

NOTE TO ALL HOUSING APPLICANTS

In order to qualify for a unit from the Dakota Ojibway First Nations Housing Authority, applicants must:

1. Be of Aboriginal descent, includes: Métis, Inuit, Status and Non-Status
2. Have dependent children living in the home.
3. Have an income on or below the stated allowed maximum amount (see table below)
4. Submit a rental reference from current Landlord (two if less than 1 year)
5. Legal Guardian papers (if applicable)

2 Bedroom Unit	3 Bedroom Unit	4 Bedroom Unit
31,500.00 Annually	\$39,500.00 Annually	\$46,500.00 Annually

After you have submitted your application and are qualified to be on our waiting list, you are responsible for the following:

1. Informing us of any changes in your family situation.
2. Providing proof of income.
3. Informing us of any changes in your address or phone number.
4. Remain in contact with us at least every six months to inform us that you are still interested in a house.

YOU ARE REQUIRED TO UPDATE YOUR APPLICATION EVERY SIX MONTHS, IF YOU FAIL TO UPDATE YOUR APPLICATION WILL BE REMOVED FROM OUR WAITING LIST.

PLEASE KEEP THIS SHEET

CONTACT INFORMATION

DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY INC.
100-11 ARDEN AVENUE, WINNIPEG MB R2M 2J7
PHONE: (204) 254-1502/254-3207 FAX: (204) 257-7170

Present Accommodations (If less than two years please provide past Landlord)

How many bedrooms? _____ How much is the rent? _____

What utilities are included? _____ How many years/months? _____

Landlord's Name: _____ Phone Number: _____

Are you currently being evicted? _____ If yes, state why _____

Past Accommodations

How many bedrooms? _____ How much is the rent? _____

What utilities are included? _____ How many years/months? _____

Landlord's Name: _____ Phone Number: _____

Did you receive your damage deposit? _____ If no, state why: _____

Were you evicted? _____ If yes, state why: _____

Next of Kin: _____ Relationship: _____ Phone: _____

References:

(Prefer **former landlords** or character references –**Relatives and friends will not be considered**)

Name of Reference	Phone Number	Address of rented premises	Dates

Declaration: I/We understand that I / we will sign a lease with the Dakota Ojibway First Nations Housing Authority Inc. and provide all income verification information and security (damage) deposit prior to moving into a unit.

Consent: I/We authorize Dakota Ojibway First Nations Housing Authority to obtain such factual and investigative information regarding me as it deems necessary for its purpose and consent to it making inquiries to others.

Applicant Signature(s) _____ Date: _____

_____ Date: _____

APPLICANT QUESTIONNAIRE
Please fill out and submit with your application

YES	NO	
		Have you ever rented before?
		Have you lived in a city before?
		Are you prepared to live in a side by side duplex?
		Are you prepared to look after a yard? (i.e.: mowing the lawn, weeding, shoveling snow, etc.)
		Are you prepared for all of the work involved in keeping walls, ceilings, floors, fridge and stove, toilet, sink and tub, shelves and windows clean?
		Are you prepared to repair any damage caused to the unit by you, your family, and/or your guests?
		Are you familiar with the rights and obligations of tenants and landlords?
		Have you lived in public housing previously?
		Are you prepared to pay for a parking spot even if you don't own a vehicle?
		Are you prepared to pay rent in full by the due date each month?
		Are your belongings currently insured?
		Are you prepared to abide by a "NO PETS" policy?
		Do you have your own washer and dryer?
		Are you prepared to keep in touch with us at least once every three months and report any changes in your situation until your name reaches the top of the waiting list?
		Are you willing and able to provide references from previous landlords?

LANDLORD REFERENCE CHECK FORM

TO BE COMPLETED BY CURRENT LANDLORD AND FAXED DIRECTLY TO THE OFFICE OF DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY INC.

Applicant Name(s): _____	Address: _____
Agency Completing Form: _____	Phone #: _____
Name of Contact: _____	Signature: _____

How long was/is the length of tenancy: _____

How much was the rent? \$ _____ Paid in full Y _____ N _____ S/A direct _____

Was rent late? never _____ occasionally _____ always _____

Was there/is there a history for NSF cheques: Y _____ N _____ How often? _____

Were/are there any outstanding monies owing? Y _____ N _____ How much? _____

for what reason _____

Has the tenant made an effort to repay amount outstanding? Y _____ N _____

Were/are there any disturbance warnings issued? Y _____ N _____ How many? _____

what was the nature of the disturbance _____

Were police ever called to the unit? Y _____ N _____ How many times? _____

Did the tenant provide proper notice prior to vacating? Y _____ N _____ what was the

condition of the unit _____ Good _____ Fair _____ Needed Cleaning

_____ Repairs _____ still in unit _____ unknown

Was the tenant ever served a notice of termination? Y _____ N _____ if yes, what was

the notice for? _____ non-payment of rent _____ damages/cleaning _____ nuisance

_____ other explain: _____

Would you rent to this tenant again? Y _____ N _____ if no, please explain

I HEREBY CONSENT TO THE ABOVE INFORMATION BEING RELEASED TO DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY IN ORDER THAT THEY MAY PROCESS MY APPLICATION FOR TENANCY.

Applicant _____ Date: _____

Applicant _____ Date: _____

Character Reference Form

Name of applicant(s): _____
Address of applicant(s): _____

This form is issued by Dakota Ojibway First Nation Housing Authority Inc. in order to obtain a character reference in support of an application for housing.

If you are asked to complete this form you must have known the person(s) you are completing it for and have had regular contact with them over the past 2 years. **(Please not that we are unable to accept character references from family members or friends.)**

Have you known the applicant for 2 years or more? Yes No

**If No, you can not complete this form as a reference*

How long have you known the applicant? _____

How do you know the applicant?

Current employer Former employer Volunteer agency
Current teacher/Instructor Former teacher/instructor
Other (please state): _____

Please state if and why you think the applicant(s) would be suitable for a tenancy with Dakota Ojibway First Nation Housing Authority Inc.

Is there any further information you would like to give in support of the applicant's application for subsidized housing? (If so, please state below):

I confirm that the details given in this reference are true and complete.

Name: _____
Address: _____
Telephone number: _____

Signature: _____ Date: _____

Please note that we will contact the character reference to confirm that the reference form has been written by them. References will not be accepted unless the full contact details for the character reference have been provided and the form has been signed and dated by the character reference.

Please return the completed form to:

Dakota Ojibway First Nation Housing Authority Inc.
100-11 Arden Avenue
Winnipeg, Manitoba R2M 2J7
Fax: (204) 257-7170