



# Sq'ewqel (Seabird Island) Rental Housing Application

Please ensure all parts of the application are completed in full.

*\* Mandatory Fields Required*

Applications should be emailed to [housing@seabirdisland.ca](mailto:housing@seabirdisland.ca) or dropped off with the Receptionist at the Band Office.

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

Applicants Name: \_\_\_\_\_ Status #\* \_\_\_\_\_

Birth-date\*: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Current Address\*: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Current Living Arrangements: \_\_\_\_\_

Marital Status: please check applicable

Couple with Children

Single with Children

Married with Children

Single Adult

Over 65

Special Needs

List all who will be living with you\*:

Name\*: \_\_\_\_\_ Status #\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name\*: \_\_\_\_\_ Status #\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name\*: \_\_\_\_\_ Status #\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name\*: \_\_\_\_\_ Status #\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Name\*: \_\_\_\_\_ Status #\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth-date: \_\_\_\_\_

**Office Use Only**

Received by: \_\_\_\_\_

Applications # \_\_\_\_\_

Date Received: \_\_\_\_\_



**FINANCIAL INFORMATION:**

<b>Monthly Income*</b>	Applicant	Co-Applicant	Other Adults
Employment	_____	_____	_____
EI	_____	_____	_____
Student / Band Sponsor	_____	_____	_____
Other (pension)	_____	_____	_____
Income Assistance	_____	_____	_____
<b>Total Income</b>	_____	_____	_____
<b>Expenses</b>			
Present Rent	_____	_____	_____
Hydro, Gas, Cable	_____	_____	_____
	_____	_____	_____
Cell, Car Insurance, Loans	_____	_____	_____
	_____	_____	_____
<b>Total Expenses</b>	_____	_____	_____
<b>Income minus Expenses</b>	_____	_____	_____

Do you or your spouse own property and / or a house(s) anywhere?  Yes  No

If yes, list address: \_\_\_\_\_  
\_\_\_\_\_

Current Landlord\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_ How Long?\*: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long?: \_\_\_\_\_

Have you previously rented from the Band? \*\*  No  Yes If yes, when?: \_\_\_\_\_



**Three (3) References Required**

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Applicant**

**Present Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Full-time       Part Time       Temporary       Other: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Full-time       Part Time       Temporary       Other: \_\_\_\_\_

**Co-Applicant**

**Present Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Full-time       Part-Time       Temporary       Other: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Full-time       Part-Time       Temporary       Other: \_\_\_\_\_

**Type of house you are applying for:** please check all that apply

Individual Home Loan (you want to purchase / build your own home) \_\_\_\_\_

Rental: (please check the one that applies)

1 bedroom

2 bedrooms

3 bedrooms

Do you need 30 days notice to move?\*

Yes

No

Are a person with a disability?

Yes

No

If yes, please specify the requirement for housing: (eg. wheelchair ramp, rancher style home,...)

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

I / We also authorize Seabird Island Band to make inquiries necessary to process this application.

I / We understand that accommodation availability it subject to placement on a waiting list

I / We understand **Seabird Island Band does not provide emergency shelter of any sort**. A new application must be submitted ANNUALLY between Nov 15 – Dec. 31 at 1pm to maintain your position on the housing waiting list. (Housing Policy 2.5) If the application is not received by Dec 31 at 1pm, your name will be removed from the waiting list.

1. 3 References are provided in this application  Yes  No

2. I / We have read and understand the Housing Policy  Yes  No

Please refer specifically to the criteria as laid out in the selection process. *Available on the SI Website.*

\_\_\_\_\_  
*Applicant Name (print)*

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

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

\_\_\_\_\_  
*Co-Applicant Name (print)*

\_\_\_\_\_  
*Co-Applicant Signature\**

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