



**ANISHINAABEG OF NAONGASHIING**

Housing Department

PH: (807) 488-5602 / FAX: (807) 488-5756

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**OFFICE USE ONLY**

**Date Application Received**

# RENTAL APPLICATION

## APPLICANT INFORMATION

**Full Name:** \_\_\_\_\_

**Birth Date (mm/dd/yyyy):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Anishinaabeg of Naongashiing Band Member:** YES or NO **Band #:** \_\_\_\_\_

**Marital Status:**

- Single
- Common-Law
- Married

**Children:** YES or No **If yes, how many?** \_\_\_\_\_

Children(s) Name:	Age:

Other than your children, is there anyone else living with you?

Name:	Age:	Relationship:

## EMPLOYMENT INFORMATION

Current employer:		
Employer Address:		
City:	State:	Postal Code:
Position:	How long?	Annual Income:
Phone:	Email:	

- Un-employed
- Social Assistance

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**EMERGENCY CONTACT**

Name of person not residing with you: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**CO-APPLICANT INFORMATION, IF MARRIED OR COMMON-LAW**

Full Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Anishinaabeg of Naongashiing Band Member: YES or NO Band #: \_\_\_\_\_

**CO-APPLICANT EMPLOYMENT INFORMATION**

Current employer:		
Employer Address:		
City:	State:	Postal Code:
Position:	How long?	Annual income:
Phone:	Email:	

**REFERENCES**

Name	Address	Phone
1.		
2.		
3.		

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**Please explain why you are applying for a house:**

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**I declare that all information in this application is true and accurate and understand that providing false information will result in termination of this application. I have received a copy of this application.**

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of co-applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_