

**CHIPPEWAS OF GEORGINA ISLAND FIRST NATION  
HOUSING APPLICATION FORM**



DATE OF APPLICATION	Type of Housing you are applying for:    Rental <input type="checkbox"/> <span style="margin-left: 250px;">Mortgage <input type="checkbox"/></span>	
APPLICANT NAME AND ADDRESS:		
BAND NUMBER :	DATE OF BIRTH  YEAR _____ MONTH _____ DAY _____	
EMAIL ADDRESS:	(PLEASE CIRCLE) MARITAL STATUS: SINGLE    DIVORCED    COMMON LAW MARRIED    WIDOWED    OTHER	
CO-APPLICANT NAME & ADDRESS, IF MARRIED COMMON LAW OR OTHER:		
CO- APPLICANT BAND NUMBER:	DATE OF BIRTH  YEAR _____ MONTH _____ DAY _____	
EMAIL ADDRESS:	(PLEASE CIRCLE) MARITAL STATUS: SINGLE    DIVORCED    COMMON LAW MARRIED    WIDOWED    OTHER	
HOME PHONE:	CELL PHONE:	
WORK PHONE:		



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PLEASE ANSWER ALL THAT APPLY

YES

NO

**DO ALL FAMILY MEMBERS CURRENTLY LIVE WITH YOU?**

**DO YOU SHARE CUSTODY WITH THE CHILDREN LISTED IN THIS APPLICATION?**

**DO YOU HAVE FULL CUSTODY OF THE CHILDREN LISTED IN THIS APPLICATION?**

**DO YOU RENT THE HOME WHERE YOU CURRENTLY RESIDE?**

**DO YOU OWN THE HOME WHERE YOU CURRENTLY RESIDE?**

**DO YOU OR ANYONE ON THIS APPLICATION OWN PROPERTY IN CANADA OR ANY OTHER COUNTRY? IF YES WHAT IS THE ESTIMATED VALUE?**

\_\_\_\_\_

**YOU WILL BE REQUIRED TO CONNECT YOUR OWN HYDRO AND UTILITIES IN YOUR NAME, ARE ABLE TO SO?**

**DO YOU SMOKE? (ALL RENTAL UNITS ARE NON-SMOKING)**

**DO YOU HAVE PETS?**

**ARE YOU ABLE TO ACQUIRE CONTENTS INSURANCE AS IT IS RECOMMENDED?**

**DO YOU HAVE ANY OUTSTANDING DEBTS WITH THE CHIPPEWAS OF GEORGINA ISLAND?**

**(IF ANY DEBT IS OUTSTANDING TO THE FIRST NATION THIS APPLICATION WILL NOT BE CONSIDERED)**

**IF APPLYING FOR HOUSING PLEASE CIRCLE NUMBER OF BEDROOMS YOU WISH TO APPLY FOR :**

**BACHELOR   ONE BEDROOM   TWO BEDROOM   THREE BEDROOM   FOUR BEDROOM**

**THE NUMBER OF BEDROOMS YOU ARE ELIGIBLE FOR IS DETERMINED BY THE FIRST NATION AND HOUSING WILL VERIFY IF YOU ARE ELIGIBLE FOR THE SIZE OF UNIT YOU HAVE SELECTED.**

**PLEASE PROVIDE A REFERENCE NAME AND NUMBER:**

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**NAME OF YOUR CURRENT LANDLORD:** \_\_\_\_\_

**HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS?** \_\_\_\_\_

**LANDLORDS PHONE NUMBER :** \_\_\_\_\_

**MONTHLY PAYMENT OF RENT:** \_\_\_\_\_

**WHAT IS YOUR REASON FOR MOVING?**

**IF YOU ARE SELECTED FOR A RENTAL UNIT, PAYMENT OF THE FIRST AND LAST MONTH'S RENT WILL BE REQUIRED IMMEDIATELY AND PAID IN FULL.**

Note:

First and last month's rent will be required upon approval of this application. This is considered as a security deposit. A lease will be issued by Georgina Island First Nation pursuant to its Land Code, which came into force January 1, 2000. The lease is executed on behalf of Georgina Island, First Nation by an official duty authorized by the First Nation. Please know that the Ontario Landlord Tenant Protection does not apply to the First Nation.

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EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
CO-APPLICANT EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
APPLICATION INFORMATION CONTINUED		
PLEASE PROVIDE A REFERENCE NAME AND NUMBER:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

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CREDIT CARDS			
Name & Address of Creditor	Total Debt	Current balance	Monthly payment
MORTGAGE COMPANY			
Institution Name:	Address:		
AUTO LOANS			
Auto loans	Name of Creditor	Current Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

Declaration

I authorize Chippewas of Georgina Island First Nation to make any inquiries that deem necessary to verify the information given in this application and I authorize any person, cooperation or agency having knowledge of any such required information to release the information to the Chippewas of Georgina Island First Nation. I agree to provide any supporting material the Chippewas of Georgina Island First Nation may require.

I certify that the information provided in this application form to be true and I understand that any false information will void my application submission.

Dated this day of \_\_\_\_\_ 20 \_\_\_\_\_.

X

\_\_\_\_\_  
Applicant

X

\_\_\_\_\_  
Witness

Date Application Received: \_\_\_\_\_

Date Updated: \_\_\_\_\_



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**OTHER SOURCE OF INCOME**

Pensions , Allowances and Other Income	Income / Month
Ontario Works (Social Assistance)	
Mother's Allowance	
Family Benefits	
Veteran's Allowance	
Retirement Pension	
Ontario Disability	
Canada Pension	
Old Age Security	
Alimony/ Support Payments	
War Veteran's Allowance	
Employment Insurance	
Training Allowances	
Company Pensions	
Mortgage Income	
OSAP Grants	
Leaving Revenue/ Income	
Self-Employment	
Real Estate Income	
Assets that give you income	
A licence which gives you income	

Assets	Amount in Dollars
Cash - checking accounts	\$ -
Cash - savings accounts	-
Certificates of deposit	-
Securities - stocks / bonds / mutual funds	-
Notes & contracts receivable	-
Life insurance <i>(cash surrender value)</i>	-
Personal property <i>(autos, jewelry, etc.)</i>	-
Retirement Funds <i>(e.g. IRAs, 401k)</i>	-
Real estate <i>(market value)</i>	-
Other assets <i>(specify)</i>	-
Other assets <i>(specify)</i>	-
<b>Total Assets</b>	<b>\$ -</b>

Amount in Dollars

Liabilities

Current Debt ( <i>Credit cards, Accounts</i> )	\$ -
Notes payable ( <i>describe below</i> )	-
Taxes payable	-
Real estate mortgages ( <i>describe</i> )	-
Other liabilities ( <i>specify</i> )	-
Other liabilities ( <i>specify</i> )	-
Total Liabilities	\$ -
Net Worth	\$ -