

## SCHEDULE 2 – APPLICATION FOR HOUSING



SWAN RIVER FIRST NATION

Housing Application (Schedule 1)

P.O. Box 270

Kinuso, Alberta

T0G 1K0

Phone: (780) 775-3536      Fax: (780) 775-3796

### APPLICANT INFORMATION

<b>Name (First and Last):</b>	
<b>Age</b>	
<b>SRFN Treaty Number: (if applicable)</b>	
<b>Phone Number:</b>	
<b>Current Mailing Address:</b>	
<b>E-mail Address:</b>	
<b>How many years have you been on reserve?</b>	

## CURRENT HOUSING SITUATION

Please indicate the people who **currently** live with you:

Name (First and Last)	Age	Relationship to Applicant	SRFN Treaty Number (if applicable)	For non SRFN Members: Status or Non- Status	Is the person an Elder? (yes or No)	Does the person have any mental or physical disabilities? (yes or no)

Where do you currently live?	
How many bedrooms are in your current home?	

Please describe how your current home does not meet the needs of the individuals living there in terms of suitability (i.e. issues with mold, overcrowding, accessibility):

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## HOUSING REQUEST

Please indicate the people who **will be** living with you in the allocated home if they are not the same people listed above that currently live with you.

Name (First and Last)	Age	Relationship to Applicant	SRFN Treaty Number (if applicable)	For non SRFN Members: Status or Non-Status	Is the person an Elder? (yes or No)	Does the person have any mental or physical disabilities? (yes or no)

Are any of the occupants married or in common law relationships (for the purposes of the Matrimonial Real Property Act)?

- Yes
- No

How long have you been in a relationship with your significant other? \_\_\_\_\_

Do you or any household members need an accessible home to accommodate mobility challenges?

- Yes
- No

Do you have a preferred location for a home in the community (not guaranteed upon request)?

- Yes – please specify: \_\_\_\_\_
- No

Have you previously had a band house allocated to you?

- Yes – When?: \_\_\_\_\_
- No

Are any of the people who will living with you also on another housing application?

If yes; list the names: \_\_\_\_\_

Which housing option do you prefer?

- A newly built home in the community
- An existing home in the community
- No preference

## TERMS AND CONDITIONS

Applicants must submit an updated copy of this application if their circumstances change before being allocated a housing unit.

By submitting an application, the applicant is not guaranteed to be allocated a housing unit.

The Housing and Infrastructure Director may request verification of any factor of this application.

Please refer to Section 6.2 in the Housing Policy to review the housing allocation process.

Upon allocation of a home, the applicant will be required to complete a Householder Agreement which outlines the conditions of the provision of the housing unit and the responsibilities of the Householder and occupants.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

**Application received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Number of years the applicant has been on the housing wait list:** \_\_\_\_\_