

### RENTAL APPLICATION FORM

*Rental Applications are processed pursuant to Chapter 2 of the Saulteau First Nations Housing Policy. A copy of the Housing Policy is available in the Saulteau First Nations Band Office or online at [www.saulteau.com/housing.html](http://www.saulteau.com/housing.html). Please direct any questions about this form to the Saulteau First Nations Housing Department by calling 250-788-3955.*

**Full Legal Name:**

Last Name	First Name	Middle name(s)	Preferred Name

**Saulteau First Nations Citizen?**

(check one) YES  -or- NO

*You are a Citizen of Saulteau First Nations if you are registered as a member of the Saulteau First Nations by Chief and Council of Saulteau First Nations pursuant to the Saulteau First Nations Residency Law.*

**If not a Citizen, are you a member of another First Nation?**

(check one) YES  -or- NO

**If yes, which First Nation?**

**Date of Birth**

dd/mm/yyyy

**Marital Status** (e.g. single, married, common law relationship)

**Contact Information:**

**Telephone Number**

(xxx) xxx-xxxx

**Email Address**

**Current Address**

Unit #	Street	City	Province	Postal Code

**Are you currently renting your home?**

(check one) YES  -or- NO

**If yes, since when?**

*Proudly determined*



Name of current Landlord

Landlord Telephone Number

(xxx) xxx-xxxx

Reason for Leaving current tenancy

Additional Adult Household Members who will live with you:

1. Full Legal Name

Age

Saulteau First Nations Citizen?

(check one) YES  -or- NO

2. Full Legal Name

Age

Saulteau First Nations Citizen?

(check one) YES  -or- NO

3. Full Legal Name

Age

Saulteau First Nations Citizen?

(check one) YES  -or- NO

*If there will be more than 3 additional adult occupants, please list the full legal names and ages of those individuals on a separate page and attach to this Application.*

Full Legal Names and Ages of Any Dependent Children who will live with you

Are the children listed above citizens of Saulteau First Nations?

(check one) YES  -or- NO

Desired Move-in Date

dd/mm/yyyy

Desired Number of Bedrooms

Number



List the type and number of any pets that will be living with you

*A Tenant must not have a pet unless s/he enters into a Pet Agreement and pays a Pet Deposit to Saulteau First Nations in accordance with a Pet Agreement.*

Do you or any additional occupants smoke?

(check one) YES  -or- NO

**Vehicle Information**

Make

Model

Year

License Plate No.

**Employment Information**

Occupation(s)

Place(s) of Employment

How long have you worked at your current job(s)?

Please check here if you wish to be considered for reduced rent based on low or fixed income:

**Income Information**

Monthly income from employment

Other income? (e.g. Disability, Income Assistance, etc.)

**Monthly income of additional household members**

1. Name

Monthly Income

2. Name

Monthly Income

3. Name

Monthly Income



*If it is determined that you may be eligible for reduced rent, the Applicant and all other household members will be required to submit proof of income to the Saulteau First Nations Housing Department upon request.*

**Employer and Landlord References:** *May be a past or current landlord or employer.*

Reference 1:

Name	Relationship	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

How long have you known this Reference?

Reference 2:

Name	Relationship	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

How long have you known this Reference?

**Do you currently owe money to Saulteau First Nations or have you entered into an Arrears Plan with Saulteau First Nations?**

(check one) YES  -or- NO

**If yes, please describe:**

*I affirm that, to the best of my knowledge, the information on this Form is accurate and complete. If any of the information on this Form changes, I have an obligation to inform the Saulteau First Nations Housing Department immediately. I authorize the References listed above to release information regarding my employment and tenancies and Saulteau First Nations Housing Department to conduct a credit check at its discretion. I understand that Saulteau First Nations Housing Department may interview me and/or require me to submit a criminal record check.*

Signed: \_\_\_\_\_

Dated:

Please submit this Form to the SFN Administration by either:

in-person delivery to the SFN Band Office or registered mail to:

SFN Housing Department  
PO Box 1020  
Chetwynd BC V0C 1J0

Forms submitted by e-mail or facsimile delivery will not be accepted.





## REPAIRS REQUEST FORM

<u>DATE:</u>
<u>RESIDENTS NAME:</u>
<u>HOUSE #</u>
<u>PHONE #</u>
<u>TIME TO DO INSPECTION:</u>
<u>DO YOU HAVE PETS:</u>
<u>HOW LONG HAVE YOU LIVED HERE:</u>

WORK REQUESTED: (PLEASE PRINT CLEARLY)


SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

*Proudly determined*

