



WEI WAI KUM **Triplex**

FIRST NATION

HOUSING DEPARTMENT



The **Wei Wai Kum First Nation Triplex** offers safe, stable, below-market housing opportunities for Wei Wai Kum First Nation members.

This application helps determine eligibility for housing and supports fair, confidential allocation of units.

WHO SHOULD APPLY?

You may be eligible for housing if:

- You are a Wei Wai Kum member in good standing.
- You are gainfully employed.

PURPOSE OF THIS FORM

This form collects personal information under applicable privacy laws to determine housing eligibility, and all applications will be handled confidentially.

WWKFN Triplex
1453 Old Island Highway

Six Units:

- (4) two-bedroom units at \$1,400/ month.
- (2) four-bedroom units at \$1,800/ month.

Average rent off-reserve in CR:

- *Two-bedroom: \$1,975 to \$2,500*
- *Four-bedroom: \$3,000 to \$3,500*



WEI WAI KUM FIRST NATION
1650 Old Spit Road
Campbell River, BC V9W 3E8



250-286-6949 ext. 119



housing@weiwaikum.ca



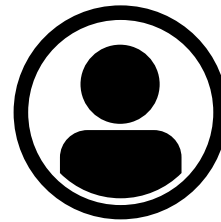
Wei Wai Kum First Nation Tenant Application Form

HOW TO APPLY:

Submit this application to the WWKFN Housing Department:



by email:
housing@weiwaikum.ca



in person:
1650 Old Spit Rd.
Campbell River BC

You may be contacted to provide additional information and supporting documents.

NEED HELP?

Please contact WWKFN Housing at 250-286-6949 EXT 119 or
housing@weiwaikum.ca



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Community Housing Rules

Exterior: Do not alter or attach anything to the exterior of the buildings.

Front Entryways: Keep entryways clear for safe access; mobility devices are allowed.

Short Term Rentals: No Air BnB/ short term rentals

Garbage: Use designated garbage and recycling facilities.

Guests: Tenants may have guests stay in the rental unit for short term (i.e 10 days) visits. Any guest who remains in the rental unit for longer than one week must receive prior written approval from Wei Wai Kum Housing.

Home Businesses:

Home-based businesses may be allowed if they are:

- Low-impact
- Non-retail
- Without customer traffic
- In compliance with Wei Wai Kum laws and licensing rules

Maximum Occupancy

- Up to two people per bedroom.
- Married or common-law couples share a bedroom.
- Adults 18+ get their own bedroom unless they are a couple.
- Children under 18 may share a bedroom.

Noise - Keep noise to a minimum; quiet hours are 10 pm to 8 am.

Parking - Each tenant may use assigned parking in front of their unit; guests may use visitor or street parking.

Pets - A maximum of two (2) domestic pets are permitted in the rental unit, subject to Wei Wai Kum Housing's approval and payment of the required pet security deposit. All pets must comply with size restrictions.

Smoking - Smoking is only permitted in the designated area using the fire-safe ashtray. There is NO smoking inside units.

Subletting - Unit subletting is not permitted.

Storage: No RVs, uninsured vehicle or boat storage/ parking is permitted.

Damage Deposit: a deposit will be required for all tenants.

Non Members: If the Member vacates the residence, any remaining non-member occupant(s) must vacate the unit at the same time.

Utilities: Tenants are responsible for their own utilities (hydro, gas, cable etc.)



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Applicant Eligibility

Are you a Wei Wai Kum First Nation member?

☐ Yes

☐ No

If **Yes**, please provide your status information:

If **No**, please do not continue this application.

Applicant Information

First Name: _____

Last Name: _____

Nickname/Alias: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Emergency Contact: _____

Emergency Contact Phone: _____



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HOUSEHOLD INFORMATION

Joint Applicants, Authorized Occupants and Dependent Children

Joint Applicants or Authorized Occupants

Is there anyone **18 years or older** applying to live with you?

☐ Yes

☐ No

Dependent Children

Is there anyone **under 18 years** old who will live with you?

☐ Yes

☐ No

If **yes**, provide details:

Child #1

Age _____

Gender _____

Child #3

Age _____

Gender _____

Child #2

Age _____

Gender _____

Child #4

Age _____

Gender _____

If more space is needed for more children, please write on the back page.



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Current Living Conditions

The WWKFN Triplex provides safe, affordable housing for WWKFN members.

Current monthly housing cost:
(If you do not pay monthly for housing, please write “N/A”)

\$ _____

Please select any that apply:

- ☐ Wish to live in community
- ☐ Current housing is unstable
- ☐ Current housing has health or safety concerns

If you selected either or both of the above, please provide any additional details that could be relevant, e.g. your move-out date, specific health and safety concerns, etc.:





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Additional Information (Optional)

Please let us know if there are any other factors about you or your current living situation that would increase your need for safe and affordable housing.

For example: how the quality of your current housing is impacting your quality of life.





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Pets

- ☐ I have pets.
- ☐ I do not have pets.
- ☐ I have a guide animal.

Guide Animal Details (weight, size, breed):

Smoking

Smoking of any kind is only permitted in the designated covered area using a fire-safe ashtray, not in or around the units.

- ☐ I agree to follow the smoking policy of the WWKFN Triplex.



Wei Wai Kum First Nation Tenant Application Form

Joint Tenant Information

A Joint Tenant is an individual named on the Tenancy Agreement who meets the eligibility criteria and shares full legal and financial responsibility for the tenancy.

First Name: _____

Last Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

What is the relationship between the Applicant and the Joint Tenant?

☐ Spouse/Partner

☐ Family Member

☐ Other

Details:



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Authorized Occupant Information

An Authorized Occupant is an individual approved to reside in the unit who does not fully meet the eligibility criteria (such as WWK First Nation membership) but is financially responsible for the tenancy.

First Name: _____

Last Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

Relationship to Applicant:

☐ Spouse/Partner

☐ Family Member

☐ Other

Details:



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Tenant Declaration and Consent

Please read, initial, and sign.

I Declare:

- This is my application. _____
- The information provided is true and accurate. _____
- I will notify Housing of any changes to my application. _____

I Authorize:

- Wei Wai Kum Housing Department to verify the information in this application. _____
- Relevant agencies, organizations, or individuals to provide information needed to assess this application. _____

I Understand:

- This application does not guarantee housing. _____
- Additional information may be requested. _____
- False information may result in removal from consideration. _____
- If approved, the unit must be my primary residence. _____
- Withdrawal of consent may end further consideration of my application. _____

Applicant Name: _____

Signature: _____

Date: _____



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EMPLOYMENT INFORMATION

Employer Information

Current Employer:_____

Position/Occupation:_____

Employer Address:_____

Employer Phone Number:_____

Length of Employment:

_____ Years _____ Months

Income Information

Gross Monthly Employment Income:

\$ _____

Net Monthly Employment Income:

\$ _____

Other Employment Benefits Received:

\$ _____

Please provide (2) pay stubs for each adult occupant.

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Joint or Authorized Employer Information

Current Employer:_____

Position/Occupation:_____

Employer Address:_____

Employer Phone Number:_____

Length of Employment:

_____ Years _____ Months

Income Information

Gross Monthly Employment Income:

\$ _____

Net Monthly Employment Income:

\$ _____

Other Employment Benefits Received:

\$ _____

Please provide a copy of your current pay stub

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Terms or Definitions page

Dependant child:

An unmarried child, stepchild, adopted child or legal ward, mainly supported by the applicant, who is:

Under 19 years of age; or

Under 25 years of age and registered in full-time school, university or vocational institute which provides a recognized diploma, certificate, or degree; or

Of any age who, because of mental or physical infirmity, is accepted as a dependent for income tax purposes.



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FOR OFFICE USE ONLY

Application Number:_____

Date Received:_____

Housing Review Notes:_____

Housing Decision:_____

☐ Approved

☐ Waitlisted

☐ Declined

Authorized Signature:_____

Date:



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