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

In order to qualify for <u>SUBSIDIZED</u> housing from the Dakota Ojibway First Nations Housing Authority Inc. or Dakota Ojibway Tribal Council Housing Authority Inc. Applicants must:

- 1. Have dependent children living in the home.
- 2. Have an income on or below the stated allowed maximum amount.
- 3. Eligibility must meet the core need incomethreshold.

\*\*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 and Government Issued Identification.
- 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.

YOUAREREQUIREDTO UPDATE YOUR APPLICATION EVERYSIX
MONTHS, IF YOU FAIL TO UPDATE YOUR APPLICATION WILL BE
REMOVED FROM OUR WAITING LIST.

DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY INC.
130-200 ALPINE WAY, HEADINGLEY
MB R4H 0B7

TOLL FREE 1-866-856-5550 PHONE: (204) 988-5375 FAX: (204) 783 6850

Email Applications: <a href="mailto:dofnhai@dotc.mb.ca">dofnhai@dotc.mb.ca</a>

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

## **APPLICATION FOR ACCOMMODATION**

Accommodation Require	d: <u> </u>	droom	3 Bedroom	4 Bedroom
Notice required?		_		
Location Required:   E	Brandon∏ Virden∏	Winnipeg   Alton	a Portage La Prairie	
☐ Market Rent(Set Rate	) 🗆	Subsidized (Based	on Income)	
Have you ever rented from	m DOTC/DOFN Hous	sing?WI	hen?	
Name:		A STATE OF THE PARTY OF	100	
	First Name	Middle Name	Last Nam	<b>e</b>
Mailing Address:	Apt, Street, City, I	Province, Postal Co	de	
Email:				rth:
Phone:		Work:	Messages	s:
First Nation(If Applicable	e):	- P	Treaty #: _	A
Spouse/Roommate Name				
Email:	FirstNam	e Middle Na		th:
First Nation(If Applicable	e):		Treaty #:	
Child(ren)/Dependent(s	s):			The !
Name:	Da	te of Birth:	Name:	Date of Birth:
The same of the sa		AND BUT	200	Carried Control
		-71	and the same of th	
Source of Income:		Applicant		Co-applicant
lease indicate the name _EmployerWorker				
nclude Contact Informa	ation)			
osition/Sponsored:				
lonthly Income:				
ow Long?				

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

Present Accommodations	(IT less than two years, ple	ease provide past Landlord):	
Monthly Rent:	Utilities Included?	How Long?:	
Landlord Name:		Phone Number:	
Past Accommodations:			
Monthly Rent:	Utilities Included?	How Long?:	
Landlord Name:		Phone Number:	
Landlord Address:	A CONTRACTOR OF THE PARTY OF TH		
REASON FOR HOUSING APP	PLICATION:		
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10			
10		The same of	
Next of Kin:	Relationship:	Phone:	
PLEASE ATTACHTHREE (3		MTHE FOLLOWING: PRESENTLANDLORD,	A <u>PAST</u>
*FIRST TIME RENTERS RE	LANDLORD, AND A CHA	CTER REFERENCES** REFERENCELETTE	RS MUS
		BECONSIDEREDINCOMPLETE	
***WE DO NOT	ALLOW PETS OR BOARDER	RS. VIOLATORS WILL BE <u>EVICTED</u> . ***	
Declaration: I/We understand th Inc./Dakota Ojibway Tribal Coun (damage) deposit prior to movin	ncil H <mark>ousing Authority Inc. an</mark> d p	the Dakota Ojibway First Nations Housing Autorovide all income verification information and se	hority curity
Consent: I/We authorize Dakota C Inc. to obtain such factual and inve making inquiries to others.	)jibway First Nations Housing Aut stigative information regarding me	hority Inc./Dakota Ojibway Tribal Council Housing A e/us as it deems necessary for its purpose and cons	Authority Sent to it
Applicant Signature:		Date:	
		Date:	
OFFICE USE ONLY:			
Application Received:	Reference Letters Included?	Application Signed & Dated?	