



**CURVE LAKE FIRST NATION**  
CURVE LAKE, ONTARIO K0L1R0  
PHONE: (705) 657-8045 FAX: (705) 657-8708



## HOUSING APPLICATION

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED

### 1. Applicant

Last Name		First Name		Date Of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SIN#
Street No.	Street Name			Status No.	Are You A: <input type="checkbox"/> Member Of Curve Lake First Nation <input type="checkbox"/> Non-Member	
First Nation/City/Town			Postal Code	Telephone No.	Present Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Person to act on your behalf in your absence (or contact)				Name	Telephone No.	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other

### 2. Present Employment of Applicant (Also complete if self-employed)

Present Employer's Name:				Telephone No.	
Address Where Employed:					
Occupation	Name of Department		Telephone No.	Ext.	Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Employment with present employer year(s) month(s)	Do you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time and Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Part Time		If "part time" state days of the week: If "full time", give name of part time employer: If "shift" state hours:		

### 3. Co-Applicant/Guarantor

Last Name		First Name		Date Of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SIN#
Street No.	Street Name			Status No.	Are you a: <input type="checkbox"/> Member of Curve Lake First Nation <input type="checkbox"/> Non-Member	
First Nation/City/Town			Postal Code	Telephone No.	Present Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Relationship to Applicant:						

### 4. Please check the appropriate answer to the following questions:

	Applicant	Co-Applicant
Has the applicant/co-applicant ever received a housing loan previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant/co-applicant turned down a housing loan in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant/co-applicant own any home(s) on or off reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?



**CURVE LAKE FIRST NATION**  
CURVE LAKE, ONTARIO K0L1R0  
PHONE: (705) 657-8045 FAX: (705) 657-8708



## HOUSING APPLICATION

### 5. Present Employment of Co-Applicant/Guarantor (Also complete if self-employed)

Present Employer's Name:				Telephone No.	
Address Where Employed:					
Occupation	Name of Department	Telephone No.	Ext.	Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Employment with present employer year(s) month(s)	Do you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time and Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Part Time		If "part time" state days of the week: If "full time", give name of part time employer: If "shift" state hours:		

### 6. Previous Employment

Applicant	Co-Applicant/ Guarantor	Employer	Position	From	To
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

### 7. (A) Family Income (Do not include Family Allowance)

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant/Guarantor	Other Family Member
Employment (From All Employers)	\$	\$	\$
Ontario Works	\$	\$	\$
Provincial Family Benefits	\$	\$	\$
Old Age Security	\$	\$	\$
Alimony/Support	\$	\$	\$
Unemployment	\$	\$	\$
Other (Specify)	\$	\$	\$
Total of A			\$

### 7. (B) Financial Commitment (include groceries, telephone, child care)

Name & Address of Creditors/Expenditures	Applicant	Co-Applicant/ Guarantor	Total Debt	Monthly Payment
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total of B for office use only				\$

### Assistance (Complete only if in receipt of General Welfare of Provincial

Social Worker	Telephone No.	Office Address



**CURVE LAKE FIRST NATION**  
CURVE LAKE, ONTARIO K0L1R0  
PHONE: (705) 657-8045 FAX: (705) 657-8708



## HOUSING APPLICATION

### 8. Assets

	Amount
Bank Account: Bank Name: Branch Address:	\$
Other Bank Accounts	\$
Other Accounts (Trust Companies, Credit Unions)	\$
Bonds/Savings Certificates	\$
Annuities/Shares/Securities/Stock	\$
Real Estate	\$
Other (Specify)	\$
Business Interest	\$

Are you or the co-applicant/guarantor a property owner? If "yes", give type, value and location of the property(ies) either on or off the Curve Lake First Nation Community:	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property in Joint tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Is your present accommodation classified as inferior? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", attach letter from inspector Are you prepared to demolish inferior structured, if owned, if you received a house loan and constructed a new home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Does the property located on Curve Lake First Nation have a well and acceptable access? Well <input type="checkbox"/> Yes <input type="checkbox"/> No Access <input type="checkbox"/> Yes <input type="checkbox"/> No		

### 9. Other Family Members (Under Age 18) to reside in accommodation applied for

Last Name	First Name	Status No.	Date of Birth		Sex		Relationship
			Month	Year	M	F	

### 10. Present Location of Family Members

Do all members reside in present accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

### 11. Present Accommodation of Family

Type of Accommodation	Number of Bedrooms	Do you have your own: 1. Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Bathroom <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	If yes, expiry date	Present Landlord's Name
Address		Telephone No.
How long have you lived at present address Year(s) Month(s)		



**CURVE LAKE FIRST NATION**  
CURVE LAKE, ONTARIO K0L1R0  
PHONE: (705) 657-8045 FAX: (705) 657-8708



## HOUSING APPLICATION

### 12. Medical/Health Conditions

Do you have a health problem which is affected by your current accommodation?

☐ Yes ☐ No

If you received a housing loan, would the present level of the housing loan be able to meet all your medical/health requirements when constructing the new home?

☐ Yes ☐ No

If no, specify reasons and extra amount required:

### 13. Previous Landlord and Residential History

Previous Landlord's Name		Address		Telephone No.	
Applicant	Co-Applicant/ Guarantor	Address	From	To	Reason for Leaving
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

### 14. Credit References

Please provide three credit letters of reference from the applicant and/or co-applicant indicating that their bills are paid regular and on time. These can include letters from former landlords (not family), credit cards, hydro, car loans, bank loans, cable companies etc.

### DECLARATION

I authorize Curve Lake First Nation Chief and Council:

1. To make any inquiries that it deems necessary to verify the information given in this Form and I authorize any person, corporation or social agency having knowledge of any such required information to release the information to CURVE LAKE FIRST NATION CHIEF AND COUNCIL. I agree to provide any supporting material CURVE LAKE FIRST NATION CHIEF AND COUNCIL may require.
2. I solemnly swear that the information provided is a true statement and I understand that any false statement will void my application

Witness	Applicant	Today's Date
Witness	Co-Applicant	Today's Date

**PLEASE BE AWARE THAT APPLICATIONS WILL BE CONSIDERED INCOMPLETE IF THEY ARE NOT SUBMITTED WITH THREE (3) CREDIT REFERENCES AND PROOF OF INCOME**