials _____
- If I/we are being considered for an available unit, LFN will gather additional information to assess my/our ability to uphold the obligations of a Rental Agreement and it is my/our responsibility to provide information requested to assist with this assessment;
Initials _____ Initials _____
- It is my/our responsibility to tell LFN of any changes to the information provided in this application, and to provide any supporting materials required, and understand that if I/we do

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not meet these expectations, this may result in my/our application being deactivated or not property prioritized;

Initials ____ *Initials* ____

- All information in this application is correct and complete to the best of my/our knowledge;
Initials ____ *Initials* ____
- False information given by me/us may result in my/our application being cancelled from consideration or resulting tenancy ended; and

Initials ____ *Initials* ____

- I/we agree that, if awarded a house, I/we will abide by the *Lytton First Nation Housing Policy*;

Initials ____ *Initials* ____

Signed by [APPLICANT NAME] in the presence of:)	APPLICANT
)	
)	
)	
)	Signature
Signature of Witness)	
)	Printed Name: _____
Printed Name)	
)	
)	
Address)	

Signed by [APPLICANT SPOUSE NAME] in the presence of:)	SPOUSE
)	
)	
)	
)	Signature
Signature of Witness)	
)	Printed Name: _____
Printed Name)	
)	
Address)	

For Office Use Only:	
<input type="checkbox"/> Copy of ID received? (for all applicants)	
Application received by: _____	Date received: _____

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Printed Name and Title: _____