

## **HOUSING APPLICATION**

Date:	Received By:					
	APPLICANT INFO	RMATION				
Name:	, , <u></u>	Status No	umber:			
Home Phone: Cell Phone:			Email:			
Current Address:	•					
Type: Rent() Own()	Other:					
How long at current address?						
Current Living Arrangements, L	ocation and Address:					
	60 455110	4 A L T				
	CO-APPLIC					
Name:	Call Discussion	Status Number:				
Home Phone:	Cell Phone:		Email:			
Current Address:	OUL					
Type: Rent() Own()	Other:					
How long at current address?						
Current Living Arrangements, I	ocation and Address:					
	MARITAL ST	ATUS				
( ) Single Adults	( ) Single with Child	( ) Single with Children				
( ) Common Law Couple	( ) Common Law wi		( ) Elderly Special Needs:			
( ) Married	( ) Married with Ch	ildren	•			
	OCCUPANT INFO	RMATION				
Name:	Birthdate:	Age:	Relationship:	Status:		
				( )		
Name:	Birthdate:	Age:	Relationship:	Status:		
				( )		
Name:	Birthdate:	Age:	Relationship:	Status:		
				( )		
Name:	Birthdate:	Age:	Relationship:	Status:		
				( )		
Name:	Birthdate:	Age:	Relationship:	Status:		
				( )		
Name:	Birthdate:	Age:	Relationship:	Status:		
				( )		

FINANCIAL INFORMATION						
NET MONTHLY IN	COME	Α	PPLICANT	CO-APPLICANT		
Employment:						
UI/EI:						
Student Loans/Post-Sec	Funding:					
Social Assistance:						
Other (i.e. pension):						
Total Income:						
MONTHLY EXPENSES A		PPLICANT	CO-APPLICANT			
Current Rent:						
Utilities:						
Other:						
Total Expenses:						
Income - Expenses =						
Do you or your spouse o	wn property and,	or a hou	se(s) anywhere?	Yes ( ) No ( )		
If yes, please list address	:					
Unemployment Insurance	e/Employment Ir	nsurance	or MSS Office:			
F.A.W. or Counsellor's N	ame & Phone:					
	ſ	RENTAL	HISTORY			
Current Landlord:			Phone:			
Address:		How long				
Previous Landlord:		Phone:				
Address:		How long?				
Have you previously rent	ced from Yuułu?ił	?atḥ Gov	rernment – Ucluelet	First Nation? Yes ( ) No ( )		
	EMF	PLOYME	NT HISTORY			
APPLICANT						
Current Employer:		Phone:				
Address:			Occupation:			
Start Date: End Date:		Full-time ( ) Part-time ( ) Temporary ( )				
Previous Employer:		Phone:				
Address:		Occupation:				
Start Date:	Start Date: End Date:		Full-time ( ) Part-time ( ) Temporary ( )			
CO-APPLICANT						
Current Employer:		Phone:				
Address:			Occupation:			
Start Date:	art Date: End Date:		Full-time ( ) Part-time ( ) Temporary ( )			
Previous Employer:		Phone:				
Address:		Occupation:				
Start Date:	End Date:		Full-time ( ) Part-1	time ( ) Temporary ( )		

DESIREI	O HOME
Type of house you are applying for:	
( ) 1 Bedroom ( ) 2 Bedroom ( ) 3 Bedroom	droom ( ) 4 Bedroom
( ) Other:	( ) ) ( ) ) (
Do you need to give 30 days notice to move?	( ) Yes ( ) No
Do you have a disability? (i.e. do you require a wh	
	ENCES
Are you a First Time Renter?	( ) Yes ( ) No
Name:	Relationship:
Phone number:	Email:
Name:	Relationship:
Phone number:	Email:
Name:	Relationship:
Phone number:	Email:
nformation provided will result in cancellation of t /We also authorize Yuułuʔiłʔatḥ Government – Uc process this application. /We understand that accommodation availability i	luelet First Nation to make enquiries necessary to
/uułu?ił?atḥ Government does not provide emerge accommodate "URGENT" referrals from other ager	ency shelter, nor can Yuułu?ił?atḥ Government
<ol> <li>I/We have attached 3 References.</li> <li>I/We have read and understood the</li> </ol>	
Applicant's Signature	Date
Co-Applicant's Signature	Date

Applications will be kept on file for one year. After one year, the applicant(s) must submit a new application in order to maintain their position on the master waiting list. A new application is required in order to keep Yuułu?ił?atḥ Government advised of changing circumstances of the applicant(s). Submitting a new application does not mean that the applicant(s) will go to the bottom of the list; the applicant(s) stays in the same place on the master list.

Please submit your application to <a href="mailto:spencer.touchie@ufn.ca">spencer.touchie@ufn.ca</a>