

Box 159

Maskwacis AB T0C 1N0

TELEPHONE: (780).585.3919

Email: scn.housingrd@gmail.com

## **RESIDENTIAL DEVELOPMENT REQUEST FOR HOUSING**

This application form is to be completed by Samson Cree Nation member who are applying for any housing program provide 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.

This application does not guarantee you a home.



# RESIDENTIAL DEVELOPMENT

## HOUSING APPLICATION

Date of Application: \_\_\_\_\_, 20\_\_\_\_\_

**Name:**

Primary applicant	
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

- Family Unit
  Duplex
  Handicap
  Country

**Address:**

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Contact Information:**

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Band Name: \_\_\_\_\_ Band No. \_\_\_\_\_

Spouse Band Name: \_\_\_\_\_ Band No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

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

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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.		
3.		

1.) Number of people who will reside on premises (include all individuals). \_\_\_\_\_

2.) Do you require accessible housing unit? (i.e., shower unit, etc.)

Yes      No      If yes, explain \_\_\_\_\_

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 capable of maintaining the dwellings and property? (i.e.: landscaping, window/door repairs and other minor repairs to unit)

Yes      No      If No, explain \_\_\_\_\_

6.) Is your current housing situation unsafe or cause health issues?

Yes      No      Please explain \_\_\_\_\_

7.) 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 \_\_\_\_\_

8.) Do you have any pets?

Yes      No      If yes, explain \_\_\_\_\_

9.) Have you taken any programs or services, courses or have any certificates in home maintenance programs.

Yes      No      If yes, provide \_\_\_\_\_

10.) Have you been provided a home in the last year?

Yes      No      If yes, Unit # \_\_\_\_\_

Describe your current living situation.


I understand that this is just an application and that is not an agreement between Residential Development or CMHC to provide me with accommodations.

I authorize Residential Development and CMHC to investigate any or all of the statements made by me in this application, being fully aware that dishonesty of any false information shall cancel any other further consideration of my application.

I further agree that I am obligated to advise Residential Development and/or CMHC in writing of any changes in family composition, gross family income, employment or any changes to this application.

**I verify information provided by me to be true and correct.**


1. Applicant Name (print)	1. Applicant Signature	Date
2. Applicant Name (print)	2. Applicant Signature	Date