



Eagle Village First Nation  
 P.O. Box 756  
 Temiscaming, Quebec  
 J0Z 3R0

Phone: (819) 627-3455  
 Fax: (819) 627-9428  
 E-mail: julie.wabie@evfn.ca

HOUSING APPLICATION

THREE BEDROOM DUPLEX - HOUSING VACANCY

**SUBMISSION DEADLINE MARCH 28, 2012**

All information **MUST** be truthful. Any misleading information will result in the application as void.  
 All household income **MUST** be reported.

**Applicant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Marital Status

- Married       Common-law       Single parent       Single

Current source(s) of Income: (please enter monthly amounts received)

Employed \_\_\_\_\_ Social Assistance \_\_\_\_\_

Old Age Pension \_\_\_\_\_ Employment Insurance \_\_\_\_\_

Disability \_\_\_\_\_ Other \_\_\_\_\_

If employed, please specify type:

- Seasonal       Full-time (permanent)       Part-time (permanent)  
 Full-time (contract)       Part-time (contract)

Employer Information:

Company \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

If you move to the community, will you still have a job? \_\_\_\_\_

**Co-habitant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Marital Status

Married       Common-law       Single parent       Single

Current source(s) of Income: (please enter monthly amounts received)

Employed \_\_\_\_\_ Social Assistance \_\_\_\_\_

Old Age Pension \_\_\_\_\_ Employment Insurance \_\_\_\_\_

Disability \_\_\_\_\_ Other \_\_\_\_\_

If employed, please specify type:

Seasonal       Full-time (permanent)       Part-time (permanent)

Full-time (contract)       Part-time (contract)

Employer Information:

Company \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

If you move to the community, will you still have a job? \_\_\_\_\_

**Household Composition:**

List yourself on line 1, then list all other persons in your household who will be living with you

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
1					
	Status/Non-status/Application for re-instatement		Band number		Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
2					
	Status/Non-status/Application for re-instatement		Band number		Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
3					
	Status/Non-status/Application for re-instatement		Band number		Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
4					
	Status/Non-status/Application for re-instatement		Band number		Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
5					
	Status/Non-status/Application for re-instatement		Band number		Monthly Income

	Full Name	Birth date	Sex	Relationship to applicant	Custody Full/Part-time
6					
	Status/Non-status/Application for re-instatement		Band number		Monthly Income

Does anyone living with you require wheelchair accessible housing? If so, please provide name.

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Do you expect the number of people in your family to change in the next 12 months?  
(pregnancy, family joining, family leaving) If yes, please explain.

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**Current Accommodations:**

Rent       Own       Share expenses

How much do you pay monthly? \_\_\_\_\_ Does this amount include heat? \_\_\_\_\_

Describe your accommodation

Apartment       House       Room & Board

Other (please explain) \_\_\_\_\_

How many bedrooms do you have now? \_\_\_\_\_

Is your current housing accommodations adequate?

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone living with you have health problems related to poor living conditions?  
(medical attestation will be required) Please explain.

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**Residence History**

Have you ever rented or owned a home on reserve?

If yes, please provide address \_\_\_\_\_

Please explain why you moved. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1 Present Address \_\_\_\_\_ Move in date: \_\_\_\_\_

\_\_\_\_\_

Present Landlord \_\_\_\_\_ Landlord phone: \_\_\_\_\_

2 Previous Address \_\_\_\_\_ Move in date: \_\_\_\_\_

\_\_\_\_\_ Move out date: \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord phone: \_\_\_\_\_

3 Previous Address \_\_\_\_\_ Move in date: \_\_\_\_\_

\_\_\_\_\_ Move out date: \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord phone: \_\_\_\_\_

**Personal References**

Please provide at least two non-related references (i.e. spouse, co-joint)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please provide phone number(s) where you can be contacted, if more information is required.

Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Evening \_\_\_\_\_ Other \_\_\_\_\_

Please note certain documents will be requested in accordance with your situation.

I certify that the information provided above is true and complete and I authorize Eagle Village First Nation to verify all information provided in my housing application.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicants signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by Eagle Village First Nation

Signature \_\_\_\_\_ Date: \_\_\_\_\_