



APPLICATION NUMBER: : _____

BEDROOM SIZE: _____

SURNAME: _____

STATUS: _____

M'AKOLA HOUSING SOCIETY

TENANT APPLICATION

VICTORIA

The M'akola Housing Society is a non-profit society established to provide comfortable, affordable rental accommodation for single adults and/or couples who are of Native Ancestry. The purpose for the information requested here is to help assist you in locating suitable accommodation to meet your current need. It is important that you are aware that this information shall be kept on file for twelve (12) months, after which time a new application must be completed. The information in this form shall be kept under strict confidence.

NAME OF APPLICANT: _____

NAME OF SPOUSE: _____

PRESENT ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME TELEPHONE: _____ MESSAGES: _____

CHANGE OF ADDRESS

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME TELEPHONE: _____ MESSAGES: _____

PLEASE DOCUMENT ANY ADDITIONAL OCCUPANTS IN THE SPACE PROVIDED BELOW.

NAME	BIRTHDATE			AGE	SEX	RELATIONSHIP	NATIVE
	<i>D</i>	<i>M</i>	<i>Y</i>				
						Applicant	<i>Y/N</i>

Do you have your Indian Status? _____

If yes, which Band do you belong to? _____

INCOME DATA

EMPLOYED, EI OR PENSION (Please complete the following):

NAME OF EMPLOYER:	POSITION:	HOW LONG?
ADDRESS:	PHONE NUMBER:	SALARY:

SOCIAL ASSISTANCE OR DIA RECIPIENTS (Please complete the following):

BRANCH OFFICE / BAND OFFICE: _____

TELEPHONE NUMBER: _____ NAME OF WORKER: _____

HOW MUCH DO YOU RECEIVE FOR SHELTER? \$ _____ \$ _____

HOW MUCH DO YOU RECEIVE FOR SUPPORT? \$ _____ \$ _____

TOTAL MONTHLY AMOUNT: \$ _____ \$ _____

IDENTIFICATION INFORMATION

SOCIAL INSURANCE NUMBER:	DRIVER'S LICENCE NUMBER:
CARE CARD NUMBER:	

PRESENT LIVING CONDITIONS:

DO YOU SHARE ACCOMODATIONS? YES NO

IF YES, PLEASE EXPLAIN: _____

PERSONAL DATA:

PLEASE LIST THE NAMES OF THREE RELATIVES OR CLOSE FRIENDS WE CAN CONTACT IN CASE OF EMERGENCY:

- 1) _____ TELEPHONE: _____

- 2) _____ TELEPHONE: _____

- 3) _____ TELEPHONE: _____

NAME OF FAMILY DOCTOR: _____ PHONE NUMBER: _____

ADDRESS: _____

ARE YOU PRESENTLY ON MEDICATION? Yes No

DISABILITY/HEALTH PROBLEMS: *List, on the lines below, significant disabilities/health problems which we need to be aware of.*

PLEASE BE ADVISED THAT THE SOCIETY DOES NOT ALLOW PETS

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

I/we understand that this Application does not constitute an agreement on the part of the Society to provide me/us with rental accommodation.

SIGNATURE OF APPLICANT: _____
x

