



**Sumas First Nation  
Housing Department**

**ATTN: Erna O'Brien**  
2788 Sumas Mountain Road  
Abbotsford, BC V3X 2J2

**HOUSING APPLICATION**

**Note:** Only SFN members or those caring for minors who are SFN members are eligible to apply for housing.

<b>OFFICE USE ONLY</b> Date Stamp: Received By:
---

\*\*\*Confidential Once Completed\*\*\*

Today's Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Status #: \_\_\_\_\_

Home Ph. #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Present Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**PRESENT LIVING ARRANGEMENTS + HOW LONG AT PRESENT ADDRESS**

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

**MARITAL STATUS (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Couple with Child(ren)  | <input type="checkbox"/> Single Adult       |
| <input type="checkbox"/> Single with Child(ren)  | <input type="checkbox"/> Elder (65 or over) |
| <input type="checkbox"/> Married with Child(ren) | <input type="checkbox"/> Special Needs      |

List of all who will be living with you in the Unit

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birthdate: (day/mo/yr) \_\_\_/\_\_\_/\_\_\_

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**FINANCIAL INFORMATION**

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Other</b>
Monthly Income			
Employment			
EI			
Student Living Allowance			
Social Assistance			
Pension			
Child Tax			
<b>TOTAL INCOME</b>			

**MONTHLY EXPENSES**

Present Rent			
Utilities (Gas,Hydro,Phone..)			
Car Payments			
Car Insurnace			
Credit Cards			
Other			
<b>TOTAL EXPENSES</b>			
<b>INCOME MINUS EXPENSES</b>			



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Do you, your spouse or co-applicant own property and/or a house(s) anywhere?  Yes  No

If yes, list address: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_ How Long? \_\_\_\_\_

Have you ever rented from SFN?  Yes  No If yes, when? \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_



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**EMPLOYMENT HISTORY**

**Applicant**

Present Employer \_\_\_\_\_ Address: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dates of Employment mm/dd/yr  Full Time  Part Time  Temporary  Seasonal

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dates of Employment mm/dd/yr

**Co-Applicant**

Present Employer \_\_\_\_\_ Address: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dates of Employment mm/dd/yr  Full Time  Part Time  Temporary  Seasonal

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dates of Employment mm/dd/yr

**DESIRED HOME**

Type of House you are applying for:

- Individual Home Loan - Sec. 10 (you want to secure a mortgage to purchase/build your own home)

- 1 Bedroom                       2 Bedroom  
 3 Bedroom                       4 Bedroom

Do you have a special need for a handicapped unit?       Yes     No



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**DECLARATION**

I/We declare that the information provided herein is true and correct, and realize that any false information provided will result in cancellation of the application.

I/We authorize Sumas First Nation to make all necessary enquiries to process this application

I/We understand that accomodation availability is subject to placement on the Housing Wait List. Sumas First Nation does not provide emergency shelter, nor can the Housing Department accomodate "URGENT" referrals from other agencies.

Applications will be kept on file for two years. After two years, a new application must be submitted in order to remain on the wait list. This is required to keep the Housing Department advised of changing circumstances with each application.

I/We understand it is our responsibility to inform the Housing Department if the Contact information on our application changes.

I/We have provided three current References with this application       Yes     No

I have read a copy of the Housing Policy as it pertains the application and selection process       Yes     No

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
Date

