

Please update your housing application



Snuneymuxw

First Nation

www.snuneymuxw.ca

HOUSING APPLICATION

PERSONAL INFORMATION:

Received by:	Date:
Copied To:	

Name: _____ Phone: _____
 Address: _____ Work #: _____
 Email: _____ Cell: _____

HOUSEHOLD COMPOSITION:

Please list all individuals who will be living with you in the rental accommodation, including yourself and all children. (use the back of this page if necessary)

Full Name:	Birthdate: dd/mm/yyyy	Age:	Gender: M/F	Relationship to Primary Applicant:	Snuneymuxw Member or Aboriginal Member?

Disability/Health Issues

Please list any member(s) of your household with a significant disability/health issue that the Snuneymuxw Housing Department needs to be aware of.

Name:	Disability/Health Issue:

AFFORDABILITY ANALYSIS/Income & Expenses Data

Please provide income and expenses for your entire household – please check all that apply.

INCOME	Checked	Actual Monthly Amounts		Checked	Actual Monthly Amounts
Employment/WAGES			Rental Assistance Program		
Employment Insurance			Government Tax Rebates		
Social Assistance			School Loans/funding		
Disability Pension			Child Support		
Retirement Pension			Other:		
			TOTAL INCOME (ALL SOURCES):		
EXPENSES:	Checked	Actual Monthly Amounts		Checked	Actual Monthly Amounts
HOME:			FAMILY OBLIGATIONS:		
Rent/mortgage			Child Support		
Home Insurance			Daycare/Babysitting		
Home Repairs			Health and Medical		
Home Improvements			Prescriptions		
UTILITIES:			Fitness		
Hydro			TRANSPORTATION		
Home Phone			Car Payment		
Internet			Gasoline/Oil		
Cell phone			Auto Repairs/maintenance		
Cable/satellite			Auto Insurance		
FOOD:			Other (bus, taxi)		
Groceries			DEBT PAYMENTS:		
Eating out/snacks			Credit cards		
ENTERTAINMENT /RECREATION:			Student/Personal Loan		
Movies/videos			PETS:		
Computer Expenses			Food		
Recreation			Grooming/Boarding/ Vet		
Sports			MISCELLANEOUS:		
Hobbies			Toiletries/household products		
Vacation			Gifts/donations/ cultural		
Cultural			Grooming (haircut, makeup,		

Applicant(s) Agree to the Following:

I/We certify that the information provided on this form is true.

I/We authorize and consent to Snuneymuxw First Nation verifying any or all information contained in the Application including obtaining credit and/or personal report on me/us from one or more agencies or individuals.

I/We understand that if at any time during the twelve (12) months I/We move or need to update information on this application, it is my/our responsibility to come in to the Snuneymuxw First Nation office and make the necessary changes.

Signature of applicant: _____ DATE: _____

Signature of applicant: _____