



ACFN Housing Application - Appendix A

Date of application: _____ Name of Applicant: _____

Present Address: _____

Mailing Address (if different from above): _____

Home Number: () _____ Cell phone number: () _____

Fax Number: () _____ Email: _____

Are you an ACFN member: yes no If yes; Treaty # _____

If no, do you belong to another First Nation: _____

Date of birth: ___/___/___ Length of time at current address: _____

Monthly Rent: _____

Are you currently living with relatives? yes no

If yes; who: _____ Phone Number: _____

If no; who: _____ Phone Number: _____

How many adults currently live-in residence _____ How many are under 18: _____

Are you currently: Employed Unemployed AISH Social Assistance

Student Pension EI No Income

Monthly income: _____ If employed, Employer name: _____

Employer address: _____ Work number:() _____

Current position: _____ Length at employment: _____

Other sources of income: _____ Monthly amount: _____

Type of housing applying for: 1 bdrm 2 bdrm 3 bdrm 4 bdrm

Reason for Application: _____

Are you: single married common-law

Do you have any dependents: yes no If yes # of dependents: _____

Provide information below for all applicants going to be living with you including your spouse:

Name:	Age:	Sex:	Relationship to applicant	ACFN member
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Do you have any health issues that may affect your housing needs: yes no

If yes please explain: _____

Do you require disabled access modifications: yes no

If yes please explain: _____

Does anyone on your application suffer from a disability or health issue which affects their ability to manage in your present home? yes no

If yes please explain: _____

Does your current dwelling pose a health and/or safety risk to you or your family (**this must be supported by documentation**): yes no

Do you own a pet: yes no If yes; please explain: _____

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Do you currently owe ACFN any monies from previous programs yes no

If yes, from what program: _____ How much owing? _____

Have you lived in Fort Chipewyan for the past 6 months (**proof required**) yes no

If yes; how long have you been a resident of Fort Chipewyan? _____

Do you own your own home in Fort Chipewyan: yes no

If yes, where: _____

Have you been provided housing from ACFN before: yes no

If yes when? _____ And where? _____

Reason for leaving: _____

In your own words, please explain your current situation as well as any other information that we may have missed on this application:

Please provide two references:

Name:	Address:	Phone number:
_____	_____	() _____
_____	_____	() _____

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Date application Received: _____	Unit allocated : <input type="checkbox"/> yes <input type="checkbox"/> no
Received by: _____	If yes; block/lot # : _____
Application : <input type="checkbox"/> accepted <input type="checkbox"/> rejected	Date of occupancy: _____
Application priority ranking completed: <input type="checkbox"/> yes <input type="checkbox"/> no	Tenancy/lease agreement signed <input type="checkbox"/> yes <input type="checkbox"/> no
Profile created : <input type="checkbox"/> yes <input type="checkbox"/> no	Rental rate amount: _____
Signature of housing manager: _____	File complete: <input type="checkbox"/> yes <input type="checkbox"/> no

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Housing application process

Upon approval or denial, you will be provided with a letter from the housing department detailing the next step of your application or termination therefore of. An approved application does not necessarily mean you get the next available unit; it means your application will be considered for available units with all other approved applicants.

Reporting changes in your circumstances

You must keep us informed of any changes in your circumstances. If you move and do not tell us within three months, your application will be cancelled. If you apply again, your application will start anew again.

Before signing this form, please check that you have answered all the questions. If any replies are incomplete this may delay your application.

All applications will be terminated after two years, you must update your personal information within 6 months of the date of application and therefore after to keep your application current and active.

How we use your personal information

The Housing Committee and Chief & Council use the information you have provided in this form to process your housing application and to determine your eligibility for housing.

You have a right to request a copy of the personal information that the Housing Department holds about you and to also correct any inaccuracies in your information. Should you wish to exercise these rights, please contact the Housing Manager.

Declaration

The information I have given is accurate. I understand that if I obtain accommodation by giving inaccurate information, the ACFN Housing Department may take legal action to recover their property.

I also agree that the above information is correct and that I give permission to the ACFN Housing Department to utilize such information for purposes of any or all housing inquiries.

Name of applicant: _____ Applicant signature: _____

Witness name: _____ Witness signature: _____

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