



RENTAL HOUSING APPLICATION FORM

****IMPORTANT****

Please ensure all information and documentation are included when submitting your package to the Tenant Relations Officer. **ONLY** completed applications will be submitted to the KDFN Housing Allocation Committee for review.

If you need assistance in completing your application contact **Community Services**

ELIGIBILITY

To qualify for Kwänlin Dün First Nation affordable housing program, you must be:

- 18 years of age or older and a Kwänlin Dün First Nation citizen
- The primary caregiver/guardian of a child that is a citizen of Kwänlin Dün
- Have no outstanding rental arrears with the Kwänlin Dün Rental Housing Program or has enter into a repayment planed that shows 6 months of consecutive payments of 25% of the total amount arrears owing.

PLEASE NOTE: It is the responsibility of the applicant to keep their housing application up to date. Please contact KDFN Community Services to update your yearly Notice of Assessment, contact information, and if your living arrangements have changed.

CHECKLIST

An application is completed when all information is provided and boxes are checked below

PHOTO IDENTIFICATION

- Copy of Photo Identification for Applicant(s) and Occupant(s) over 18 years of age
- Copy of Government identification (birth certificate/healthcare/status card) for household members under 18 years of age

WRITTEN REFERENCE

- Written landlord rental reference and/or character reference from employer or professional worker. References from family member or friends will not be accepted.

INCOME VERIFICATION

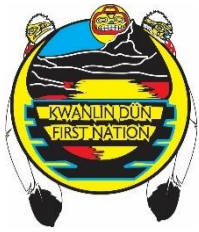
- Proof of Income for all household members over the age of 18 years; paystubs, S/A statement, or Employment Insurance statement
- Current tax year** - copy of Canada Revenue Agency **Notice of Assessment** for all persons 18 years and older

SUBMIT YOUR APPLICATION

In person: 77 McClennan Road, McIntyre Subdivision

By Email: Community.Service@kdfn.net

OFFICE USE		TRO/TRO-A ONLY	
	Date	Received by	
Completed application submitted:			
Application expiry:			
Allocation Results			
HAC allocated rental on:		KDFN Rental Address:	
<input type="checkbox"/> Applicant accepted	<input type="checkbox"/> Applicant denied		
Put on six month waiting list until:			



PERSONAL INFORMATION:

Applicant	Co-Applicant (complete if KDFN citizen)
Last Name:	Last Name:
First Name:	First Name:
Middle Name:	Middle Name:
Mailing Address:	Mailing Address:
First Nation Status Number:	First Nation Status Number:
Name of First Nation:	Name of First Nation:
Date of Birth: (MM/DD/YYYY)	Date of Birth: (MM/DD/YYYY)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number:	Relationship to Applicant:
Email address:	Phone Number:
Emergency Contact Name & Number:	Email address:
	Emergency Contact Name & Number:

HOUSEHOLD MEMBERS: Provide the following information for each household member that will be living in the KDFN rental unit.

First & Last Name	Date of Birth MM/DD/YYYY	First Nation Citizenship?	Relationship to Applicant (i.e., Child, grandchild, other family member)

****Applicants may be required to provide documentation of custody/guardianship arrangements that are relevant to housing requirements****

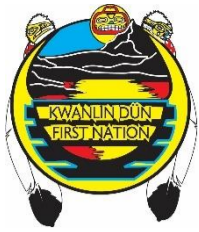
Do you expect the number of people living with you to change in the next 12 months?

Yes No

If yes, provide explanation: _____

Household Pet(s): # of Dog(s) _____ # of Cat(s) _____ Other: _____

Household pets must be licensed with City of Whitehorse and spayed/neutered

**KWANLIN DÜN FIRST NATION****Department of Community Services**

77 McClennan Road, Whitehorse, Yukon Y1A 5A5

Tel: (867) 633-7833 ext. 401 Fax: (867) 633-7848

Community.Service@kdfn.net

Application # _____

NEW APPLICATION**FINANCIAL INFORMATION:**

Provide your currently monthly income per source	Applicant	Co-Applicant (complete if KDFN citizen)
Wage / Salary	\$	\$
Self-Employment	\$	\$
Employment Insurance (EI)	\$	\$
Social Assistance	\$	\$
Worker's Compensation	\$	\$
Disability Allowance	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Child Tax Benefit	\$	\$
Pensions – OAS/ CPP	\$	\$
Student Assistance	\$	\$

Do any other household members earn an income? Yes No

If yes, please provide following information

Household Members Name: _____ Monthly income: _____

Household Members Name: _____ Monthly income: _____

Household Members Name: _____ Monthly income: _____

Source of income:

- Employed/Self-employed Employment Insurance Student Assistance
 Social Assistance Pension- OAS/ CPP Other:

Do you own Real Estate in the Yukon? Yes No

If yes, property location: _____

ACCOMODATION INFORMATION

Where are you currently residing?

- Emergency Shelter Hotel, hostel, campground Relative's home
 Friend's House Apartment/Townhouse House
 Trailer Cabin with no power or plumbing Other:

If you are residing at a shelter, hotel, hostel, campground, or other please submit the Third-Party Verification Form

Are you currently renting? Yes No If yes, please provide following information

Name of Landlord/Friend/Relative/Other: _____

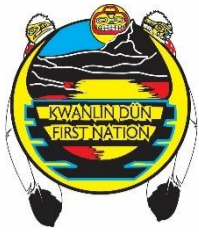
Phone or Email: _____

Rental Address: _____

Monthly Rent: \$_____ Electricity: \$_____ Heat: \$_____ # of bedrooms: _____

Are you sharing the current rental? If yes, provide number of individuals

Adults: _____ Children: _____



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NEW APPLICATION

Is there anything else you would like to share about your current accommodation?

REASON FOR MOVING:

Have you been served an eviction notice by your current landlord/friend/relative to vacate their home/property? Yes No

If yes, please provide reason? _____

When was the last day of tenancy? _____

Do you or any household members require special housing needs (disability/health)? If yes, please explain and have the **Third-Party Verification Form completed (attached)**.

Have you or any other household members and/or co-applicant resided in Kwänlin Dün rental unit before? Yes No If yes, please provide individuals name and rental address: _____

Please provide reason to why you no longer reside in KDFN housing?

Are you in good standing with the utility companies (electrical, heating fuel) Yes No

SECURITY DEPOSIT

A security deposit in the amount of one month's rent will be required before moving into the rental unit. This fee stays in a trust account and will be returned to you when you move out so long as you have left the unit clean, undamaged and your rent is paid to date.

Do you have the required \$ 450.00 deposit due at the time of signing the tenancy agreement? Yes No

OFFICIAL DECLARATION & PERMISSION FOR VERIFICATION OF INFORMATION:

I/ We understand that all the information provided herein is held in strict confidence and will only be used for the purpose of the Kwänlin Dün First Nation Rental Housing Program.

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

I/ We understand that it is my/our responsibility to ensure this application is kept updated should my/our contact information change.

I/ We hereby authorize Tenant Relations Officer to obtain any information required concerning the above statements and application hereon.

APPLICANT'S SIGNATURE

DATE

Co-Applicant SIGNATURE *(Sign if KDFN Citizen)*

DATE



Third Party Verification Form

The purpose of this section is to collect specific information from a **third-party** who can verify a person's current housing situation or health condition. A third-party verifier must be familiar with the person's current housing circumstances and cannot be the person's private market landlord or a relative/friend of the applicant. A third-party verifier is a recognized, practicing professional associated with an agency or organization. Below is a list of acceptable third-party verifiers:

- Social Worker or Social Service Case Manager
- Yukon Government Victim Service Worker
- Police Officer
- Other social service provider in the field of homeless prevention/intervention

Step 1: To be completed by the applicant

I, _____, am seeking special consideration for my application for housing because myself and/or a member of my household is: *(Please check all that apply)*

- Homeless;
- Fleeing violence and/or abuse;
- Living with a severe, chronic or acute medical health condition and/or a prolonged disability that requires care and/or support that is not available in their present residential location or community.
- Mobility Disability – permanent household modification to meet daily accessibility

I consent that the person named below is permitted to provide personal information to Kwänlin Dün Housing Allocation Committee and Kwänlin Dün Community Services in support of my application for priority housing.

Applicant's Signature: _____ Date: _____

Third-party Verifier's Name: _____

Third-Party Verifier's Organization: _____ Phone #: _____

STEP 2: To be completed by the third-party verifier

The Applicant is known to me and I am qualified to be a third-party verifier for this applicant. Yes No

HOMELESS

Ending homelessness means people must stay housed, and maintaining housing requires life skills. From house cleaning, cooking & home maintenance, to self-esteem, emotional control & conflict resolution, the range of life skills necessary to achieve housing stability is complex. Without the skills necessary to stay housed, many people find it difficult to manage basic life needs, and can end up disengaged from their community.

Would the applicant benefit from further support in?

- financial management
- family management
- health and wellness (including substance abuse and mental health)
- self-management (including employment readiness)
- social skills (such as communication and conflict resolution)
- Other: _____



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Will the applicant have supports to encourage a successful transition into independent housing? Yes No

If yes, list support person(s), agency, and contact information.

Is there a reintegration plan? Yes No Please provide details of reintegration plan or reason to why a plan hasn't been prepared.

VICTIMS OF VIOLENCE

Violence includes one or more incidents of deliberate behavior in a close relationship in which one person chooses to dominate, control or harm another through physical or sexual force, actual or threatened, including emotional, and/or financial abuse which leads an individual to fear for her or his safety, or the safety of a family member.

Is the applicant and/or household member in immediate need for housing because their safety is in jeopardy from an abuser with whom they currently live with? Yes No

If no, how long have they lived apart and what is the current housing situation?

Is there a safety plan in place to relocate the applicant and household members if allocated/assigned a KDFN rental? Yes No

Abusers Name: _____

Are there conditions in place that this individual must follow? Yes No

If yes, please describe: _____

What is the safest way of contacting the applicant if we have further questions?

In your opinion would the applicant benefit from further support in:

- financial management
- family management
- health and wellness (including substance abuse and mental health)
- self-management (including employment readiness)
- social skills (such as communication and conflict resolution)
- Other: _____

HEALTH CONDITION AND/OR DISABILITY

Are you a health care provider that can indicate that there is a medical condition of sufficient severity to warrant special consideration? Yes No

If no, please have applicant visit their local health center or health provider.

Name of applicant and/or household member living with mobility issue and/or severe chronic or acute medical/health problems: _____



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What is the nature of mobility issue & medical health problems?

Can the applicant walk without assistance? Yes No

Will the applicant or household member need specific safety devices?

- wheelchair accessible housing**
- exterior ramp**
- hand railing and/or washroom support railing/bars**
- other** _____

Can the applicant ascend/descend stairs without assistance? Yes No

If yes, can they manage:

- 5 stairs** **10 stairs** **20 stairs** **more**

Third-Party Verifier’s Statement (*Complete and sign the following statement*)

I am not a relative or current landlord of the applicant. I declare that, to the best of my knowledge, the information I have provided on this form is accurate and complete.

Print Name

Signature

Date

Third-Party Verifier USE ONLY

Is there additional information that needs to be shared?

