



WASAUKSING FIRST NATION Housing Application Form



Applicant Information

Name		Mailing Address			
Telephone		Date of Birth			
Email Address		Status Number			
I consent to the confirmation with Wasauksing First Nation Finance that I have no outstanding arrears with Wasauksing First Nation			<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				
I consent to the confirmation of Wasauksing First Nation Citizenship with the Wasauksing First Nation Lands Governance Office			<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				

Current Housing Information

Number of years living in the current location		Do you own or rent your current residence?	
Name of landlord/homeowner (if renting)		Phone number of landlord/homeowner (if renting)	
Number of bedrooms at the current location		Total number of people living in the current location	
Other Relevant information			
Are there any special situations for you or your family which require handicapped access?			
What is your current family size?			

Dependent Information

Name (First and Last)	Relationship to applicant	Date of Birth	WFN Citizen?	Gender



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Housing Application Requirements

- A Wasauksing Citizen must be at least eighteen years of age.
- Evidence of sufficient income to support rental payment.
- Applicants must keep their applications up-to-date (family size, income, contact information, etc.).

Note: Applications not updated in 12 months will be considered inactive.

Disclaimer

Housing Allocations are awarded based on scores achieved through pre-determined scoring criteria within the *WFN Housing Policy, 2015*. Any false declarations or information on a Housing Application that lead to a housing allocation will result in an immediate eviction. If at any time after allocations have been awarded and family sizes change, the Housing Committee reserves the right to have a tenant change locations with 30 days written notice.

If an Applicant has been evicted from a WFN-owned home, they will not be eligible to apply until five (5) years after the eviction date and all arrears have been paid.

Applicants who are in arrears with Wasauksing First Nation will not be considered for housing until the arrears are paid in full or have entered into a repayment plan with WFN.

I confirm that all information provided in this is true.

Signature

Name

Signature of Applicant

First and Last name of Applicant (print)

Date of Signature

MM

DD

YYYY

Please send completed forms to:

Daniss Pitawanakwat, Public Works Support

Email

pws@wasauksing.ca

Mail

P.O. Box 250
Parry Sound, ON
P2A2X4

In-person

Administration & Gathering Centre
1126 Geewadin Road,
Wasauksing First Nation

For Office Use Only:

Date Received:

Received By:

Date of Last Application:

Total Years on Housing
Waitlist:



WASAUKSING FIRST NATION Income Declaration



Gross Monthly Income

Please provide a list of all sources of income.

Source	Applicant	Others on Application
Employment		
Old Age Security (OAS)		
Canada Pension Plan (CPP)		
Canada Pension Plan Disability (CPP-D) or Spouses Allowance		
Ontario Works		
Ontario Disability Support Program (ODSP)		
Workplace Safety Insurance Board (WSIB/other Disability Pensions)		
Child Support		
Child Tax Credit (CTB)		
Pensions, Benefits and Annuities		
GST		
Other Income		
TOTAL		

Proof of Income

All sources of income must be verified by submission of supporting documentation. All documents must show the gross income and payment frequency. This can include but is not limited to:

- Pay Stubs
- Letter from Ontario Works or Ontario Disability Support Program
- Letter confirming OSAP or education funding.
- Notice of Assessment (CRA)
- Pension Documents
- Completion of the Housing Income Verification Form
- Bank Statement
- T4, OAS, T5007, etc.
- A Letter from an employer
- Benefits Statement

WASAUKSING FIRST NATION Income Verification Form



This form can be completed and signed by an employer, social services worker or any other person who administers income payments to a Housing applicant.

Employer/Caseworker Information

Name		Date	
Email		Phone	
Address			

The following salary or wage verification is provided to the Wasauksing First Nation Housing Administration in strict confidence, as requested by the employee to support their application for housing.

Employee/Client Information

Name		Job Title					
Start Date		Type of Benefits received (OW, ODSP, etc)					
PRESENT SALARY/INCOME							
Per Hour		Per Week		Per Month		Per Year	
Does the Employee (Applicant) receive additional earnings from overtime work, bonuses, commissions, etc.?							
Prospects of Continued Employment and/or other comments:							

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Name		Title	
Signature			

To be signed by your Employer/Caseworker