



FORT MCKAY
FIRST NATION

FORT MCKAY FIRST NATIONS HOUSING APPLICATION

Date of Application: _____ / _____ / _____
Day Month Year

Applying For a New House: Yes / No (please circle one)
Applying For an Existing Unit: Yes / No (please circle one)

APPLICANT(S) INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Address of Applicant: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Unit Number: _____ How many Years: _____ Months: _____
(If residing in Fort McKay, AB)

Date of Birth: _____ / _____ / _____ Driver's License #: _____
Day Month Year

Marital Status: Single / Married / Divorced / Widowed / Common Law

If Married Spouse's Name: _____

Current place of residence:

How long at Current Residence? _____ Years _____ Months

Name of Landlord: _____ Monthly Rent: \$ _____

Address of Landlord: _____

Reason for leaving present accommodation:

Unit is too small / large (Please circle one)

Is accommodation in poor condition? Yes / No (Please circle one)

Present rent too high? Yes / No (Please circle one)

Any issues with current neighbors? Yes / No (Please circle one)



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CURRENT EMPLOYMENT DETAILS:

Present Employer: _____

Phone Number: _____

Occupation: _____

Address of Employer: _____

How long at current Job? ____ Years ____ Months

Net Monthly Income after taxes: \$ _____

Spouse's Employer (if applicable): _____

Address of Employer: _____

Occupation: _____ Full Time / Part time (Please circle one)

How long at current Job? ____ Years ____ Months

Net Monthly Income after taxes: \$ _____

Applicant's other source of Income: _____ Amount \$: _____

Spouse's other source of Income: _____ Amount \$: _____

If you are currently unemployed, what means of Income do you have?
(Example: A.I.S.H, Social Assistance etc.) Please write below:

OTHER PERSON(S) WHO WILL BE RESIDING WITH YOU IN ACCOMODATION:

Name: _____ Relationship: _____ Birthdate: _____

Name: _____ Relationship: _____ Birthdate: _____

Name: _____ Relationship: _____ Birthdate: _____

Name: _____ Relationship: _____ Birthdate: _____



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Size of Unit Requested: _____ (number of bedrooms)

How much rent are you prepared to pay? _____

Are you willing to pay Damage Deposit? _____

Type of Utilities Required: Electricity: Yes / No
Gas: Yes / No

Do you or your immediate family have any health problems which will affect your current or future housing needs?
Yes / No (Please circle one)

If yes, please give details of current health problem(s)

References Name:

Phone Number:

1) _____

1) _____

2) _____

2) _____

UNDERTAKINGS:

Have you ever applied for band housing? Yes / No (Please circle one)

Have you ever been a tenant with a band? Yes / No (Please circle one)

If Yes, to the above: Unit number _____ Year _____ Month _____

I understand that I will supply, upon request, income verification for each member of the proposed household unit, in the form of a letter from the relevant employers or T4 slips.

I herein agree that the Fort McKay First Nation may correspond directly with my employer concerning my income and terms of employment.

I also understand that I will sign the Fort McKay First Nation's Lease Agreement prior to moving in to any unit. I agree to pay all rent in accordance with the terms of my lease.

I further agree to sign a payroll deduction form, provide a void cheque for direct deposit or provide postdated cheques for the duration of any lease, at the sole discretion of the Fort McKay First Nation.



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In signing this application, I warrant that all information is true and correct.

Applicant's signature

Date

Spouse's Signature

Date

For Office Use Only:

Date: ____ / ____ / ____

Application Reviewed by: _____ (Housing Manager)

Application Status: _____

Proposed Allocation: _____

Date of Occupancy: _____