PROPERTY MANAGEMENT
201-515 Hwy 97S, Kelowna, BC, V1Z 3J2

WESTBANK FIRST NATION
HOUSING DEPARTMENT

RENTAL HOUSING APPLICATION
ACCESSIBLE UNIT

ADDRESS: **202-3281 Coyote Crescent, Westbank, BC V4T2H3**

APPLICATION DEADLINE: **October 15th, 2026**

The information requested in this application is established by the Member Housing Program Regulations approved by stqáʔtkʷɬniẇt sqilxʷ/Westbank First Nation (WFN). The purpose of the application is to collect information that will confirm the applicant is eligible for the available accessible unit with Westbank First Nation. All information provided will be kept confidential and used for the purposes described herein.

Who is eligible to apply for WFN accessible rental housing?
You may be eligible for an accessible rental housing unit if you meet the following criteria:

1. You are a Westbank First Nation Member.
2. You are an individual with disabilities who needs accessible housing.
3. You are a senior aged 60 or older who will need accessible housing soon.
4. You are in good standing with Westbank First Nation.

Tenant Selection
The selection of tenants for accessible rental housing will be guided by the specific needs of applicants, while also considering their overall suitability for the unit. This approach ensures that we provide the best possible living situation for those who require accessibility features.

How to Apply?
Application Instructions:

a) Check if you are eligible.
b) Complete, sign, and initial each section of the application form electronically or in ink, making sure to print clearly.
c) Collect and provide copies of supporting documents. Please submit photocopies only; do not include original documents.
d) Sign and date the Declaration and Consent on page 7.

Apply to:

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

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

WESTBANK FIRST NATION

1. Name of Applicant

Last Name	Initial	First Name(s)	Nickname (optional)
Birth date (dd/mm/yyyy)	Gender (F/M/Other)	WFN Member (☐ Yes / ☐ No)	

Initials _____

2. Current Mailing Address

Mailing Address (Unit /Unit / Address, City, Prov, Postal Code)

Initials _____

3. How can we reach you?

Home phone #	Work Phone #	Cell Phone #
Email Address		

Initials _____

4. Alternate Contact

**You confirm you have permission to share the alternate contact information and allow WFN Housing to exchange details with them about your application.*

Contact	Phone Number	Email	Contact relationship to you	*Authorized Contact (Yes/No)

Initials _____

5. Are you an Elder aged 60 years or older? ☐ Yes ☐ No

Initials _____

6. Additional Occupants: Household Members

(spouse/partner, children/dependents (son, daughter), other (aunt, uncle, grandparent), someone not related)
MANDATORY: Please attach custody arrangements for minor children

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.				

Initials _____

7. Health & Accessibility Needs

Please provide answers to the following questions concerning your current health requirements. Additionally, please share any specific accessibility needs you have, as well as any potential requirements you foresee in the future. Your insights will help us better understand and support you.

Health & Mobility Information	Yes	No
a) Do you have medical or health needs requiring accessible housing?		
b) Are you in need of accessible features, such as wheelchair access, a ramp, wide doorways, grab bars, roll-in showers, and lowered counters?		
c) Do you have any other specific accessible needs for housing that are outside of those listed above in question (b)?		
d) Can you provide a letter from a healthcare provider to confirm your accessibility requirements?		
e) Do you use a mobility aid, such as a scooter, wheelchair, walker, cane, or other?		
f) Are you unable to safely navigate your current home (e.g., stairs, narrow hallways)?		
g) Do you receive regular home care or personal support services?		
h) Are you able to live independently with support?		
i) Does your current housing location limit your access to WFN health services and programs?		
j) Do you need to relocate to the reserve to be closer to family and community for support?		
k) Are you at risk of losing your current support (programs & services) due to the challenges of providing care in an inadequate home?		
l) Do you live in an overcrowded home based on the CMHC National occupancy standards?		

i. Provide a brief, non-medical description of your needs (e.g., Need for a ramp after a procedure, expect mobility changes requiring a walk-in shower). You do not need to share medical details, but a non-medical description of your needs.

ii. Do you require additional support services? If yes, please describe.

iii. Please share anything else you would like us to know about yourself, and why you need an accessible unit.

Initials _____

8. Residence 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? ☐ No ☐ Yes If Yes, please explain:			

Initials _____

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

The Applicant must provide proof of Income. Please attach copies of the following that may apply to you:
***If employed**, copies of three current consecutive pay stubs would be sufficient.

	Source of Income	Primary Applicant	Authorized Occupant over 18
1	Annual gross salary, wages, and part-time earnings		
2	CPP Disability pension, Provincial disability Assistance (PWD)		
3	Child Tax Benefit (monthly amount)		
4	Employment Insurance Benefits (monthly amount)		
5	Social Assistance, Worker Compensation, Disability benefit, other benefits (monthly amount)		
6	Old Age Security (OAS), Canada Pension Plan (CPP), Disability Pension, Veterans allowance		
7	Spousal or Child Support (monthly amount)		
8	Self-employed or seasonally employed (use net income)		
9	Insurance payments		
10	Other income		
	TOTAL INCOME from all sources *ADD (+): Columns 1 – 10*		

a) Please provide any additional information about your financial/income situation that you feel is necessary for this application.

Initials_____

10. 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:

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

b. **In your current living situation, do you own or rent the home, or other? Please answer the following:**

☐ Own Outright – The home is owned free and clear of a mortgage.

☐ Owned with Mortgage – The home is owned, but payments are still being made on the mortgage.

☐ Rental (private) – The home is rented at market price.

☐ Rental (subsidized) – The home is rented at a reduced price, through social housing or other supported assistance.

☐ Other – Please explain:

_____

_____

c. **Are you willing to live in a non-smoking/vaping-free building?** ☐ Yes ☐ No

d. **Vehicles & Parking:** Passenger Vehicle ONLY

According to the WFN Housing Program and Services Regulations, a maximum of two (2) vehicles may be parked at a WFN rental unit. These vehicles must have valid insurance and be in good working conditions. Travel trailers, horse trailers, and recreational vehicles are not permitted.

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:

e. **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 a pet? ☐ Yes ☐ No If Yes, how many pets do you have? _____

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

Initials_____

DECLARATION AND CONSENT

I Declare:

I confirm that all information provided is true and complete. I have not omitted any details that could affect my application for a WFN housing rental unit. I understand that providing false information will result in the cancellation of my application.

I Consent:

I understand and consent to the Westbank First Nation Housing Department obtaining personal information related to my business or employment, character, and rental references before completing a Rental Tenancy Agreement. I acknowledge that this information will be used solely for this purpose and will be kept strictly confidential.

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.
- If I am being considered for an available unit, I may need to provide additional information to determine whether the support offered in that unit will meet my needs.
- It is my responsibility to provide the requested information 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, withdrawal will result in my no longer being considered for a WFN Rental Housing unit.

I Acknowledge and Agree:

It is my responsibility to review and understand the *WFN Member Housing Program and Services Regulations and* the *WFN Residential Premises Law No. 2008-03,* the link provided. Residential Tenancy Information, and that both the regulations and law apply to the "Residential Tenancy Agreement".

Applicant (Print Name)	Applicant (Signature)	Date

Housing Representative (Print Name)	Housing Representative (Signature)	Date

DEFINITIONS AND FACTS SHEET

1. **What is an "Accessibly Rental Unit ("Accessible Units")**
   Accessible Units are designed to accommodate Tenants with mobility concerns and are designated for those eligible Members who are Elders or persons with qualified disabilities.

2. **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.

   Under the Standard, suitable housing is based on the following criteria:
   - A maximum of 2 persons per bedroom.
   - Household members, of any age, living as part of a married or common-law couple share a bedroom with their spouse or common-law partner.
   - Lone parents, of any age, have a separate bedroom from their children.
   - Household members aged 18 or over have a separate bedroom, except those living as part of a married or common-law couple.
   - Household members under 18 years of age of the same sex may share a bedroom, except lone parents and those living as part of a married or common-law couple.
   - Household members under 5 years of age of the opposite sex may share a bedroom if doing so would reduce the number of required bedrooms. This situation would arise only in households with an odd number of males under 18, and an odd number of females under 18, and at least one female and one male under the age of 5.
     An exception to the above is a household consisting of 1 individual living alone who may live in a studio apartment with no separate bedroom.

3. **What does "live independently" mean?**
   Applicants who can independently maintain their personal health and well-being in a self-contained living unit and who can fulfil tenancy obligations, including paying rent, caring for their unit, and maintaining appropriate relations with neighbors.