



WESTBANK FIRST NATION

HOUSING DEPARTMENT

RENTAL HOUSING APPLICATION

The information requested in this application is based on the Housing Policy approved by stqá?tk^w4niwt sqilx^w/Westbank First Nation (WFN). The purpose of the application is to collect information that will confirm the applicant is eligible to receive housing with Westbank First Nation. All information provided will be kept confidential and used for the purposes described herein.

Step 1 – Complete the Application

- 1) The application shall be completed electronically or in ink and printed clearly.
- 2) The application will need to be filled completely. Incomplete applications will be returned.
- 3) All the information provided on the application shall be true. A false statement may result in denial of a unit upon application or a Notice to End Tenancy from a unit in the event that an application is successful and the false statement was relied upon when the unit was granted.

Step 2 - How to Apply:

- a) Complete Page 4 to 8 of the Application in full.
- b) Applicant is to **initial each section** after completed and reviewed.
- c) Sign and date the Declaration and Consent on page 8.

Submit application by:

- Email: Housing Coordinator - pm@wfn.ca
- Mail or Drop off:
 - Lindley Building - Suite 201 – 515 Hwy 97 South, Kelowna BC, V1Z 3J2
 - Community Services Building: 1900 Quail Lane, Westbank, BC V4T 2H3

Extra Information:

Please **do not include any original documents**, only photocopies.

Need Help?

If you require assistance completing the application form, please contact WFN Housing Department at (250) 769-4999
Office Hours: Monday to Friday from 8:30 am to 4:30 pm.

**Step 3 – Eligibility*****Who is eligible to apply for WFN Rental Housing?***

- Applicants must be 19 years or older and a WFN Member.
- Applicants must be in good standing with WFN.
- Applicants must provide Proof of Income in order to confirm their ability to manage monthly rental payments and other associated costs or charges.

Who is not eligible?

- Any applicant not in good standing with Westbank First Nation.
- Any applicant that has a history of poor tenancy, issued a “Notice to End Tenancy”, or evicted within the last (3) years.
- If an applicant is unable to provide (3) rental references from property owners from whom the applicant rented residential premises in the last (5) years, or, where such references cannot be supplied, provided non-family members confirming applicant’s ability to fulfill the responsibilities; financial and physical obligations.

Step 4 – Rental Housing Application Process

To apply for WFN Rental Housing Units the applicant must:

- a) Submit a complete WFN Rental Housing Application Package to WFN Housing.
- b) Proof of WFN membership or proof of guardianship of a WFN Member aged 18 years or less.
- c) The applicant’s Proof of Income in a form deemed acceptable by WFN.
- d) Rental references from property owners within past (5) years or if it cannot to be supplied, provide references from non-family members (*see full details under “Who is not Eligible?”*).
- e) The WFN Housing Department will review submitted applications for eligibility and completeness. If eligible, applicant will be added to the WFN Rental Housing waitlist.
- f) If the WFN Rental Housing Application Package is complete and applicants meets all the eligibility requirements, the WFN Housing Department will deliver a written notification to applicant advising application has been received and will be contacted upon availability.
- g) All eligible applications will be required to update their WFN Rental Housing Application Package by March 31st of each year.
- h) If an applicant is ineligible or the WFN Rental Housing Application is incomplete, WFN Housing Department will notify the applicant by providing a written explanation. The applicant will be informed of the deficiencies why the WFN Rental Housing Application Package was incomplete.
- i) Ineligible or incomplete applications will not be added to the WFN Rental Housing wait list.
- j) An applicant may correct an incomplete application and re-submit it any time.



FREQUENTLY ASKED QUESTIONS

What is a “suitable” household?

WFN follows the CMHC National Occupancy Standard. i.e. Housing that has enough bedrooms for the size and make-up of resident households [CMHC - National Occupancy Standard](#)

When will I receive an offer for Housing?

The demand for WFN Housing far exceeds the available supply. As a result, it is not possible to predict when a unit may come available.

How will I receive an acceptance of application?

Within 30 days of receiving your application, the Housing Department will:

- a) Deliver a written notification to the applicant advising the application has been received.
- b) Confirm the applicant meets all the eligibility requirements.
- c) The applicant will be contacted upon availability.

How long is my application active?

- a) Applicants must update waitlisted applications by the defined expiration date annually by March 31st of each year.
- b) If an applicant chooses not to renew the application, then the application shall be deemed **expired**.

It is your responsibility to update your information to keep your application active and considered for WFN Rental Housing as it becomes available.

How are applicants selected?

When a WFN Rental Housing Unit becomes available, the WFN Housing Department will review all waitlisted applicants:

- a) Applications will be matched with the available WFN Rental Housing Unit using the following criteria:
 - i. The type and size of WFN Rental Housing Unit matches the applicant’s needs
 - ii. The available WFN Rental Housing is designated as housing reserved for Elders and/or persons with disabilities.
- b) Where there are two or more applicants suitable for an available WFN Rental Housing Unit, the date each application package was received by the WFN Housing Department will be the determining factor.
- c) The WFN Housing Department will notify the successful applicant in writing of an offer to rent.

What if I need a WFN Rental Unit now?

For additional housing support, please contact:

Ki-Low Na Friendship Society

Phone: 250-763-4905

Fax: 250-861-5514

Email: reception@kfs.bc.ca

Okanagan Metis & Aboriginal Housing

Phone: 250-763-7747

Fax: 250-763-0112

Email: omahs@telus.net



* MUST BE 19 YEARS OR OLDER * INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED * IF NOT APPLICABLE, WRITE "N/A" *

1. Applicant: * Elder Yes No

Last Name	Initial	First Name(s)	Nickname (optional)
Birth date (dd/mm/yyyy)		Gender (F/M/Other)	WFN Member (Yes / No)
Status Number		Status Number (of Member Child):	

Initials _____

2. Current Mailing Address

Mailing Address (Unit #, Address, City, Prov, Postal Code)
Mailing Address (If different than Current Address)

Initials _____

3. Contact: How can we reach you?

Home phone #	Work Phone #	Cell Phone #
Email Address		

Initials _____

4. Alternate Contact (Anyone we can leave a message should we not be able to contact you?)

Contact or Organization Name	Phone Number	Email	Contact's relationship to you	*Authorized Contact (Yes/No)

Initials _____

**By saying Yes under Authorized Contact, you are confirming that you have the contact's permission to provide their information and you are giving permission for WFN Housing and WFN Development Services to exchange information with that contact in order to maintain and update your application. Authorized Contacts can be added or removed by contacting WFN Housing.*



5. Additional Occupants: Household members

(spouse/partner, children/dependents (son, daughter), other (aunt, uncle, grandparent), someone not related)

Name (First and Last Name)	Birth Date (dd/mm/yyyy)	Male or Female	Relationship to Primary Applicant	WFN Member (Yes or No)
1.				
2.				
3.				
4.				
5.				

*** MANDATORY: Please attach any custody arrangements for minor children**

Initials _____

6. Residency History: Provide your last 5 years of Rental History.

1. Address (Unit #, Address, City, Prov, Postal Code)		Length of Stay	Monthly Rental Amount
Landlord's Name	Landlord's Phone Number	Reason for Leaving	
2. Address (Unit #, Address, City, Prov, Postal Code)		Length of Stay	Monthly Rental Amount
Landlord's Name	Landlord's Phone Number	Reason for Leaving	
3. Address (Unit #, Address, City, Prov, Postal Code)		Length of Stay	Monthly Rental Amount
Landlord's Name	Landlord's Phone Number	Reason for Leaving	
Have you ever been evicted? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain): _____			

Initials _____



7. Employment

a) **Employment History:** Employed Not Employed (Source of Income): _____

b) Applicant

Name of Current Employer:		Occupation:	
Address (Unit #, Address, City, Prov, Postal Code)		Telephone Number:	
Gross Monthly Income:	Length of Employment: _____ years _____ months _____ weeks		
	Total Hours/ Week: _____		

Initials _____

8. Income Information (What are your sources of income?):

Proof of Income must be provided by the Applicant. Please attach the following

- **If employed**, copies of three current consecutive pay stubs

	Source of Income	Primary Applicant	Authorized Occupant over 18
1	Annual gross salary, wages, part-time earnings		
2	Child Tax Benefit (monthly amount)		
3	Employment Insurance Benefits (monthly amount)		
4	Social Assistance, workers compensation, other benefits (monthly amount)		
5	Old Age Pension, Canada Pension, Disability Pension, Veterans allowance		
6	Spousal or Child Support (monthly amount)		
7	Self employed or seasonally employed (use net income)		
8	Education Living Allowance		
9	Other Income		
TOTAL INCOME from all sources			

ADD (+): Columns 1 - 9

TOTAL MONTHLY HOUSEHOLD INCOME: _____

Is an adult occupant in the household (age 19 or older) a full-time student? Yes No

Initials _____



9. Housing Needs and Preferences

The following questions will assist with assessing your eligibility for WFN Housing and matching you to a suitable unit that best meets your needs.

a) Current Living Situation: Please select one option that best describes your current living situation:

<input type="checkbox"/> House/Townhouse	<input type="checkbox"/> Apartment/Basement Suite	<input type="checkbox"/> Manufactured Home/Trailer (in service park)
<input type="checkbox"/> Room & Board	<input type="checkbox"/> Transition House	<input type="checkbox"/> Living w/family & friend
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Room & Board	<input type="checkbox"/> Treatment Centre or Care Facility
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Couch Surfing	<input type="checkbox"/> Other (Describe) _____

Do you: Rent Own Share Other _____

Why do you need or want to move? (Explain)

Initials _____

c) Other Needs (Accessibility): Let us know if you have any difficulty with stairs or use a wheelchair.

Will anyone residing in the unit have specific needs for accessibility? No Yes (Explain): _____

Bathroom Ramp Stairs Elevator Other: _____

Initials _____

c) Vehicles: Passenger Vehicle ONLY (No RV's, trailers, boats, recreational vehicles or unregistered vehicle)

Do you require parking? Yes No If Yes, how many insured vehicles do you have? _____

Make of Vehicle #1:	Model of Vehicle #1:
Make of Vehicle #2:	Model of Vehicle #2:

Initials _____

d) Pets: Pets are subject to WFN Housing approval. You must submit a Pet Request Form and obtain WFN Housing approval prior to bringing a pet to the unit.

Do you have any pets? Yes No If Yes, how many? _____ What kind/breed? _____

Do you have a registered service animal? Yes No If yes, please describe: _____

*Each unit limited to 1 pet only under 11lbs weight and 12-inch-tall (*Pet Request Form Required ~ Pet Deposit required if accepted)*

Initials _____



DECLARATION AND CONSENT (PLEASE READ AND SIGN)

I Declare:

I confirm all information is true and complete. I have left nothing out that may be a factor in being offered an WFN Member Housing Rental unit. I understand that false information or omission of required information will result in cancellation of my application.

Initials _____

I Consent:

I hereby understand and consent to Westbank First Nation Housing Department seeking any and all personal information regarding business/employment, character, and rental references before completing a Rental Tenancy Agreement. The information received will not be used for any other purpose, and will be held in the strictest of confidence.

Initials _____

I Understand:

- This application is not an agreement on the part of WFN Housing to provide me with housing
- Incomplete applications or missing information may cause delays in processing the application.
- It is my responsibility to renew my WFN Rental Housing Application annually on March 31st for my file to remain active.
- If I am being considered for an available unit, I may be asked to provide additional information to asses if the supports provided in that unit will meet my needs and it is my responsibility to provide information requested to assist with this assessment.
- If I wish to withdraw this Declaration and Consent, I may do so at any time by contacting WFN Housing, however, withdraw will result in my no longer being considered for WFN Rental Housing until a new application is submitted.

Initials _____

I Acknowledge and Agree: It is my responsibility to review and understand the *WFN Member Housing Regulations* under the *WFN Residential Premises Law No. 2008-03* with the link provided. [Residential Tenancy Information](#) and that it applies to the "Residential Tenancy Agreement".

Initials _____

Applicant (Print Name)	Applicant (Signature)	Date
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Housing Coordinator (Print Name)	Housing Coordinator (Signature)	Date
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Please ensure all sections of application are completed and required information (proof of income and contact information for references) is included with the application.

**This application is confidential.
WFN Development Services maintains paper
and electronic records in accordance with privacy laws.**