NIISAACHEWAN ANISHINAABE NATION

22 Band Office Road, Dalles, Ontario P9N 0J2
Phone: (807) 548-5876 | Fax: (807) 548-2337 | Toll Free: (888) 767-4960

Web: https://www.niisaachewan.ca | Email: info@niisaachewan.ca

NIISAACHEWAN HOUSING AUTHORITY APPLICATION FOR HOUSING

Basic housing eligibility requirements include the following:

Applicants must:

- Be a registered Band Member of Niisaachewan Anishinaabe Nation.
- Be 18 years of age or older
- Be able to apply for a hydro account under their own name. Niisaachewan Anishinaabe Nation is not responsible for hydro costs.
- Not owe any debt to the Niisaachewan Anishinaabe Nation Housing Authority, or Niisaachewan Anishinaabe Nation.
- Provide evidence of sufficient income to support rental payments. This must include **ALL** household income, including but not limited to social assistance, ODSP, employment wages, etc.
- Re-apply annually for housing assistance.

I have read and understand the requirements for applying for housing. The information to be provided is true and accurate.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Band Registration #: _____

Already a community member: ☐ Yes ☐ No

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Are you a Band Member 18 years of age or older?	☐ Yes	☐ No
Are you willing to sign and agree to a Residential Tenancy Agreement?	☐ Yes	☐ No
Are you able to apply for a hydro account under your own name?	☐ Yes	☐ No

APPLICANT DETAILS		
Last Name:	First & Middle Name:	
Last Name:	First & Middle Name:	
Address:		
Phone:	Email:	Contact # for messages:

LIST DEPENDENTS & EVERYONE IN YOUR HOUSEHOLD

Last Name	First Name	DOB mm/d/yy	Gender	Relationship to You	Employed (Y or N)

Is anyone in this household pregnant?	☐ Yes	☐ No
If yes, please indicate the name of the expectant mother and due date:		

*** Please let us know when there is a birth so we can keep your file updated. ***

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RENT		
If you reside in the community, are you currently paying rent?	☐ Yes	☐ No
If not, please state your reasons below:		

RENT		
If you reside in the community, are you currently paying rent?	☐ Yes	☐ No
If not, please state your reasons below:		

CURRENT RESIDENCE		
Number of Bedrooms: _ _ _ _ _ _ _ _ _ _ _	How many people reside with you: _ _ _ _ _ _ _ _ _ _ _	
Are any disabled people living in your household	☐ Yes	☐ No
What is the condition of your current residence? (*to be verified by housing*)		

YEARLY HOUSEHOLD INCOME				
TOTAL household income:	☐ Under $10k	☐ $10k - $25k	☐ $25k - $35k	☐ $35k+

IMPORTANT: Income must be calculated including ***everyone*** in the home. This includes anyone working or receiving any form of assistance. **

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CURRENT LANDLORD INFORMATION
Name:
Address:
Contact:

REFERENCES	
Name:	Contact:
Name:	Contact:
Name:	Contact:

Housing Coordinator shall sign on behalf of the NHA.

NIISAACHEWAN HOUSING AUTHORITY SIGNATURE	
Last Name:	First and Middle Name:
Signature:	Date:
APPLICANT(S) SIGNATURE	
Last Name:	First and Middle Name:
Signature:	Date: