



KWANLIN DÜN FIRST NATION
Department of Community Services
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RENTAL HOUSING APPLICATION FORM

PURPOSE OF THIS APPLICATION FORM

The purpose of the application form is to collect specific information from applicants (person filling out the form) seeking housing from the Kwänlin Dün Housing Rental Program. The Kwänlin Dün First Nation Housing Allocation Committee will use this information to determine each applicant's need for housing based on criteria include the applicant's income, current living situation and personal and family requirements. This ensures that priority is given to applicants in greatest need.

ELIGIBILITY

To qualify for affordable housing, you must:

1. Be a Kwänlin Dün First Nation citizen; or
2. Be the primary caregiver/guardian of minor Kwänlin Dün citizen; and
3. Be 18 years of age or older; and
4. Have no outstanding rental arrears with the Kwänlin Dün Rental Housing Program.

WHO IS NOT ELIGIBLE

1. If you own your own home or if you own a home but do not live in it
2. If you owe monies to the Kwänlin Dün First Nation and have not entered into a repayment plan

WHAT IS A SUPPORT LETTER?

The Kwänlin Dün First Nation Housing Allocation Committee will be giving additional consideration to applicants who are:

1. Homeless;
2. Fleeing domestic violence or abuse; or
3. Suffering from a medical health condition that is severe, chronic, acute, or affects mobility, for example

The Support Letter provides specific information from a **third party**, such as a health professional, social worker, counsellor, victim services worker or transition home director, who can verify the applicant's current housing and personal situation and the specific housing needs they require.

NATIONAL OCCUPANCY STANDARDS

Due to the limited supply of affordable housing, the following standards are applied to ensure applicants are placed, wherever possible, in a unit with the correct number of bedrooms to suit their needs.

1. No more than two and no less than one person per bedroom
2. Couples and spouses share a bedroom
3. Parents do not share a bedroom with their children
4. Dependents aged 18 or older do not share a bedroom
5. Dependents of the opposite gender age five and older do not share a bedroom

TENANCY INSURANCE

All tenants are expected to purchase *tenancy insurance* to protect your own interests as a tenant. Mother Nature or other persons with little regard for your property could prove to be the source of your problems later. The typical coverage you want will include the following:

1. Damage to personal property from fire, wind or flooding;
2. Theft;
3. Personal liability in the event you are sued over accidental injury to others who are in your unit;
4. Accidental damage to property of others in your care
5. Living expenses if you are forced to live elsewhere while your unit is being repaired

Date Received: _____

TRO Initials: _____

AIS Application # _____

NEW APPLICANTS

Application Form Check List

The application will not be processed without the following documentation attached:

1. PHOTO IDENTIFICATION

Copy of Photo Identification for Applicant(s) and Occupant(s)

2. WRITTEN REFERENCE

Applicant (s) written landlord and/or employment/character references

3. INCOME VERIFICATION

Proof of Income from all household members over the age of 18 years; and

Current copy of Canada Revenue Agency **Notice of Assessment** for all applicants/ individuals over 18 years of age
Applicant(s) Occupant(s)

PLEASE NOTE: It is your responsibility to update your contact information or when any changes occur, such as family composition, contact information, household income, etc.

APPLICATION PROCESS:

Submit your application to the Tenant Relations staff at Community Services office, located at 77 McClellan Road, McIntyre Subdivision.

You are required to schedule an appointment with the Tenant Relations Officer to review your application once it is completed. The Tenant Relations Officer will review the application with you and discuss your current housing situation.

Your application will be forwarded to the Housing Allocation Committee and you will be notified of the decision in the form of a letter within five business days after the committee meeting. All active/eligible applications on the waiting list will be kept on file for a **one-year period** from the date of receipt.

If you for some reason refuse a unit allocated to you, you will be placed on a minimum of six-month waiting period. If you refuse a second time, your application will be cancelled and noted in your file.

Office Use Only:

Date of HAC meeting: _____

Points awarded: _____

Unit offered: _____

Accepted offer on this date: _____

Declined offer on this date: _____

Placed on six month waiting list until: _____

Application expiry date: _____

PERSONAL INFORMATION: Please print or check the appropriate answers

APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Last Name:	Jacob	Last Name:	
First Name:	John	First Name:	
Middle Name:		Middle Name:	
First Nation Status Number:	000 - 000 - 000	First Nation Status Number:	
Name of First Nation:	Kwanlin Dun	Name of First Nation:	
Date of Birth:	March 12, 1985	Date of Birth:	
Social Insurance Number (SIN):	000 - 000 - 000	Social Insurance Number (SIN):	
Gender:	Male <input checked="" type="checkbox"/> Female ()	Gender:	Male () Female ()
Senior:	Yes () No <input checked="" type="checkbox"/>	Senior:	Yes () No ()
Disabled:	Yes <input checked="" type="checkbox"/> No ()	Disabled:	Yes () No ()
Marital Status:		Marital Status:	
Single () Married () Common-law <input checked="" type="checkbox"/>		Single () Married () Common-law ()	
Current Street Address:	River View Hotel	Current Street Address:	
Mailing Address:	P.O. Box 123 Whitehorse, YT	Mailing Address: (if different from applicant)	
Home Phone:		Home Phone:	
Alternate Phone Number:	000-000-0000	Alternate Phone Number:	
Email Address:		Email Address:	
How long have you resided in the Yukon?	My entire life	How long have you lived in the Yukon?	

ADDITIONAL HOUSEHOLD MEMBERS:

List all the individuals who reside with you and will require housing accommodation

First & Last Name	Date of Birth	FN Status #	Relationship (to Applicant)
Jane Johnson	Oct 11, 1985	Non-FN	Common-law
Jake Johnson	Aug 14, 2016	000-000-000	Son

Do all the individuals listed above live with you full time right now?

 YES NO

Date Received:

TRO Initials: _____

ALS Application # _____

NEW APPLICANTS

IF NO, please provide the name of the person(s) and number of days per week they live with you. (Provide legal documentation)

First & Last Name	# days per week	Shared Custody Yes / No	If not shared custody, why are they not living with you full time?

Do you expect the number of people living with you to change in the next 12 months? (ie. pregnancy; family members joining or leaving; child in care; etc.)
 YES NO

IF YES, please explain and provide expected date of household size to change.

June 16, 2020 baby expected

HOUSEHOLD PETS:

Type of Pet	Neutered / spay? (yes or no)	Licensed? (yes or no)
Dog	Yes	Yes

FINANCIAL INFORMATION:

Please provide the following information for each applicant and additional household members who receive income.

Provide your currently monthly income per source	Applicant	Co-Applicant
Employment Income	\$ 1100.00	\$
Self-Employment	\$	\$
Employment Insurance (EI)	\$	\$
Social Assistance	\$	\$
Worker's Compensation	\$	\$
Disability Allowance	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Child Tax Benefit	\$ 350.00	\$
Pensions – OAS/CPP	\$	\$
Student Assistance	\$	\$

Do any other household members earn income? Yes (<input checked="" type="checkbox"/>) No (<input type="checkbox"/>)	If yes, Name: <u>Jane Johnson</u> Total monthly income: \$ <u>800.00</u> Source of income: <u>Social Assistance</u>
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CURRENT HOUSEHOLD INFORMATION:

Do you or your partner own Real Estate in Canada? Yes No

Do you currently reside in housing you rent? Yes No (if No provide reason below)

Staying with Family Shelter Homeless

Other Staying at the Riverview Hotel

How many bedrooms does your current residence have? Only 2 beds

REASON FOR MOVING:

Have you been served an eviction notice by your current landlord? Yes No

If yes, why are you being evicted? All guest are being evicted for summer

When is the last day of tenancy? May 1, 2020

<< OR >>

Overcrowded <input checked="" type="checkbox"/>	Unaffordable _____
Location (no transportation/relocation) _____	Change in Health <input checked="" type="checkbox"/>
Poor Maintenance (Heat, light, despair) <input checked="" type="checkbox"/>	Problem Landlord _____
No Facilities (kitchen, bathroom, laundry) <input checked="" type="checkbox"/>	Bedbugs, or other pests <input checked="" type="checkbox"/>
Unsafe Environment (illegal behavior/drugs) <input checked="" type="checkbox"/>	Break Down in Relationship _____

Are there any family members who require special housing needs (disability/health)? If yes, please explain:
Yes, I will need a home with no stairs. Past leg injury unable to climb stairs on daily bases.

REFERENCE INFORMATION: Include a written rental reference from your current or most recent landlord, including their contact information

Have you resided in Kwänlin Dün First Nation rental unit before? Yes No

Unit Address: 50 Hanna Crescent.

Do you have any outstanding rental arrears with KDFN Yes No

If Yes, are you/we on a repayment agreement \$ _____ per monthly payments

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

APPLICANT	CO-APPLICANT
John Jacob	

Date Received:

TRO Initials: _____

AIS Application # _____

NEW APPLICANTS

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:

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

// We understand that it is my/our responsibility to ensure this application is kept updated should I/We change address or phone numbers. Failure to update this application at least once every 12 months will result in your application be put on the inactive list.

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

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

John Jacob

APPLICANT'S SIGNATURE

FEB 28, 2020

DATE

CO-APPLICANT'S SIGNATURE

DATE

Third Party Verification Form

The purpose of this section is to collect specific information from a *third-party* who can verify an applicant's current housing situation or health condition.

Who can be a third-party verifier?

A third-party verifier must be familiar with the applicant's current housing circumstances and cannot be the applicant's private market landlord or a relative of the applicant. Below is a partial list of accepted third-party verifiers.

Homeless	Domestic Violence or Abuse	Health Condition
Shelter or Outreach Worker	Transition House Worker	Health care professional
Health care professional	Police Officer	Case Worker
Police Officer	Social Worker	Social Worker
	Victim Services	

Please note:

The Kwälin Dün First Nation does not reimburse third-party verifiers for completing this form. Applicant who meets this criterion may wish to have this form completed by someone who can verify their situation. The person who fills out this form is called a "third-party verifier".

STEP 1

The **applicant completes and signs Part One**. This provides authorization for the third-party verifier to complete the form.

STEP 2

Forward this form to the third-party individual you have chosen to verify your current living circumstances. If you wish to have more than one person provide information, you must have each person complete a separate form.

PART ONE – to be completed by the applicant

1. John Jacob _____ am seeking special consideration of my application for housing because a member of my household:

Please check all that apply to your currently living situation:

Is homeless

Is fleeing domestic violence or abuse

Serious health condition and/or disability

I consent to the person named below (my third-party verifier) providing information to Kwälin Dün Housing Allocation Committee in support of my request for special consideration due to the circumstances indicated above.

Applicant's Signature: John Jacob _____ Date: February 2020

Third-party Verifier's Name: Jamie Scott _____

Organization: Whitehorse Emergency _____

Date Received:

TRO Initials: _____

ALS Application # _____

NEW APPLICANTS

Part Two – to be completed by the *third-party verifier*

Third-Party Verifier Information:

The applicant named in Part One has applied for housing that consists of unfurnished units in which tenants must be able to live and maintain a successful tenancy, either independently or with minimal support services that can be provided by community agencies.

The applicant is seeking special consideration for housing based on their current circumstances. The purpose of this form is to collect pertinent information from a person who can verify the applicant's circumstances.

HOMELESS

When did the applicant last have stable housing?

John use to live in Yukon Housing in 2019. John has recently move back to the Yukon. Stable housing in Alberta 2019.
Please describe the barriers the applicant faces in their search for stable housing?

John and his partner can't afford market rentals due to low-income.

DOMESTIC VIOLENCE OR ABUSE

Who is experiencing the domestic violence / abuse?

Who is the abuser?

What is their relationship?

If the abuse pertains to children, have the appropriate authorities been contracted regarding the report of child abuse? Yes No

Is the applicant still residing with the abuser? Yes No

IF no, how long have they lived apart?

HEALTH CONDITION AND/OR DISABILITY

Who is the household member?

John Jacob

NEW APPLICANTS

What is the disability or health condition?

Limited mobility due to past leg injury in 2016. Sena is visiting our outreach nurse for PTs on rebuilding strength.

How long is it expected to continue?

Sena will live with this discomfort all his life.

Does the applicant need to be near a specific facility to receive ongoing medical treatment? _____ Yes No

At what location is the medical treatment provided? _____

How frequently do they need to access the treatment? _____

Are there any other factors with regard to the applicant's health or disability that should be taken into consideration? _____ Yes _____ No

If yes, please explain:

Please describe any special requirements or features that the applicant may need in their housing?

- Stair free home
- Bathroom bars

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

I am not a relative or landlord of the applicant and I have known him/her in my capacity as a Social Worker for 1 days/months/years.

I declare that, to the best of my knowledge, the information I have provided on this form is accurate and complete.

I will assist by providing further information in order that the applicant's request for special consideration for housing can be reviewed.

Janie Scott
Name (please print)

[Signature]
Signature

000-000-0000
Telephone Number

Whitehorse Emergency
Agency

