Swan Lake First Nation
Housing Department

P.O Box 368 Swan Lake, MB R0G 2S0
Ph: (204) 836-2101 · Fax: (204) 836-2255 · Email: slfnhousing@slfn293.ca

HOUSING APPLICATION

******For Office Use Only******

Application #: _____

NOTE: Applicants found to have any outstanding balances or utilities owing to Swan Lake First Nation and/or Manitoba Hydro will not be considered. All debts must be paid in full before an application is accepted.
A confirmation letter shall be provided by the housing department that an application has been received and indicating whether approved or rejected within 10 business days of the date the application has been received.

*** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ***

□ Swan Lake Main Reserve □ Swan Lake 7A (Carberry)

PERSONAL INFORMATION	APPLICANT	CO-APPLICANT
Full Name		
Status Number		
Date of Birth		
Contact Number		
Marital Status		
Mailing Address		
Previous Address		
Email Address		
Source of Income List the following: (if applicable) • Source of Income (Employed, Income Assistance, Etc.) • Monthly Income		
Have you ever been assigned a unit from SLFN?		□ Yes □ No

Please list the names and incomes of ALL persons who will be residing in the home, including applicant(s) and children currently in your care. Please attach a second page if needed.

NAME	DATE OF BIRTH MM/DD/YYYY	GENDER	RELATIONSHIP	MONTHLY INCOME

1. If you listed dependants (17 years or younger) on your application, do you have shared or joint custody arrangements? **YES / NO**

2. If yes, how many days of the month are the children in your care? _____

Supporting documentation may be required at a later date regarding confirmation of custody.

Please circle those that apply to your current living conditions.

ASSESSMENT INFORMATION	CIRCLE
Current Living Conditions	
1. Are you currently homeless/houseless?	YES / NO
2. Are you at risk of becoming homeless/houseless?	YES / NO
3. Are you currently living with family/friends?	YES / NO
a. If yes, is the current unit overcrowded?	YES / NO
4. Do you currently occupy a home?	YES / NO
a. If yes, is the current unit overcrowded?	YES / NO
5. Condition of Current Unit	
a. Does your current unit pose a health and/or safety risk to the occupants?	YES / NO
6. Do you require special requirements? (ie. Wheelchair access, etc.)	YES / NO
If yes, indicate: _____	

REFERENCES:

At least one reference is required. If you do not have a past and/or present landlord, please list a character reference (cannot be an immediate family member) with a valid contact number.

Past Landlord: _____ Phone: _____

Present Landlord: _____ Phone: _____

Character Ref.: _____ Phone: _____

CONSENT:

I/We declare the above information to be true and correct.

I/We understand that this application does not constitute an agreement with the Swan Lake First Nation Housing Department or its agent, to provide me with housing accommodations.

I/We hereby authorize the Swan Lake First Nation Housing Department or its agents to make any inquiries deemed necessary in verifying the above facts to be true. I understand that any false or misleading information that I provide will be cause for rejection of this application.

_____ _____

Applicant Signature **Date**

_____ _____

Co-Applicant Signature **Date**

Your application will remain active for one year. Please contact the office to update. Failure to update will cause your application to be inactive. It is not the employee's responsibility to reach out for updates, etc.

******For Office Use Only******

Date Received: _____ **Received by**:_____

Application is: APPROVED / REJECTED **Entered:** _____

P.O Box 368 Swan Lake, MB R0G 2S0
Ph: (204) 836-2101 · Fax: (204) 836-2255 · Email: slfnhousing@slfn293.ca