

Date Received	Application Number:	Info Needed:	Approved
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WEI WAI KUM FIRST NATION FAMILY HOUSING APPLICATION

APPLICANT INFORMATION (Must be a Wei Wai Kum Member)					
FULL NAME:				HOME PHONE:	
CURRENT ADDRESS:				WORK PHONE:	
CITY:		POSTAL CODE:		CELL PHONE:	
Wei Wai Kum First Nation Status Number:					
BIRTHDATE:	MONTH:	DAY:	YEAR:	EMAIL:	
CURRENT EMPLOYER:				EMPLOYER PHONE:	
GROSS MONTHLY INCOME:				Please provide proof of income.	
CO-APPLICANT INFORMATION, IF APPLICABLE					
FULL NAME:				HOME PHONE:	
CURRENT ADDRESS:				WORK PHONE:	
CITY:		POSTAL CODE:		CELL PHONE:	
BIRTHDATE:	MONTH:	DAY:	YEAR:	EMAIL:	
CURRENT EMPLOYER:				EMPLOYER PHONE:	
GROSS MONTHLY INCOME:				Please provide proof of income.	

OTHER OCCUPANTS			
FULL NAME:	BIRTHDATE:	RELATIONSHIP TO APPLICANT:	INCOME (if applicable):

Present Accommodation			
At present, do you:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other
Cost Per Month \$			
Type of current housing (temporary, shelter, living with family, couch surfing, etc.)			

RESIDENCE HISTORY			
Address:	Date From:	Date To:	Landlord Contact Number:
Current			
Wei Wai Kum First Nation Housing List			
Have you previously applied to the First Nation for Housing?			<input type="checkbox"/> YES <input type="checkbox"/>
If so, when? _____			

REASON FOR MOVING
Are you under notice to end your present tenancy? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please include a copy of the legal notice to end tenancy</i>
Please explain any other reasons for moving or additional comments: <i>If you would prefer to discuss sensitive issues by phone or in person please let us know.</i> Briefly describe your current accommodation.
PRIMARY RESIDENCE By signing below, you fully understand this rental home must be your full-time primary residence Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant: _____ Date: _____

Co - Applicant: _____ Date: _____