



Administration Office

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

Date Received: _____

RENTAL APPLICATION BAND OWNED RENTAL UNITS

IT'S THE APPLICANTS RESPONSIBILITY TO REAPPLY EVERY YEAR ON JANUARY 1ST

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	
E-Mail (applicant)			
E-Mail (co-applicant)			

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)
- Apartment – 50A Vimy Rd. (2 bedroom)
- Apartment – Lakeview (1 bedroom)
- Apartment – Lakeview (2 bedroom)
- House – CMHC Rental Unit (2 bedroom)
- House – CMHC Rental Unit (3 bedroom)

On a separate page, you can include additional information regarding your current living conditions.

Rental Application of:

<input checked="" type="checkbox"/> Marital Status					
<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Common-Law
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	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
<input type="checkbox"/>	Employment		<input type="checkbox"/>	Employment Insurance	
<input type="checkbox"/>	Education Allowance		<input type="checkbox"/>	Training Allowance	
<input type="checkbox"/>	Ontario Works		<input type="checkbox"/>	ODSP	
<input type="checkbox"/>	CPP		<input type="checkbox"/>	Old Age	
<input type="checkbox"/>	Pension		<input type="checkbox"/>	Self-Employed	
<input type="checkbox"/>	Ontario Trillium Monthly Payment		<input type="checkbox"/>	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.

Signature of Applicant:		Date:	
Signature of Co-Applicant:		Date:	

For Office Use

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