



## WESTBANK FIRST NATION

301-515 Highway 97 South  
Kelowna, BC Canada V1Z 3J2  
Phone: (250) 769-4999 Fax: (250) 769-4377

APPLICATION NUMBER

SINGLE FAMILY

ADMIN USE ONLY

# APPLICATION FOR ALLOTMENT

## WFN Lease to Purchase Units

### ALLOTMENT SELECTION INFORMATION



#### Single Family Allotment

4 Units Available

**Note:** Approx. **1250 sq. ft.** finished space  
(1080 sq. ft. partially finished / roughed in)

Minimum Annual Household Income Required to Qualify:

**\$37,200.00**

Number of Bedrooms:  
**3** (+1 unfinished)

Monthly Lease Payment:  
**\$775.00**

Date this allotment was approved by Council: January 29, 2018

### DO NOT SUBMIT AN INCOMPLETE APPLICATION

If you would like assistance in completing an application, please contact:

**Adam Nerger**, Recording Clerk

Email: [anerber@wfn.ca](mailto:anerber@wfn.ca)

Telephone: 250-769-4999.

**THE CLOSING DATE FOR THIS APPLICATION IS April 3<sup>rd</sup>, 2018**

### APPLICATION REVIEW

Please note that an **Application Review** with the WFN Legal Services Assistant will be **required** for all applicants prior to final acceptance of an application for allotment. Please call **Adam Nerger**, Recording Clerk, at 250-769-4999, to arrange.

### PERSONAL INFORMATION PROTECTION ACT (PIPA)

*The personal information on this form is collected for the purpose of administering the Westbank First Nation Allotment Law No. 2006-03 under the authority of this law and section 6 of the PIPA.*

### NOTICE TO APPLICANT

- You are only eligible for one allotment. Please decide carefully if this is the allotment you want.
- When the WFN Allotment Commission reviews this application all information identifying the applicant will be removed. Identifying information will be viewed by designated WFN staff only.
- If your application status changes substantially after you submit this application (*i.e. change in household income, or change in number of household members*), please advise Adam Nerger, Recording Clerk, immediately.
- Applications will be **disqualified** if:
  - Application forms are incomplete,
  - Applications are submitted or received after the close date,
  - Minimum income requirements are not met,
  - The applicant does not attend the homeowners education program,
  - The applicant is not prepared to assume the responsibilities and costs associated with regular home maintenance ownership, or,
  - The applicant knowingly provides false information.

### APPLICANT INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Are you a WFN Member?

YES  NO

2. Are you an elder? (55+ years of age)

YES  NO

3. What is your date of birth? (YYYY/MM/DD) \_\_\_\_\_

4. Have you ever violated a Westbank First Nation law?  YES  NO

4.1 If YES, please describe:

*Please attach a separate letter if additional space is required.*

\_\_\_\_\_  
\_\_\_\_\_

5. Please choose from the following list why you are interested in obtaining an Allotment:

*(Check all that apply)*

- Want to become a homeowner
  - Increased family support
  - Increased Community connection
  - Increased employment opportunities
  - Overcrowding
  - Current housing uninhabitable
  - Other (please provide additional information on a separate sheet)
- 
- 

### INFORMATION ABOUT YOUR CURRENT HOUSING

6. What is your current monthly rent payment? \$ \_\_\_\_\_

7. Please describe your current housing situation *(i.e. room & board or renting.)*

- Rent / Lease
    - WFN Rental
  - Room and Board
  - Living with family or friends
  - Other (please provide additional information on a separate sheet)
- 
- 

7.1 How many bedrooms do you have in your current home?

- 0-1
- 2
- 3
- 4
- 5+

8. Do you currently own a house on WFN Lands?  YES  NO

8.1 If YES, the age of the home is \_\_\_\_\_

8.2 Is the home a mobile home?  YES  NO

8.3 If it is a mobile home, the age is \_\_\_\_\_

9. Do you currently own housing/land off reserve?  YES  NO

10. Do you currently own land on WFN Reserves?  YES  NO

**10.1** Is the land leased?  **YES**  **NO**  
 if Yes, describe the nature of the leasehold interest

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**10.2** If **YES**, is the land serviced?  **YES**  **NO**

**11.** Have you ever received an Allotment?  
 **YES**  **NO**

**INFORMATION ABOUT YOUR HOUSEHOLD**

**12.** Do you or any members of the household have unique medical/mobility needs?  
 (i.e. wheelchair access, single storey, etc.)  
 **YES**  **NO**

**12.1.** If **YES**, what are they?

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**13.** Do you have a spouse, children, or others currently residing in your home?  
 **YES**  **NO**

**13.1.** If **YES** then please fill out this table:  
 Please attach a separate page if more space is required.

NAME	RELATIONSHIP	DATE OF BIRTH YYYY/MM/DD	IS A WFN MEMBER?	CAN YOU VERIFY DEPENDENT RELATIONSHIP? I.E. WITH A CUSTODY AGREEMENT
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**13.2** Do you foresee any changes to the above list within the next 6 months?  
 **YES**  **NO**

**13.2.1** If **YES** please note what changes will occur:

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**DO NOT OMIT THIS SECTION**  
**The following section is essential to your application**

**14.** For the Allotment Commission to better understand your needs, please attach a separate sheet addressing the following questions, providing as much detailed information as possible.

**14.1** *Why are you interested in receiving an allotment? What opportunities do you foresee for yourself and your household should you receive an allotment.*

**14.2** *Please describe your household dynamics so we can better understand your housing needs.*

**14.3** *Please describe your involvement / connection to WFN that is unrelated to your employment. If you live away from the community, please describe how you would involve yourself within WFN (i.e. volunteering, sports, cultural events, committees, Membership meetings, attending programs etc.).*

- *Applicants are encouraged to engage a family member or the WFN Recording Secretary should they require assistance in completing this section*

**HOUSING REFERENCES**

**15.** Please provide housing references for the past five (5) years below, and/or attach two letters of reference speaking to your past housing experience.

<b>REFERENCE A</b>	<b>REFERENCE B</b>
Full Name:	Full Name:
Mailing Address:	Mailing Address:
Phone Number: _____	Phone Number: _____
Describe their relationship to you (i.e. landlord, family member)	Describe their relationship to you (i.e. landlord, family member)

**EMPLOYMENT & INCOME INFORMATION**

**16.** Please provide your most recent employment history:

Place of Employment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ **Total Annual Income: \$**\_\_\_\_\_



**16.1** As an attachment to this application please provide **PROOF OF TOTAL INCOME** for the last 12 months (I.e. T4 or 12 months of pay slips) *for yourself*.

**16.2** Please provide your spouse's recent employment history, if applicable:

Place of Employment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ **Total Annual Income: \$**\_\_\_\_\_



**16.3** As an attachment to this application please provide **PROOF OF TOTAL INCOME** for the last 12 months (I.e. T4 or 12 months of pay slips) for *your spouse*.

**16.4** Please provide recent employment history for other contributors to your household income, if applicable:

Place of Employment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**16.5** As an attachment to this application please provide **PROOF OF TOTAL INCOME** for the last 12 months (I.e. T4 or 12 months of pay slips) for *other contributors to your household income*.

**16.6** Please indicate any other sources of income you receive.

Check all that apply:

- Leasehold Income
  - Prepaid
  - Monthly
- Employment Insurance
- Income Assistance – Person with Persistent Multiple Barriers
- Income Assistance – Persons with Disability
- Income Assistance – Other. Please specify: \_\_\_\_\_
- Canada Pension Plan
- Canada Pension Plan – Disability
- Old Age Security
- Workers Compensation
- Child / Spousal Support
- Other. Please specify: \_\_\_\_\_



**17.** Please provide a **CREDIT HISTORY** as an attachment to this application. **A credit history may be obtained by contacting Equifax at: 1-800-465-7166 or [www.Equifax.ca](http://www.Equifax.ca)**

*Council has directed the Allotment Commission to consider the financial ability of the applicant to maintain an allotment. **A poor credit history will not disqualify your application.***

*It is **mandatory** to submit a credit history as part of this application. If you have applied for an allotment within the last 12 months, you may submit your previous credit history.*

*Note that credit histories can be checked periodically **without negatively affecting** your credit score.*

**18.** Are you in arrears with Westbank First Nation?  **YES**    **NO**

**18.1** If **YES**, Do you currently have a repayment plan in place with WFN?

**YES**    **NO**

**18.2** If **YES**, has this repayment plan been in place for at least 6 months?

**YES**    **NO**

**18.3** If **YES**, Are you up to date with your repayment plan?

**YES**    **NO**

**18.3.1** If **NO**, please discuss this in your letter under question 15.

*(Please refer to section 7.2(c) and 7.2(d) of the Allotment Commission Policy)*

**Please check the following boxes to indicate that you understand and agree as follows:**

- The information provided on this application is true and correct.
- The completion of this application expresses my interest in obtaining the allotment.
- I agree that once construction is complete, the home will be used as my primary residence.
- I have read the Allotment Commission Policy (Available on the Members only section of the WFN website or upon request).
- I agree to attend a homeowner's education program (Failure to agree to this will result in your application being disqualified).
- I agree to assume the responsibility and financial costs associated with the regular maintenance of my home should I be the successful applicant (Failure to agree to this will result in application being disqualified).
- Data may be collected from applications for statistical purposes, though personal identifying information will be removed beforehand.
- I understand that I may have the ability to be involved in the selection of cosmetic design features but will not be guaranteed to be involved in structural modifications of the allotment home. Any modifications or deviations from the original home design will be the financial responsibility of the successful applicant.

\_\_\_\_\_  
**Signature**

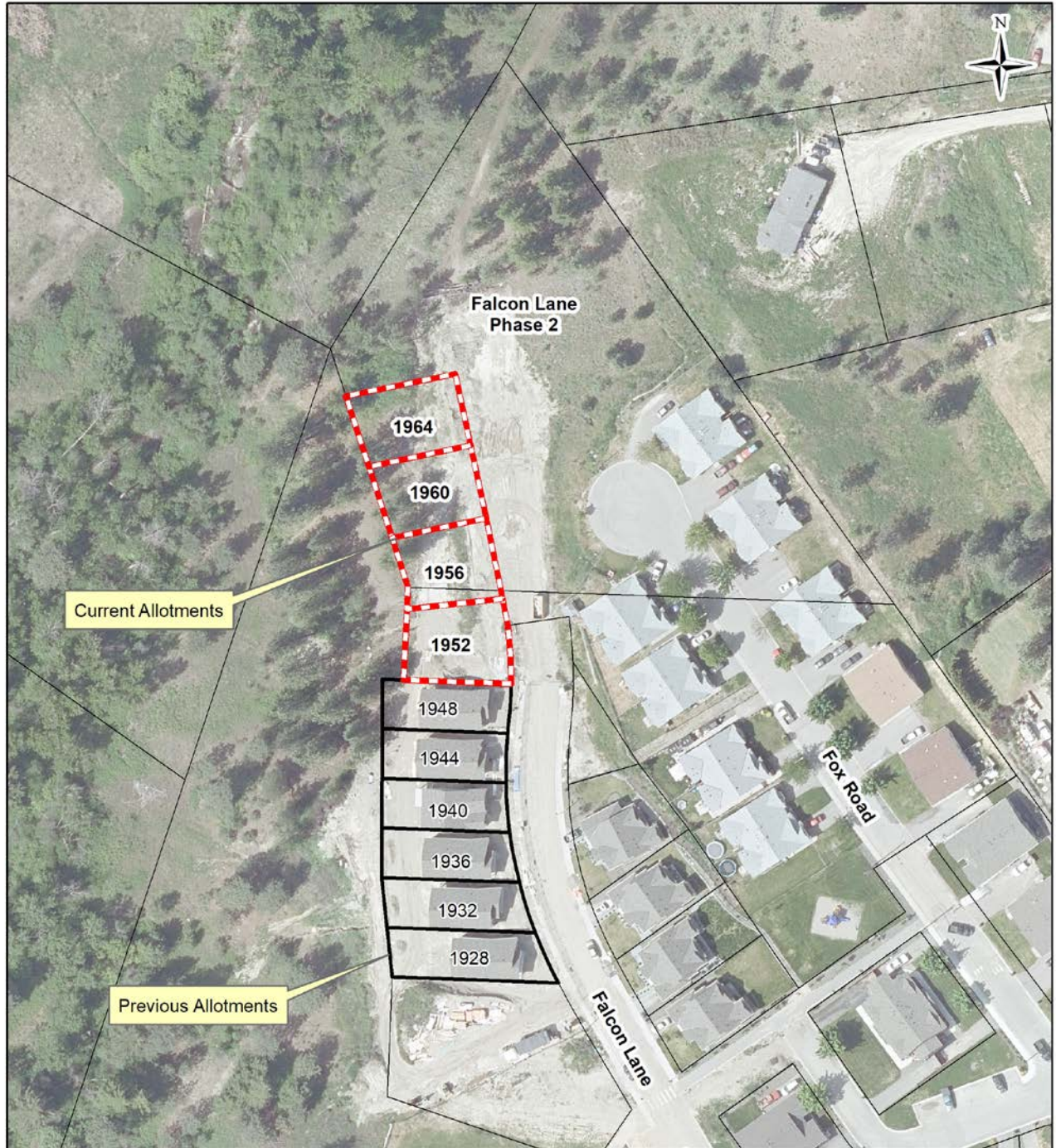
\_\_\_\_\_  
**Date**

**CONSENT TO RELEASE INFORMATION**

I understand the Administrator (or a designate) will use the information provided to establish my eligibility for the Allotment. This may include confirming this information with the appropriate Westbank First Nation staff member and others.

\_\_\_\_\_  
**Signature**



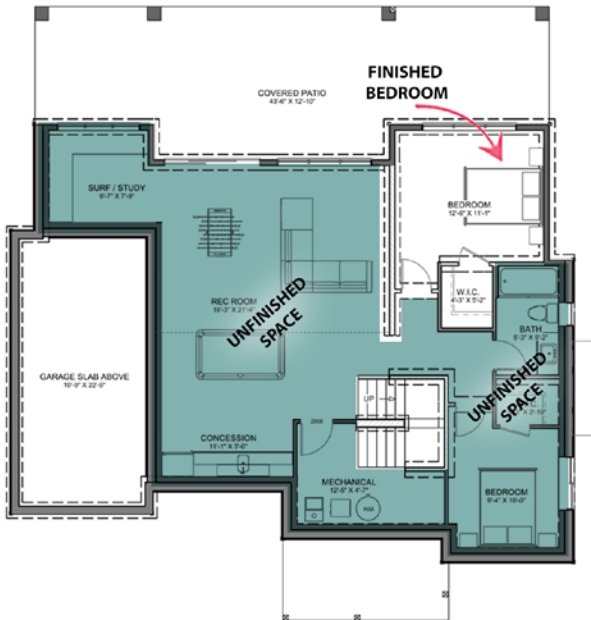


## 4 Walkout Ranchers



### MAIN FLOOR

- 1250 sq ft (approx)
- 2 Bedrooms
- 1 - Four piece bath
- Single car garage
- Covered deck and entry
- Sun deck
- Laundry / mudroom



### LOWER FLOOR

- 1080sq ft (approx)
- 1 Finished bedroom
- 1 Unfinished bedroom
- 1 unfinished bath (no fixtures)
- Covered patio

### OWNERSHIP DETAILS

- 25 Year lease to purchase agreement
- \$775 Per month
- \$37,200.00 Min income required.