

# HOUSING APPLICATION

APPLICANT INFORMATION		
<b>Applicant Name:</b>		
Status Number:		Phone:
Email:		
Current Address:		
Type:	Rent <input type="checkbox"/>	Own <input type="checkbox"/> Other:
How long at current address:		
Current Living Arrangements, Location and Address:		
CO-APPLICANT INFORMATION		
<b>Co-Applicant Name:</b>		
Status Number:		Phone:
Email:		
Current Address:		
Type:	Rent <input type="checkbox"/>	Own <input type="checkbox"/> Other:
How long at current address:		
Current Living Arrangements, Location and Address:		
MARITAL STATUS		
<input type="checkbox"/> Single Adults	<input type="checkbox"/> Single with Children	<input type="checkbox"/> Elderly
<input type="checkbox"/> Common Law Couple	<input type="checkbox"/> Common Law with Children	Special Needs:
<input type="checkbox"/> Married	<input type="checkbox"/> Married with Children	

**OCCUPANT INFORMATION**

Name:	Birthdate:	Age:	Relationship:	Status:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**FINANCIAL INFORMATION**

Net Monthly Income	Applicant	Co-Applicant
Employment:		
UI/EI:		
Student Loans/Post-Sec Funding:		
Other (i.e. pension):		
Total Income:		
Monthly Expenses	Applicant	Co-Applicant
Current Rent/Mortgage:		
Utilities:		
Other:		
Total Expenses:		
Income – Expenses =		
Do you or your spouse own property and/or house(s) anywhere?	<input type="checkbox"/> Yes (if so, please list address) <input type="checkbox"/> No	
UI/EI or MSS Office:		
F.A.W. or Counsellor’s Name:		Phone:

**RENTAL HISTORY**

Current Landlord:		Phone:
Address:		How long:

Previous Landlord:		Phone:
Address:		How long:
Have you previously rented from the Yuufu?if?ath Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT HISTORY**

**Applicant**

Current Employer:		Phone:
Address:		Occupation:
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Previous Employer:		Phone:
Address:		Occupation:
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary

**Co-Applicant**

Current Employer:		Phone:
Address:		Occupation:
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Previous Employer:		Phone:
Address:		Occupation:
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary

**DESIRED HOME**

Type of house you are applying for:	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> Other:
Do you need to give 30 days notice to move?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability? (i.e. do you require a wheelchair accessible home)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

Are you a First Time Renter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship:

Phone:		Email:
Name:		Relationship:
Phone:		Email:
Name:		Relationship:
Phone:		Email:

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

**I/We also authorize Yuułu?i?ath Government – Ucluelet First Nation to make enquiries necessary to process this application.**

**I/We understand that accommodation availability is subject to placement on a waiting list and that Yuułu?i?ath Government does not provide emergency shelter, nor can Yuułu?i?ath Government accommodate “URGENT” referrals from other agencies.**

**1. I/We have attached 3 References.**

**2. We have read and understood the Housing Policy**  Yes  No

Applicant Signature:	Date Signed:
Co-Applicant Signature:	Date Signed:

Applications will be kept on file for one year. After one year, the applicant(s) must submit a new application to maintain their position on the master waiting list. A new application is required in order to keep Yuułu?i?ath Government advised of changing circumstances of the applicant(s). Submitting a new application does not mean that the applicant(s) will go to the bottom of the list; the applicant(s) stays in the same place on the master list.

**Please submit your application by:**

**Mail:**  
 PO Box 699  
 Ucluelet, BC V0R 3A0

**In Person:**  
 Cix˘atin Centre  
 700 Wya Rd.  
 hita˘cu, BC

**Email:**  
[housing@ufn.ca](mailto:housing@ufn.ca)

**Reference: Housing Application**