

Offer for Rent:

The information requested in this application is established by the Housing Program and Servicing Regulation approved by stqá?tkwłniwt sqilxw/Westbank First Nation (WFN). The purpose of the application is to collect information that will confirm the applicant is eligible for the available rental unit with Westbank First Nation.

APPLICATION DEADLINE: _____

HOW TO APPLY:

1. Fully complete Pages 2 to 6 of the Application electronically or in ink printed clearly.
2. The application must be fully filled out and supporting documents must be attached. Incomplete applications will be returned
3. Sign and date the Declaration and Consent on page 6.

APPLY BY:

- Email: pm@wfn.ca
- Drop off:
 - Lindley Building - Suite 201 – 515 Hwy 97 South, Kelowna BC,
 - Community Services Building: 1900 Quail Lane, Westbank, BC

NEED HELP?

If you require assistance completing the application form, please call WFN Property Management at (250) 769-4999

- **Office Hours:** Monday to Friday from 8:30 am to 4:30 pm.

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



1. Applicant * Elder Yes No (WFN Elder is at least 55 years of age)

Last Name	Initial	First Name(s)	Nickname (optional)
Birth date (dd/mm/yyyy)	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. Additional Occupants: Household Members

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 _____



5. Rental References: 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 _____

6. Employment

Employed Not Employed (Source of Income): _____

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 _____



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

- **Proof of Income must be provided.** If Employed, please attach 3 current consecutive pay stubs

	Source of Income	Applicant
1	Monthly gross employment income	
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 (monthly amount)	
6	Spousal or Child Support (monthly amount)	
7	Self-employed or seasonally employed (monthly amount)	
8	Education Living Allowance (monthly amount)	
9	Other Income	
TOTAL INCOME from all sources		

Initials _____

8. Housing Needs and Preferences

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
<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: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Share <input type="checkbox"/> Other _____		
Why do you want to live in this 2-bedroom rental (Explain?)		

Initials _____



9. Accessibility or Other Needs

Will anyone residing in the unit have specific accessibility needs? If yes, please explain what those needs are.

<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Ramp	<input type="checkbox"/> Stairs	<input type="checkbox"/> Elevator
Other: _____			

Initials _____

10. Vehicles

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

Do you require parking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 _____

11. Pets

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

Do you have any pets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, how many? _____	What kind/breed? _____
Do you have a registered service animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe: _____	

*Each unit is 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 a WFN Member Housing Rental unit. I understand that false information or omission of the required information will result in the cancellation of my application.

Initials _____

I Consent:

I understand and consent to Westbank First Nation Housing Department seeking any 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 confidence.

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
------------------------	-----------------------	------

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

**This application is confidential.
WFN maintains paper and electronic records
under privacy laws.**