

HOUSING APPLICATION



Whitecap Dakota Nation

182 Chief Whitecap Trail
WHITECAP, SK S7K 2L2

Housing Phone Number: 306-491-9090

PLEASE EMAIL APPLICATIONS TO:

Patrice Eagle (Tenants Relations Officer)

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Amelia Kematch (Tenants Relations Officer Assistant)

akematch@whitecapdakota.com

Whitecap Dakota Nation

Housing Application

SECTION 1: GENERAL INFORMATION

Applicant: _____

Co-Applicant: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Cellular: () _____

Cellular: () _____

EMAIL: _____

EMAIL: _____

Birth Date: _____ Gender: F / M
(MM-DD-YYYY)

Birth Date: _____ Gender: F / M
(MM-DD-YYYY)

First Nation: _____

First Nation: _____

Status Number: _____

Status Number: _____

Marital Status: _____

Marital Status: _____

Spouse/Partner: _____

Spouse/Partner: _____

SECTION 2: DEPENDENT INFORMATION

1. <u>Spouse/Partner:</u>	<u>Date of Birth:</u> (MM-DD-YYYY)	<u>First Nation:</u>	<u>Status Number:</u>
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_____	_____	_____	_____
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2. <u>Children:</u>			
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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SECTION 3: EMPLOYMENT INFORMATION

Are you currently employed? _____ Employer's Name: _____

How long have you been employed? _____

What is your Monthly Net Income? _____

What is your Spouse/Partner/Co-Applicants' Monthly Income? \$ _____

Are you on Social Assistance? _____ Monthly Program Support: \$ _____

Do you have Child Support Expenses for children not in your care/possession? _____

Monthly Child Support Expenses: \$ _____

SECTION 4: PREVIOUS HOUSING HISTORY

Have you rented a home before? _____ Have you rented a home from WDN before? _____

Are you presently renting a home? _____

What is your current Monthly Rental Rate? \$ _____

What are your current Monthly Utility costs: Water & Sewer: _____

Electrical: _____

Gas: _____

Present Landlord: _____ Landlord's Phone: () _____

Address: _____ Duration: Year(s) _____ Months _____

Former Rental History:

1. Address: _____ Duration: Year(s) _____ Months _____

Landlord: _____ Landlord's Phone: () _____

2. Address: _____ Duration: Year(s) _____ Months _____

Landlord: _____ Landlord's Phone: () _____

3. Address: _____ Duration: Year(s) _____ Months _____

Landlord: _____ Landlord's Phone: () _____

SECTION 5: HOUSING REQUEST

What type of Housing are you applying for? (Checkmark your Preference ✓)

BAND HOUSING: Trailer: _____ House: _____

CMHC RENTAL UNIT: _____ # of Bedrooms: _____

MARKET HOUSING:

Apartment Unit: 1 bedroom _____ 2 bedrooms _____ House: _____

Do you own pets? _____ What kind? _____ How many? _____

How many vehicles will your house-hold own and/or be associated with this unit? _____

Are there any occupants/dependents requiring accessible modifications to the unit? _____

SECTION 6: CONFIDENTIALITY & DECLARATION

I/WE HAVE READ & AGREE THAT ANY PERSONAL INFORMATION CONTAINED HEREIN MAY BE USED BY THE WHITECAP DAKOTA NATION (WDN) FOR THE PURPOSE OF COLLECTING INFORMATION FOR FUTURE HOUSING DATA-BASE DEVELOPMENT;

I/WE HEREBY CERTIFY AND DECLARE THAT THE INCOME STATED IS MY/OUR TOTAL COMBINED HOUSEHOLD MONTHLY NET INCOME;

I/WE HEREBY GRANT PERMISSION/CONSENT TO THE DISCLOSURE AND USE OF ANY INFORMATION PROVIDED BY ME/US IN THE APPLICATION TO WDN FOR THE PURPOSE OF DETERMINING THE LANDLORD'S ADHERENCE TO THE OPERATING AGREEMENT;

I/WE HEREBY GRANT PERMISSION/CONSENT TO THE DISCLOSURE AND USE OF ANY INFORMATION PROVIDED BY ME/US IN THIS APPLICATION TO WDN FOR THE PURPOSE OF CONDUCTING PROGRAM EVALUATIONS;

I/WE HEREBY GRANT PERMISSION TO THE DISCLOSURE AND USE OF ANY INFORMATION PROVIDED BY ME/US IN THIS APPLICATION TO WDN FOR AUDIT PURPOSES;

I/WE HEREBY GRANT PERMISSION AND CONSENT TO WDN TO VERIFY ALL CLAIMS MADE BY ME/US FOR THE PURPOSE OF EVALUATING THIS APPLICATION;

I/WE HEREBY CERTIFY AND DECLARE THAT ALL INFORMATION CONTAINED AND PRESENTED IN THIS APPLICATION/DECLARATION IS TRUE AND COMPLETE IN EVERY RESPECT; AND I/WE ARE RESPONSIBLE TO UPDATE APPLICATION ANNUALLY BY APRIL 1ST.

APPLICANT'S NAME:

CO-APPLICANT'S NAME:

SIGNED: _____

SIGNED: _____

DATE: _____

DATE: _____