



For Office Use Only
Applicant Name: _____
Number of Bdrms: <input type="checkbox"/> 1 / <input type="checkbox"/> 2 / <input type="checkbox"/> 3 / <input type="checkbox"/> 4
Application #: _____

CONAYT FRIENDSHIP SOCIETY HOUSING APPLICATION

The Conayt Friendship Society is a non-profit society. The Housing Program was established in conjunction with Canada Mortgage and Housing Corporations **Urban Native Housing Program** to provide quality affordable housing for **families and single parents of Native ancestry** who are in core need of housing.

The purpose of the information requested here is to help us assist you in locating suitable accommodation to meet your needs. It is **important for you to keep this information updated and for you to contact the Housing Program every three months to keep your file active.** If no contact is made to our office, the information shall be kept on file for six (6) months, after which time, your application will be pulled from our files. Any information provided shall be kept in strict confidence.

PROCEDURE



Conayt Friendship Society Urban Native Housing

Thank you for applying with the Conayt Friendship Society Housing Program; all housing applications are kept on file by:

- 1) Date received
- 2) Bedroom unit size.
- 3) Review of reference and credit checks.
- 4) High priority - Families
Lower priority - Single applicants or individuals without dependent children
- 5) To remain on the waitlist, please contact Conayt, at least, once every three months to ensure your application is current.
- 6) Applicants must re-apply if the desired bedroom size changes.

Please contact the Facilities Maintenance Manager or Tenant Relations Worker if you have any questions or require assistance with your application.

READ CAREFULLY & complete all information. Incomplete forms will not be processed.

Date: _____
month/day/year

Applicant Name: _____ DOB: _____

Name of Band _____ Band#: _____

Co-Applicant Name: _____ DOB: _____

Name of Band _____ Band#: _____

Present Residential Address: _____ How Long? _____

Mailing Address: _____

Phone #: (home) _____ (work) _____ (message) _____

Personal Status: Single Parent Family Two parent family Single Individual

Do you have a Conayt Friendship Society membership? Yes No

If Yes - Membership # _____ Expires on: _____

Please list **ALL INDIVIDUALS** who will be living with you in the rental unit, including yourself and all children, starting with the oldest.

#	Name	Relationship	DOB	Sex (F/M)	Native (Y/N)	School (Y/N)	Type of Disability
1							
2							
3							
4							
5							
6							
7							

Size of rental unit requested (Check only one): 2 Bdrm 3 bdrm 4 bdrm Handicap Unit

FINANCIAL INFORMATION:

Applicant Co-Applicant (Spouse)

INCOME SOURCES:

Employment (position: _____) \$ _____ \$ _____

E.I..... _____ _____

Student (band: _____) _____ _____

Social Assistance (shelter_____support_____). _____ _____

Pension (type: _____) _____ _____

Other (_____) _____ _____

TOTAL INCOME: \$ _____ \$ _____

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EXPENSES:

Present Rent..... \$ _____ \$ _____

Utilities (hydro, gas, telephone, etc.) _____ _____

Childcare/Support..... _____ _____

Other (_____) _____ _____

TOTAL EXPENSES: \$ _____ \$ _____

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NET INCOME LESS EXPENSES: \$ _____ \$ _____

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If present financial situation does not fit under any of the above categories, please explain:

Bank: _____ Account# _____

Address: _____

Ministry of Children & Family Development Branch: Merritt Social Worker: _____

Do you own a CMHC mortgaged home on a reserve? Yes No

If yes, explain: _____

REFERENCES:

	Applicant	Co-Applicant (Spouse)
CURRENT landlord.....	_____	_____
Address & Phone #	_____	_____
How long?.....	_____	_____
PREVIOUS landlord.....	_____	_____
Address & Phone #	_____	_____
How long?	_____	_____

List THREE (3) References - REQUIRED (i.e. work, training, volunteer, instructor):

1. Name..... _____

Address..... _____

Phone #

2. Name..... _____

Address..... _____

Phone#

3. Name..... _____

Address..... _____

Phone #

EMPLOYMENT HISTORY:

	Applicant	Co-Applicant (Spouse)
CURRENT Employer.....	_____	_____
Address & Phone #	_____	_____
Date of Employment.....	_____	_____
Occupation.....	_____	_____

PREVIOUS Employer.....	_____	_____
Address & Phone #	_____	_____
Date of Employment.....	_____	_____
Occupation.....	_____	_____

PERSONAL DATA:

Please list the names of three (3) relatives or close friends we can contact in case of an emergency:

Name	Address	Phone #	Relationship

Family Doctor: _____ Address & Phone _____

How did you learn about Conayt Friendship Society Urban Native Housing?

Do you have any pets? Yes No

If so, please list all below.	Pet Type	Breed
	_____	_____
	_____	_____
	_____	_____

Are you willing to give up your pet? Yes No

Please indicate your reason for applying other than affordable rental rate. This section is very important in the processing of your application. Conditions of your current living arrangements:

Children allowed: Yes No
Overcrowded: Yes No
Slum conditions: Yes No

High rent: Yes No
Repairs required: Yes No

Other (be specific): _____

Are you under notice to end your present tenancy? Yes No

APPLICANTS WILL NOT BE SHORTLISTED UNTIL REFERENCE CHECKS ARE COMPLETED.

DECLARATION: I/We understand that this application does not constitute an agreement on the part of CONAYT FRIENDSHIP SOCIETY to provide me/us with housing. I/We understand that accommodation availability is subject to placement on a waiting list and that the Society does not provide emergency shelter, nor can the Society accommodate “urgent” referrals from other agencies except in the most extreme and proven circumstances, if a unit is available.

I/We declare that the information provided herein is true and correct and realize that any false information provided could result in cancellation of this application.

For the purposes of assessing this application, I/We hereby consent to allow the CONAYT FRIENDSHIP SOCIETY permission to obtain credit and or personal reports on me/us from one or more agencies or individuals. I/We hereby authorize agencies or individuals to provide whatever information they may have to the CONAYT FRIENDSHIP SOCIETY relative to an assessment of this application.

Dated at Merritt, B.C. this _____ Day of _____ 20_____.

Adult Signature _____ SIN # _____

Adult Signature _____ SIN # _____

Your Housing Application will be kept on file for 6 months. Please contact the Housing Program once every three months (250-378-5107) if you wish to remain on the waiting list.

FOR OFFICE USE ONLY
PLEASE DO NOT WRITE BELOW THIS LINE

Credit Report:

Employment Report:

Previous Residence Report:

Approved By: _____ *Date Approved:* _____

Comments: _____

Applicant Inquiries on Housing Application

	<i>DATE</i>	<i>CAME IN</i>	<i>PHONED</i>	<i>INITIAL BY</i>
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____