



Yellowknives Dene First Nation

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HOUSING DIVISION DETTAH - NDILO PUBLIC HOUSING APPLICATION FOR ACCOMMODATIONS

**!!!!!!!!!!!!!!*PLEASE READ CAREFULLY*!!!!!!!!!!!!!!
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

The Yellowknives Dene First Nation Housing Division aim is to provide affordable housing to families of the YKDFN Band Membership and to educate and prepare tenants for home ownership and/or to be responsible tenants.

The NWT Housing Corporation public housing program is geared towards low income families. In order to be eligible for public housing your monthly gross household income cannot exceed the Rental Core Need Income Threshold of \$ 5617.00

If you're monthly gross household income exceeds the Homeownership Core Need Income Threshold of \$8,342 we suggest that you contact the NWT Housing Corporation for assistance in becoming a homeowner.

WHO MAY APPLY?

- Applicants must be a member of the Yellowknives Dene First Nation.
- Applicants must reside in Dettah, Ndilo or Yellowknife at least 6 months before their applications can be reviewed.
- Applicants must be 19 years of age or older.

WHO WILL NOT BE ACCEPTED?

- Anyone who owes rent or damages to YKDFN, another Housing Association or land lord.
- Anyone who has caused drugs & Alcohol related damages or disturbances.
- Anyone who has been evicted from YKDFN, another Housing Association or landlord.
- Anyone who gives false information on their application.
- Anyone who is a home/property owner.

RATING YOUR APPLICATION:

The Tenant Relations Officer will call your references to check your tenant history. Your application will be placed on the waiting list. The Housing Committee will review the application and will only allocate a Public Housing unit when one becomes available. Your application will be kept on file for six months after which time you will have to submit a new public housing application.

WAITING PERIOD FOR PUBLIC HOUSING:

There is a waiting list of 6 months/longer. Priority is given to people that are in need based on the size of family and the number of bedrooms that are required/current living situation required. When a unit is ready, the Tenant Relations Officer will call you.

WHAT CAN YOU DO TO HELP?

- Anyone who owes rent or damages to YKDFN, another Housing Association or land lord must set up a payment plan and be committed to clear the arrears.
- Call or come to the office, every 6 months to show you are still interested in housing and update your information if there are any changes.
- Make sure that you have given all the information that you can to help the TRO check where you have lived before.
- Make sure you fill out the application completely and do not leave anything out.

I understand that this application does not constitute an agreement on the part of the Yellowknives Dene First Nation or the Yellowknives Dene First Nation Housing Division to provide me with a public house unit.

I consent to the Yellowknives Dene First Nation Housing Division verifying the information provided by you in this application. This means that Yellowknives Dene First Nation Housing Division may call your family members, your employer(s), previous land lords, Department of Education, Culture and Employment employees or any other source to check the accuracy of the information provided. All information gathered by the Yellowknives Dene First Nation Housing Division is held strictly confidential.

I understand that if any information I have given is found to be not true, my application will be rejected.

I agree that I must advise the Yellowknives Dene First Nation of any changes in family size, gross income, employment or change of my address while my application is on the waiting list.

I understand that the Yellowknives Dene First Nation Housing Division may do a home visit to verify my current accommodation.

REQUIRED INFORMATION:

- **Application completed in full**
- **Provide copies of NWT Indian Status Cards (treaty) and signed Taxpayer Consent Form all my dependents over the age of 19yrs and self. I understand my application will not be approved without this information.**

PUBLIC HOUSING MAXIMUM RENTS:

<u>MONTHLY INCOME:</u>	<u>MONTHLY RENT:</u>
< \$ 1667	\$75
\$1667 - \$2499	\$150
\$2500 - \$3749	\$345
\$3750 - \$4999	\$580
\$5000 - \$6674	\$845
\$6675 - \$8333	\$1230
\$8334 - more	\$1545

Actual rent paid by tenants is based on income. Included in these Rents are: two water deliveries and sewage pump outs per week, one garbage pick-up per week, 78% Power bill subsidy and fuel.

Once accepted as a tenant, it is your responsibility to provide the Housing Division Office with your monthly income information so that we can assess your Rent.

- **Please note** \$900.00 Damage Deposit must be paid prior to moving in.
- \$300.00 must be paid to Northland Utilities for transfer of power to the tenants name (Ndilo)
- \$100.00 must be paid to the NWT Power Corporation for transfer of power to the tenants name (Dettah)
*Power Company's will not transfer if Applicants have arrears with them.

YOUR APPLICATION CANNOT BE REVIEWED IF IT IS INCOMPLETE

APPLICATION FOR ACCOMMODATIONS
(Print Clearly)

1. PERSONAL INFORMATION: APPLICANT

Last Name :	Given Name:	Middle Name:
Current Home Address:		
Mailing Address	Town/City and Territory/Province	Postal Code
E-mail address:		D.O.B
Telephone: Home	Cell:	Work:
Which community are you applying for housing:		Is there a particular unit you are interested in?
# of bedrooms applying for:	# of people in the household:	
Are you currently employed If yes, what is your occupation, where, how long: Circle: Permanent, Casual, Seasonal		
Monthly Gross Income (Circle: Employment, E.I, CCTB, Income Assistance, SFA)		
Name and Number of Supervisor:		
Male / Female	Marital Status: Single/ Married/ Common-law	
Date of Arrival in Community: If less than 6 mths, please provide address:		
SIN #	Do you have arrears with any Housing Organization? If yes, with who:	
Amount of Arrears:	Is there currently a payment plan in place?	
Will the Power Corp accept your application to open an account? Do you have any outstanding arrears with them?		
In the past have you ever received a grant/subsidy or housing program assistance from the NWT HC (Ex: Home Ownership, purchase or repair)		

CO-APPLICANT

Last Name :	Given Name:	Middle Name:	Male / Female
D.O.B		E-mail address:	
Are you currently employed If yes, what is your occupation where and how long: Circle: Permanent, Casual, Seasonal			
Monthly Gross Income (Circle: Employment, E.I, CCTB, Income Assistance, SFA) \$			
Name and Number of Supervisor:			
Telephone: Home	Cell:	Work:	

Date of Arrival in Community: If less than 6 mths, please provide address:	
SIN #	Do you have arrears with any Housing Organization? If yes, with who:
Amount of Arrears:	Is there currently a payment plan in place?
Will the Power Corp accept your application to open an account? Do you have any outstanding arrears with them?	
In the past have you ever received a grant/subsidy or housing program assistance from the NWTTC (Ex: Home Ownership, purchase or repair)	

How many occupants are living in present unit (total): Please put check mark (✓) beside name all of your dependents that will be moving in with you:

Name	D.O.B mm/dd/yyyy	Age	Relationship

Is anyone in the household sharing a room due to shortage of bedrooms? _____

How many bedrooms are you short of? _____

2. MANDATORY INFORMATION:

- a) Present Landlord: Name: _____
 Address: _____
 Phone#: _____
 # yrs at this residence: _____

Do you have a notice to vacate and if so, why? _____

- b) Previous Address (es) if applicable: List name of landlord, city/community, phone and # of years you lived there.

Name & Number	City/community	# of yrs

3. PRESENT LIVING CONDITIONS:

- a) I now live in: ___Apartment ___House ___Trailer ___Other
- b) How many bedrooms do you have in your present unit? _____
- c) My rent is presently \$_____/month
- d) Do you pay for fuel? _____, if yes, how much \$_____/month
- e) Do you pay for water? _____, if yes, how much \$ ____/month
- f) Do you pay for power? _____, if yes, how much \$ ____/month
- g) Do you pay for garbage? _____, if yes, how much \$ ____/ month
- h) Do you have any health of disability problems which we should be aware of: If yes, what is it?

i) Why are you applying for Public Housing, please explain current situation?



Yellowknives Dene First Nation



HOUSING DIVISION

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 NWT Housing Corporation's Public Housing Program.

In the event of this application be accepted, I/We agree to notify the Yellowknives Dene First Nation Housing Division 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 NWT Housing Corporation Public Housing Program.

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 the NWT Housing Corporation Public Housing Program. 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 or via email to and from the NWT Housing Corporation from time to time, at their discretion.

Dated at Ndilo, (Yellowknife),

This _____ day of _____ 20 _____

WITNESS

APPLICANT

CO-APPLICANT