



# Lilwat Nation Application for Housing

*This application must be completed to be considered for Lilwat Nation Housing.  
Application must be renewed one year from the day of the application or upon changes in occupancy, income or to other information in this application.*

## PRIMARY APPLICANT INFORMATION

Date of Application

Name

Date of Birth

Band #

Address (PO Box / Street)

Phone

Email

Occupation

Y

N

Employer

Number of Family Members

Under 19

Over 19

## MONTHLY INCOME OF PRIMARY APPLICANT

Please note "Other income" refers to income sources such as pensions and EI.

Employment income

Social Assistance income

Other income

**CURRENT HOUSING EXPENSES OF PRIMARY APPLICANT**

Monthly rent

Monthly utilities

**INCOME VERIFICATION**

Along with this application form, **please provide copies of your three (3) most recent pay stubs** (for any sources of income). Pay stubs can be attached to an email as scanned files and sent to [gayle.andrews@lilwat.ca](mailto:gayle.andrews@lilwat.ca).

Pay stubs can also be dropped by the front office at Úlus in an envelope marked Housing Application Income Verification. Please include a note with your name and contact information.

**LÍLWAT NATION HOUSING QUESTIONS**

Have you ever applied for/or received Lílwat Nation Housing? Y            N  
If "yes," please provide details:

Are you in good standing with the Lílwat Nation? Y            N  
If "no," please provide details:

Please explain your reasons for applying for Lílwat Nation housing:

**ADDITIONAL APPLICANTS**

Name                      Age            Relation

Name                      Age            Relation

Name                      Age            Relation

Name                      Age            Relation

Name                      Age            Relation

**MONTHLY INCOME OF ADDITIONAL APPLICANTS**

Number of additional applicants that are employed

Combined employment income of all additional applicants

Number of additional applicants that receive Social Assistance

Combined monthly income of all additional applicants that receive Social Assistance

Number additional applicants receiving other income

Combined monthly income of additional applicants that receive other income

**GENERAL INFORMATION (ALL APPLICANTS)**

Does any person named on this application smoke? Y            N

Will there be any pets? Y            N

Please describe pets by number and type (i.e. 1 cat and 2 dogs):

Does any person named on this application have a criminal record? Y            N  
If "yes," please explain:

Has any person named on this application ever been evicted? Y            N  
If "yes," please explain:

Does any person named on this application have mobility, accessibility or other special needs that require accommodation? Y            N  
If "yes," please explain:

How long do you intend to live at Lílwat?

Is there anything else you'd like to add?

## **AUTHORIZATION / SIGNATURE**

Thank you for filling out this application. Based on the information provided, it may be necessary For Lílwat Nation to conduct employment, credit, or criminal record checks. Please check each of the following boxes to confirm that you authorize Lílwat Nation to complete the following:

I authorize Lílwat Nation to contact my employer or income provider.

I authorize Lílwat Nation to conduct a credit check.

I authorize Lílwat Nation to conduct a criminal record check.

I confirm that all information provided in this application is accurate.

Signature

Date

If you do not wish to use an electronic signature, please print this page (4) , sign it and return it to Úlúus in an envelope marked Housing Application Signature Sheet.

**All information included in this form is confidential.**

OR