



## APPLICATION FOR TRANSFER

Please Note: To be considered for a transfer you cannot owe any money on your rent. You have to be consistent on making regular monthly rent payments as well as get your monthly rent subsidized regularly to.

Last Name :		Given Name:		Middle Name:	
Co-Applicant Last Name :		Given Name:		Middle Name:	
Current Physical Address:			E-mail address:		
Mailing Address		Town/City and Territory/Province		Postal Code	
Which community are you applying for housing:			Telephone and/or cell phone number:		
# of bedrooms applying for:		# of people in the household:		Are you currently employed:	
If yes, what is your occupation, where, how long:					
Name and Number of Supervisor:					

Please list all dependents that currently reside with you.

Name:	D.O.B	Relationship

Please explain why you are applying for a transfer: (use a separate sheet of paper if needed or back of page).

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**DECLARATION OF APPLICANT AND SPOUSE**

I/We hereby certify that the information contained herein is true to the best of my/our knowledge and belief. I/We have not concealed or omitted information needed to establish continuing eligibility for the Northwest Territories Housing Corporation’s Social Housing Programs.

In the event of this application be accepted, I/We agree to notify the administering Office immediately of any changes in my/our application, including any changes in residential address, marital status, employment, financial situations, family conditions and all such information which may affect my/our benefits received if accepted into one of the Northwest Territories Housing Corporation’s Social Housing Programs.

**AUTHORIZATION FOR INFORMATION**

I/We hereby authorize any person, agency or organization, including Federal/Provincial or Municipal Government Departments to release to the Yellowknives Dene First Nation – Housing Division, information required for the purpose of determining and verifying eligibility for social housing programs. Without restricting the generality of the foregoing, I/We understand this authorization may include requests for information pertaining to my/our marital status, employment, income assets and resources, credit records, medical or family conditions and benefits received under other programs.

I/We hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested. Further, that I/We authorize that all documents may be transmitted via public fax machines to and from the Northwest Territories Housing Corporation from time to time, at their discretion.

Dated at Ndilo. Yellowknife, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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WITNESS

\_\_\_\_\_  
APPLICANT

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CO-APPLICANT