PROPERTY MANAGEMENT
515 Highway 97, Westbank, BC V1Z 3J2

WESTBANK FIRST NATION HUB PROGRAM-RENTAL HOUSING APPLICATION

The Coyote Crescent Housing consists of two ground-oriented triplex units at 3281 Coyote Crescent.

Priority will be given to those with a higher need for supportive housing and there will be a highly selective process involved for these units, due to the funding received.

Eligibility Criteria:
To be considered for the Coyote Crescent Housing, applicants should:

- Be a WFN Member aged 19 years or older
- Be able to live independently or semi-independently
- Be in good financial standing with WFN, with no arrears or outstanding debt, and keep current with any repayment agreements in place.

Application Process:

- **Step 1:** Complete and submit the HUB program rental Application by 4:30pm on October 15th, 2026.
- **Step 2:** Applications will be reviewed and assessed to ensure they meet the above eligibility criteria.
- **Step 3:** Applicants will be matched with the available unit based on needs and suitability to the unit rather than “first come, first served”.
- **Step 4:** Applicants will be provided with written notification on the status of their application.

About the CMHC Rapid Housing Initiative
Both Coyote Crescent Triplex Units were funded through the CMHC Rapid Housing Initiative, which stipulates that:

- All six units be rented to Indigenous peoples
- Four units prioritize women and women with children
- All units must remain affordable
  Affordability criteria is based on gross household income or income assistance; rent for these units cannot exceed 30% of income.

We recognize that housing needs in the community are significant, and we remain committed to supporting Members through different housing resources and programs where possible. Please understand that demand for subsidized housing exceeds the available supply.

If you have questions about eligibility or the selection process for Coyote Crescent rental homes, please contact the WFN Housing Navigator during office hours, Monday to Friday, between 8:30 am and 4:30 pm
pm@wfn.ca | 250-769-4999 ext. 1510

Need help right away?
This application is not for emergency housing.
If you need immediate assistance, please contact

- 911- for immediate, life-threatening emergencies requiring police, fire, or ambulance services.
- Call or text 211: connects you with local resources for homeless prevention
- KUU-US Crisis Line: 1-800-588-8717
- Mental Health Support Line: 310-6789 (no area code needed)
- Interior Health Suicide Prevention Hotline: 1-800-784-2433

APPLICANT INFORMATION

Date of Applying:

Applicant Full Name:

Date of Birth:

WFN Status Number:

Phone Number:

Email Address:

Current Mailing Address:

EMERGENCY CONTACT

Emergency Contact

Name:

Relationship to You:

Phone Number:

Part 1: Immediate Risks and safety (from Intake)	
Where are you currently staying?	
How long have you been there?	
Do you feel safe where you are staying right now?	
Any there any immediate risks to your safety and health we should know about?	
Is there anyone you are trying to stay safe from or avoid?	

Are there places or people we should avoid when contacting you or supporting you?	
Are police, court services, or other agencies currently involved in your situation? **Do you feel safe receiving phone calls or messages from us?**	

Current living status (check all that apply)

- ☐ Unhoused
- ☐ Living with parents
- ☐ Living in hotel
- ☐ Living with friends
- ☐ Other:
- ☐ Couch surfing
- ☐ Rented room
- ☐ Currently residing on WFN lands
- ☐ Currently residing off reserve

Priority criteria (check all that apply)

- ☐ Individual at risk of homelessness
- ☐ Individual experiencing homelessness
- ☐ Women and children fleeing violence
- ☐ Other:

☐ Individual with disabilities

☐ Pregnant or with children

☐ Senior/Elder

☐ Family violence/safety concerns

☐ Individual with health conditions

When did you last have stable housing?

Do you feel you are able to manage basic daily living independently (personal hygiene, cooking and cleaning)?

Are you willing to work with people who can provide support, for example a wellness team, life skills counsellor or other supports?

Please feel free to use the section below to elaborate on why you are applying for the HUB program.

Household member(s) information

Please identify all your expected household member(s) by completing the information below.

Full Name	WFN Band Number	Date of birth	Gender (M/F/X)	Relationship to Applicant

Do you expect your family to change in the next 12 months? ☐ Yes ☐ No

Household health and disability information

Please identify household member(s), including yourself, who are living with a significant disability or health issue(s) and provide a brief description.

Name	**Disability or Health issue(s)**

Income Verification

Please list income before deductions for all Household members including yourself. This will help us determine your ability to pay for an Affordable housing.

Income source (employed, social assistance, E.I, Disability, pension)	**Approximate annual amount**
Annual gross salary, wages, and part-time earnings	
CPP Disability pension, Provincial disability Assistance (PWD)	
Child Tax Benefit (monthly amount)	
Employment Insurance Benefits (monthly amount)	
Social Assistance, Worker Compensation, Disability benefit, other benefits (monthly amount)	
Old Age Security (OAS), Canada Pension Plan (CPP), Disability Pension, Veterans allowance	
Spousal or Child Support (monthly amount)	
Self-employed or seasonally employed (use net income)	
Other income	
TOTAL INCOME from all sources	

Residence History

Please list your residence for the last three (3) years, and your landlord's contact information. If you cannot provide contact information for your previous landlords, or have not had housing of your own in the last three years, please include at least two (2) references who can provide context for your circumstances or reason for application (family members, social or support worker, etc.)

Address	**Move in Date**	**Move out Date**	**Landlord contact name, phone #,**

Do you own any pets? **Yes** ☐ **No** ☐

If you are currently renting, what is your monthly rent? $_____

Have you been evicted from your residency? **Yes** ☐ **No** ☐

If yes, Please explain:

Please explain below why you wish to move.

Notes and comments:

Are you in good financial standing with WFN, with no housing arrears or outstanding debt?

Yes ☐ No ☐

If yes, are you keeping current with any repayment agreements in place. Yes ☐ No ☐

Do you have any other housing debts for example (Fortis, BC Hydro, etc.,)? Yes ☐ No ☐

If yes, please describe:

CLIENT CONSENT AND PRIVACY ACKNOWLEDGEMENT

Please read and sign this statement:

I understand that this application does not constitute any agreement on the part of Westbank First Nation housing department to provide me with rental accommodation, nor does it provide it to any of my noted household members.

I hereby certify that the information provided in this application Is true, correct, and completed to the best of my knowledge and can be documented, if so, required by the Westbank First Nation housing department.

I understand that it's my responsibility to advise the Westbank first Nation housing department of any changes to the information provided above.

Applicant Name	**Signature**	**Date**