

DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY INC.
DAKOTA OJIBWAY TRIBAL COUNCIL HOUSING AUTHORITY INC.

In order to qualify for SUBSIDIZED housing from the Dakota Ojibway First Nations Housing Authority Inc. or Dakota Ojibway Tribal Council Housing Authority Inc. 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.
4. Eligibility must meet the core need income threshold.

*****The above requirements do not apply to Market Rent housing applications*****

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) 988-5375 FAX: (204) 783-6850
(WINNIPEG UNITS)

DAKOTA OJIBWAY TRIBAL COUNCIL HOUSING AUTHORITY INC.
#2 - 345 - 10TH STREET, BRANDON, MB R7A 4E9
PHONE: (204) 729-3600 FAX: (204) 726-4949
(BRANDON/VIRDEN UNITS)

DAKOTA OJIBWAY TRIBAL COUNCIL HOUSING AUTHORITY INC.
P.O. BOX 187, PORTAGE LA PRAIRIE, MB R1N 3B5
PHONE: (204) 856-5550 TOLL FREE: 1-866-856-5550 FAX: (204) 239-5208
(WINNIPEG/PORTAGE LA PRAIRIE/ALTONA UNITS)

DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY INC.
DAKOTA OJIBWAY TRIBAL COUNCIL HOUSING AUTHORITY INC.

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

Monthly Rent: _____ Utilities Included? _____ How Long?: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Past Accommodations:

Monthly Rent: _____ Utilities Included? _____ How Long?: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

REASON FOR HOUSING APPLICATION: _____

Next of Kin: _____ Relationship: _____ Phone: _____

PLEASE ATTACH THREE (3) REFERENCE LETTERS FROM THE FOLLOWING:

PRESENT LANDLORD, A PAST LANDLORD, AND A CHARACTER REFERENCE

****FIRST TIME RENTERS REQUIRE THREE (3) CHARACTER REFERENCES****

REFERENCE LETTERS MUST BE INCLUDED OR APPLICATION WILL BE CONSIDERED INCOMPLETE

WE DO NOT ALLOW PETS OR BOARDERS. VIOLATORS WILL BE EVICTED.

Declaration: I/We understand that I/We will sign a lease with the Dakota Ojibway First Nations Housing Authority Inc./Dakota Ojibway Tribal Council 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 Inc./Dakota Ojibway Tribal Council Housing Authority Inc. to obtain such factual and investigative information regarding me/us as it deems necessary for its purpose and consent to it making inquiries to others.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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OFFICE USE ONLY:

Application Received: _____ Received By: _____

Application: Complete/Incomplete? _____ Reference Letters Included? _____

Income Information Included? _____ Application Signed & Dated? _____