



RESIDENTIAL DEVELOPMENT

Email: scn.housingrd@gmail.com

HOUSING APPLICATION

REQUEST FOR HOUSING

This application form is to be completed by Samson Cree Nation member/s who are applying for any housing program provided By Residential Development and/or CMHC. In accordance to CMHC regulations and guidelines there are specific qualifications for each of the housing program offered. Eligibility for housing will be confirmed.

The personal information is being collected under the Residential Development and CHMC and will be used for the purpose of administering the housing program. It is protected by privacy provisions.

DOCUMENTS REQUIRED FOR THIS HOUSING APPLICATION

- CURRENT CRIMINAL RECORD CHECK (APPLICANT & SPOUSE)
- COPY OF PHOTO IDENTIFICATION OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN
- INCOME VERIFICATION OF ALL HOUSEHOLD MEMBERS
- CURRENT & PREVIOUS LANDLORD REFERENCE LETTER/S
- NON BAND MEMBER/S TO PROVIDE BAND HOUSING SUPPORT
- PROOF OF MORTGAGE AND/OR RENT RECEIPTS (3 MONTHS)

Missing Documents will DELAY your Application; make sure you have ALL Documents that are required before handing in your application to the Housing Department.

This application does not guarantee you a home.



RESIDENTIAL DEVELOPMENT

Email: scn.housingrd@gmail.com

HOUSING APPLICATION

Box 159 Maskwacis AB T0C 1N0

TELEPHONE: (780).585.3919

FAX: (780).585.3920

Date of Application: _____, 20_____

Name:

Primary applicant-1	
First Name	Last Name

- ❖ Spouses from other first nation communities are to provide Band document of non-ownership of dwellings/property within the past 5 years.
- ❖ Spouses who are non-status, and of non- first nation descent are to provide previous rental agreement/ mortgage agreement within the past 5 years.

Type of Accommodation requested

Single Family Unit -Townsite

Duplex -Townsite

Country

Address:

Street Address: _____ City _____ Province _____ Postal Code _____

Mailing Address: _____ City _____ Province _____ Postal Code _____

Contact Information:

Home # _____ Cell # _____ Email: _____

Applicant (1) Band Name: _____ Band No. _____

Date of Birth: _____ (month) _____ (day) _____ (year)

Applicant (2) Band Name: _____ Band No. _____

Date of Birth: _____ (month) _____ (day) _____ (year)

Material Status (circle one): Single Common-law Married

Please provide name and ages all individuals that will living with applicant(s) in the premises. Individuals on premises not mentioned will require written permission of Residential Development.

Name of Dependants	Date of Birth	Age	Sex Female/Male	S.C.N Member? Yes or No
Is baby expected? Yes/No				

Employment Information

Primary Applicant (Please provide income verification)

Current Employer	Address	Net Monthly Income
1.		
2.		
3.		

Spouse Applicant(Please provide income verification)

Current Employer	Address	Net Monthly Income
1.		
2.		
3.		

Employment References

Primary Applicant

Name	Address	Telephone No.
1.		
2.		
3.		

Spouse Applicant

Name	Address	Telephone No.
1.		
2.		

- 1.) Number of people who will reside on premises (include all individuals). _____
- 2.) Do you or anyone in the family required wheelchair access?
 Yes No
- 3.) Do you currently reside on Samson Cree Nation Reserve?
 Yes No Place of residency _____
- 4.) If offered the opportunity to reside on S.C.N. and/or C.M.H.C home, are you willing and able to pay monthly user fees and utilities to the unit?
 Yes No If No, explain _____
- 5.) If offered the opportunity to reside on S.C.N. and/or C.M.H.C home, are you able and capable of financial contributions to maintaining dwellings and property to expectable living standards? (ie: landscaping, window/door repairs and other minor repairs to unit)
 Yes No If No, explain _____
- 6.) If offered the opportunity to reside on S.C.N. and/or C.M.H.C home, would you report known Acts of Vandalism, Theft, Fire and all health and safety concerns to place of residency to Proper Authorities (RCMP, Housing, Fire, and Housing)
 Yes No If No, explain _____
- 7.) Is your current housing situation unsafe or cause health issues?
 Yes No Please explain _____
- 8.) If offered the opportunity to reside on S.C.N. and/or C.M.H.C home, are you willing to provide a criminal record check (all individuals that will be residing in premises)?
 Yes No Please provide _____
- 9.) Do you require modified housing unit? (I.e. wheel chair assessable, shower unit, etc.)
 Yes No If yes, explain _____
- 10.) Do you have any pets?
 Yes No If yes, explain _____
- 11.) Have you taken any programs or services, courses or have any certificates in home maintenance programs.
 Yes No If yes, provide _____
- 12.) Have you been provided a home in the last year?
 Yes No If yes, Unit # _____

