



**Flying Dust Housing Corporation  
HOUSING APPLICATION**

**APPLICANT INFORMATION (PLEASE PRINT)**

Name:		
Date of birth:	SIN:	Treaty #:
Current Mailing address:		
City:	Province:	Postal Code:
Email Address:		
Current Physical address:		
City:	Prov:	Postal Code:
Phone:	Cell:	Marital Status:
How many bedrooms do you require?		Do you require a unit for disabled?
Are you willing to pay rent on a CMHC unit? Y/N		
Would you be willing to submit a credit score? Y/N <i>(Please submit)</i>		
<b>**If applying for a CMHC or Rental Unit, must submit 2 most recent paystubs for yourself and your spouse.</b>		
Do you have any outstanding rent or service fees (with Flying Dust)?		
Have you ever been convicted of any drug related offence?		
Are or any members on this application gang affiliated?		

**INCOME INFORMATION**

	Applicant	Spouse/Common-law
Income After Deductions		
Social Assistance		
Training Allowance		
Employment Insurance		
Child Tax Benefit		
Workers Comp or Disability		
Pension		
<b>TOTAL MONTHLY INCOME</b>		

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**EXPENSES INFORMATION  
PLEASE LIST ANY MONTHLY LOAN OR PAYMENTS (NOT UTILITY PAYMENTS)**

APPLICANT	SPOUSE/Common-LAW

**PRESENT LIVING ACCOMMODATIONS**

Rent \_\_\_\_\_ Own \_\_\_\_\_ Band Housing \_\_\_\_\_ Other \_\_\_\_\_

Other, please explain:

Please explain why you want to leave your present accommodations: (Use extra paper if need be)

Have you ever had a band unit allocated to you before? When?

Present or previous landlord we can contact for a reference:  
***(Please submit reference letter from landlord)***

City, Prov: Phone:

Additional Reference **(MUST PROVIDE):**

Address: Phone:

**OTHER MEMBERS COMING INTO NEW HOUSEHOLD**

Last Name	First Name	Birthdate (M/D/Y)	Relationship to Applicant	Treaty Number (must put down # or put non- status)

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**EMPLOYMENT INFORMATION**

APPLICANT	SPOUSE/COMMON-LAW
Present Employer:	Present Employer:
City/Province:	City/Province:
Supervisor:	Supervisor:
Telephone:	Telephone:

**Notes to Applicant:**

- 1. Your application stays on file for a period of ONE (1) year from the date submitted. It is YOUR RESPONSIBILITY to fill out another form if you are still in need of housing 1 year after your application is submitted.**
- 2. Any decisions made in housing regarding your application, will ONLY BE DISCUSSED WITH YOU.**
- 3. Band housing is a privilege, not a right. Responsible tenancy is a priority in FD Housing Program. We do this on a point system so any info not filled in could cause low points.**

***I hereby acknowledge that the information stated above is the truth, and will only be seen and/or used by the FLYING DUST HOUSING AUTHORITY.***

Signature of Applicant

Date:

Signature of Spouse

Date:

*Ensure to fill out as much information as possible and submit any information requested...Thanks!*