NANEGKAM HOUSING CORPORATION
HOUSING APPLICATION

Name: _____

Address: _____

Telephone: _____ **Home:** _____ **Work:** _____

Date of Birth: _____ **SIN (optional):** _____

Currently a member of the Native Council of PEI: ☐ **YES or** ☐ **NO**

If no please provide:

Native Ancestry: _____ **Non-Native with Native child:** _____

If yes, is the Native child currently living in Nanegkam Housing? ☐ **YES or** ☐ **NO**

****MUST PROVIDE PROOF OF ANCESTRY WHEN SUBMITTING APPLICATION****

Previous Landlord:(Name, Address, Telephone)

1.		
2.		
3.		

Please list *ALL* other people that will be living with you full time and part-time:

Name	Date of Birth	Relationship to Applicant	Male/Female	If children do they live with you full or part time

****MUST PROVIDE CUSTODY AGREEMENTS OR ANY OTHER LEGAL DOCUMENTATION FOR CUSTODY AND VISITATION RIGHTS****

How much notice must you give before moving?

☐ One Month ☐ Two Months ☐ Other

Present home is:

☐ One bedroom ☐ Two bedrooms ☐ Three bedrooms ☐ Other

Looking for:

☐ One bedroom ☐ Two bedrooms ☐ Three bedrooms ☐ Other

Preferred Location: Charlottetown and Area or Summerside

Work History:

Occupation	Name of Employer	Employer Phone	Employment Duration

Is your employment: ☐ Seasonal ☐ Part-time ☐ Full-time ☐ Other

ALL Financial Information of Household Occupants:

	Applicant	Co-Applicant	Other Occupants
Gross monthly income before deductions			
Disability Pension			
Other Pensions			
Social Assistance			
Spousal and/or Child Support			
Employment Insurance (EI) Benefits			
Other			
Total			

****YOU WILL BE REQUIREEDPROVIDE INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (PRINTOUT FROM REVENUE CANADA, PAY STUBS, ETC WHEN SUBMITTING APPLICATION****

Present Living Conditions:

_____

_____

Anything you would like the Board to consider when reviewing your application:

_____

_____

Is Baby expected? ☐ No ☐ Yes If yes, when? _____

My rent is presently **$** _____ per month.

Is heat extra? _____ If so, how much per month? **$** _____

Is hydro extra? _____ If so, how much per month? **$** _____

Is water extra? _____ If so, how much per month? **$** _____

Any Arrears? If so how much? _____

Do you have any health problems that are making you move? (If yes, please attach a doctor's letter with your application)

_____

Next of Kin or contact name in case of emergency:

_____

How long have you lived on PEI? _____

Have you ever applied to a non-profit housing society before? ☐ Yes ☐ No

If yes, where? _____ When? _____ Dates: _____

Do you own a pet? ☐ Yes ☐ No What kind? _____

Do you own a vehicle? ☐ Yes ☐ No What make & model? _____

Declaration (Please READ carefully)

I/We declare that the information contained on this form is true and correct and I/We hereby authorize Nanegkam Housing Corporation to use this application, to make such enquiries about my credit status as they see fit in order to process the application. I understand that my application may not be approved if I am selected for an apartment/duplex/townhouse and have any pets as they are not permitted in multi-unit buildings. Failure to comply can lead to termination of your lease. If I am selected for tenancy, I pledge to uphold the society's policies and be held responsible in keeping the property in good livable condition and I/We will be held responsible for any damage done to the property. I understand that I will sign a lease before I move into a unit. I understand that I will supply income verification for each member of the household who receives an income (printout of income from Revenue Canada, letter from employer, pay/EI stubs, etc.). I/We will also provide proof that I/We have custody of our child/children or a support letter to show their arrangement (full time or part time or weekends). I understand that I must pay a security deposit of $500.00 to Nanegkam Housing Corporation before I move into a unit. There is an option for a payment plan for the damage deposit of $200.00 upon move in and an additional $100.00 each month for the following three months.

PLEASE BE ADVISED THAT THIS APPLICATION MUST BE RENEWED SIX MONTHS FROM DATE RECEIVED TO BE CONSIDERED BY TENANT SELECTION COMMITTEE

ALL SECTIONS OF THE APPLICATION MUST BE FILLED OUT INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Signature of Applicant: _____ **Date:** _____

Signature of Co-applicant: _____ **Date:** _____

(Note: If space is not adequate for your response, please attach a piece of paper to your application)

OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: ☐ MAIL ☐ FAX ☐ IN OFFICE ☐ OTHER

PROOF OF ANCESTRY: ☐ YES ☐ NO

PROOF OF CUSTODY: ☐ YES ☐ NO

IS APPLICANT A MEMBER OF THE NATIVE COUNCIL OF PEI? YES ☐ NO ☐

Please submit your application using one of the following methods:

Email: rgi@ncpei.com

Fax: 902-368-7464

Mail: Native Council of PEI, 6 FJ McAulay Court, Charlottetown, PE C1A 9M7