



# Residential Rental Application

P.O. Box 62, Ohsweken, ON N0A 1M0  
 Phone: 519-445-2235  
 Fax: 519-445-2778  
 Email: housing\_info@sixnations.ca

Applicant(s) **must** meet all the following requirements to be eligible for a rental accommodation:

- Applicant(s) must be eighteen (18) years of age or older
- Elder applicant(s) will be 65 years of age or 60 if physically disabled
- Applicant(s) and dependent(s) must be a Six Nations of The Grand River registered band member
- Applicant(s) will adhere to the Six Nations Residency By-Law

## Part A: Applicant Information

Legal Name	10 Digit Band Number	
Mailing Address	PO Box	
City	Province	Postal Code
Primary Phone Number	Secondary Phone Number	
Email	SIN	Date of Birth

## Part B: Co-Applicant Information

Legal Name	10 Digit Band Number	
Mailing Address	PO Box	
City	Province	Postal Code
Primary Phone Number	Secondary Phone Number	
Email	SIN	Date of Birth

## Part C: Emergency Contact Information

Contact 1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact 2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## Part D: Type of Accommodation (please select only one)

Non-Elders Unit  Bedrooms: 1-Bedroom  / 2-Bedrooms  / 3-Bedrooms

Elders Unit  Bedrooms: 1-Bedroom  / 2-Bedrooms

## Part E: Employment Information

	Applicant	Co-applicant	
Employer Name:		Employer Name:	
Employer Address:		Employer Address:	
Years Employed:		Years Employed:	
Monthly Income:		Monthly Income:	

**Part F: Total Household Income (from all sources)**

Source	Applicant	Co-applicant	Other family member
Employment (all)			
Ontario Works – Welfare			
Ontario Disability Support Program (ODSP)			
Old Age Security			
Employment Insurance			
Alimony or Support			
Other:			

**Part G: Dependent(s)**

Name:	10-Digit Band #	Birthdate (D/M/Y)	Relation to Applicant(s)

**Declaration:**

I/WE declare that all information that has been provided to Six Nations Housing is true and correct.

I/WE agree to provide all information or documentation required to assess my application for accommodation, and any subsequent information requested by Six Nations Housing.

I/WE authorize any person, corporation or any agency, having knowledge of any such required information, to release the information to Six Nations Housing.

I/we agree if I/we are contacted for a residential rental unit and cannot be reached with 10 business days, my/our application will be deleted from the waiting list and I/we will be required to reapply.

I/we agree it is my/our responsibility to notify Six Nations Housing of any changes in my/our contact information.

And that, if granted accommodation through Six Nations Housing, I/WE will comply in accordance with all current and/or future Six Nations Housing Policies as set by Six Nations Housing and Six Nations of the Grand River Elected Council.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date

**SIX NATIONS HOUSING OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Letter Issued/Initial: \_\_\_\_\_ Database Entry Date/Initial: \_\_\_\_\_

Notes: \_\_\_\_\_