

Administration Office  
P.O. Box 333, 53 Hwy. 551  
M'Chigeeng, ON P0P 1G0  
Ph: (705) 377 – 5362  
Fax: (705) 377 - 4980



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

Date of Expiry: \_\_\_\_\_

## RENTAL APPLICATION BAND OWNED RENTAL UNITS

### Applicant

### Co-Applicant

First Name		First Name	
Last Name		Last Name	
MFN Band Number		MFN Band Number	
Date of Birth (DD/MM/YYYY)		Date of Birth (DD/MM/YYYY)	
Cell Phone		Cell Phone	
Work Telephone		Work Telephone	
Messages		Messages	
Home Phone			
Post Office Box #			
Civic Address			
City/Town			
Province		Postal Code	
<b>E-Mail (applicant)</b>			
<b>E-Mail (co-applicant)</b>			

### Do you currently have rent arrears with the M'Chigeeng First Nation?

Applicant     No             Yes            →    Amount: \$ \_\_\_\_\_  
Co-Applicant     No             Yes            →    Amount: \$ \_\_\_\_\_  
Any Occupants     No             Yes            →    Amount: \$ \_\_\_\_\_

### Type of Housing Assistance Requested:

- Apartment – Sil B (1 bedroom)
- Apartment – Onaquet (1 bedroom)
- House – CMHC Rental Unit (2 bedroom)
- House – CMHC Rental Unit (3 bedroom)
- Apartment – Lakeview (1 bedroom)
- Apartment – Lakeview (2 bedroom)

[On a separate page, you can include additional information regarding your current living conditions.](#)

Rental Application of:

<input checked="" type="checkbox"/> Marital Status					
	Single		Married		Common-Law
	Divorced		Widowed		Separated

**Applicant - Employment History**

Name of Employer	Telephone & Address	Length of Employment

**Co-Applicant - Employment History**

Name of Employer	Telephone & Address	Length of Employment

**Address History**

Address	Length of Residency	Reason for Moving

**List of Occupants (for Unit Size and Emergency Purpose)**

Name	Band Number	Relationship	Date of Birth	Gender

**Source of Income – Applicant (Confirmation of being able to pay rent)**

<input checked="" type="checkbox"/>	Source	Amount	<input checked="" type="checkbox"/>	Source	Amount
	Employment			Employment Insurance	
	Education Allowance			Training Allowance	
	Ontario Works			ODSP	
	CPP			Old Age	
	Pension			Self-Employed	
	Ontario Trillium Monthly Payment			Other	

Rental Application of: \_\_\_\_\_

**Source of Income – Co-Applicant (Confirmation of being able to pay rent)**

<input checked="" type="checkbox"/>	Source	Amount	<input checked="" type="checkbox"/>	Source	Amount
	Employment			Employment Insurance	
	Education Allowance			Training Allowance	
	Ontario Works			ODSP	
	CPP			Old Age	
	Pension			Self-Employment	
	Other: _____				

**3 References (1 previous landlord, 2 character references)**

**NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Monthly Rent \_\_\_\_\_ Length of Residency \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Do you or any members of your family require accessibility for a handicapped person?

No  Yes

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rental Application of:**

Do you have any extenuating circumstances that should be considered? No  Yes   
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Do you have any pets? No  Yes   
If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

**Consent for Automatic Payroll Deduction (if you are employed by M'Chigeeng First Nation)**

**Applicant:**  
I, \_\_\_\_\_ consent to authorize my employer the M'Chigeeng First Nation to deduct from my pay the monthly rent payment for as long as I reside in a MFN Band Rental Unit (includes CMHC Rent to Own option).  
\* If there is a Co-applicant who also is an MFN employee, the deduction for rent can be shared.

**Co-Applicant:**  
I, \_\_\_\_\_ consent to authorize my employer the M'Chigeeng First Nation to deduct from my pay the monthly rent payment for as long as I reside in a MFN Band Rental Unit (includes CMHC Rent to Own option).

**Authorization for Direct Pay Ontario Works (OW) and/or Ontario Disability Supports Program (ODSP)**

**Applicant:**  
I, \_\_\_\_\_ consent to the pay direct provision for monthly rent to the landlord for as long as I reside in a MFN Band Rental Unit (includes CMHC Rent to Own option).

**Co-Applicant:**  
I, \_\_\_\_\_ consent to the pay direct provision for monthly rent to the landlord for as long as I reside in a MFN Band Rental Unit (includes CMHC Rent to Own option).

**I/We declare the information provided by me in this application is complete, accurate and true to the best of my knowledge.**

<b>Signature of Applicant:</b>		<b>Date:</b>	
<b>Signature of Co-Applicant:</b>		<b>Date:</b>	

**For Office Use**

Date Application Added to Housing Summary:
Date Acknowledgement Letter Sent: