

Application for a Rental Unit

Date of Application:

Personal Information

Name	First	Middle Initial	Last
Age		Zagime Anishinabek Membership Status	Are you a Zagime member? Yes/No
Date of Birth			If yes, what is your member #?
Phone Number		Work Phone Number	
Cell Number		E-mail Address	
Street Address			
City/Province		Postal Code	

If Applicable, Spouse's Personal Information

Name	First	Middle Initial	Last
Age		Zagime Anishinabek Membership Status	Is your spouse a Zagime member? Yes/No
Date of Birth			If yes, what is your spouse's member #?
Phone Number		Work Phone Number	
Cell Number		E-mail Address	
Street Address			
City/Province		Postal Code	

Other Occupants Information

In addition to yourself, who will reside in the rental unit?

Name	Their Relationship to You (i.e. spouse, child, mother, father, sibling, friend)	Date of Birth	Zagime Anishinabek Membership Status
1.			Is the person a Zagime member? Yes/No If yes, what is their member #?
2.			Is the person a Zagime member? Yes/No

			If yes, what is their member #?
3.			Is the person a Zagime member? Yes/No
			If yes, what is their member #?
4.			Is the person a Zagime member? Yes/No
			If yes, what is their member #?
5.			Is the person a Zagime member? Yes/No
			If yes, what is their member #?

Landlord References

If you have rented housing at any point during the last five (5) years, please list the contact information for each of the landlords you had during the last five (5) years. When possible, please also attach written references from the landlord which confirms you complied with your tenancy agreement. Where a written references is not provided, the landlord will be contacted by phone or email to confirm the reference.

Name of Landlord	Start Date of Tenancy	End Date of Tenancy	Landlord Phone Number / Email
1.			
2.			
3.			
4.			
5.			

Other Reference(s)

If you have not rented housing at any point in the last 5 years, please list the contact information for at least one (1) person you previously lived with. When possible, please also attach a written reference from the person(s) which confirms you complied with the expectations of the household and conducted yourself in a reasonable manner. Where a written reference is not provided, the person will be contacted by phone or email to confirm the reference.

Name of Reference	Date you started living together	Date you stopped living together	Reference Phone Number / Email
1.			
2.			
3.			
4.			
5.			

Zagime Anishinabek Account Information	
1. Do you have outstanding debt with Zagime Anishinabek? If yes, do you have an active Rental Recovery Agreement? If yes, have you ever missed three or more consecutive payments under your Agreement?	Yes/No Yes/No Yes/No
2. Have you ever been evicted from Zagime Anishinabek housing?	Yes/No
3. Have you failed to comply with a Tenancy Agreement within the past two years?	Yes/No
4. You must provide written confirmation from the Zagime Anishinabek finance department that you do not have rental arrears or other outstanding housing payments with Zagime – have you done so?	Yes/No
5. If you have a spouse, you must also provide written confirmation from the Zagime Anishinabek finance department that your spouse does not have rental arrears or other outstanding housing payments with Zagime – have you done so?	Yes/No
SaskPower and/or SaskEnergy Information	
6. Do you currently have an account with SaskPower and/or SaskEnergy? If yes, please provide written confirmation from SaskPower and/or SaskEnergy that your account is in good standing If no, please provide written confirmation from SaskPower and/or SaskEnergy that you do not have any arrears or payments owing on any previous account.	Yes/No
Income Information	
7. Are you currently employed? If no, what is your current income source: _____	Yes/No

8. <i>If applicable</i> , is your spouse employed? If no, what is their current income source:			Yes/No
Employment Information (if applicable)			
Name of Employer			
Employment Type	Full-time/Part-time/Temporary	Start date	
Job Title		Annual income	
Address & Contact Information			
Employment Information of Spouse (if applicable)			
Name of Employer			
Employment Type	Full-time/Part-time/Temporary	Start date	
Job Title		Annual income	
Address & Contact Information			
Housing Information			
9. If you have a home, please describe your current housing situation, including the number of rooms, how many people live with you, and their relationship to you or other person(s) listed on this application, and whether more than one family lives in your current home.			
10. If you do not have a home right now, was your previous home destroyed by fire? Yes/No			
11. How long have you lived at your current address?			
12. If you have lived at your present address for less than 24 months, please include your previous address as well as details on the number of bedrooms/tenants, costs, and how long you lived there.			

Income Verification

1. Please provide your annual income and expenses. Where the income or expense is monthly, multiply the monthly amount by 12 for the annual amount. If you are unsure how much your rent and utilities will be, leave those items blank and do not calculate totals.
2. If you have arrears or are filling this form out for arrears purposes, you must include details of your arrears payments as a monthly expense.
3. After filling out each box, add up the totals.
4. Your income should exceed your cost-of-living expenses in order to maintain your cost of living.

<i>Annual Primary Income</i>		<i>Annual Primary Cost of Living Expenses</i>	
Employment Income \$ _____ x 12 =		Rent \$ _____ x 12 =	
		Arrears Repayment \$ _____ x 12 =	
Spousal Income \$ _____ x 12 =		Utilities (hydro/gas) \$ _____ x 12 =	
		Contents insurance \$ _____ x 12 =	
Social Assistance \$ _____ x 12 =		Vehicle Payment \$ _____ x 12 =	
		Gasoline & Repairs \$ _____ x 12 =	
Education Allowance \$ _____ x 12 =		Vehicle Insurance \$ _____ x 12 =	
		Groceries \$ _____ x 12 =	
Employment Insurance \$ _____ x 12 =		Ordered Payments \$ _____ x 12 =	
Other: _____		Loan payments \$ _____ x 12 =	
Other: _____		Credit payments \$ _____ x 12 =	
SUBTOTAL (w)		SUBTOTAL (y)	
<i>Secondary Income</i>		<i>Secondary Cost of Living Expenses</i>	
GST / Tax Refund		Cigarettes & Tobacco \$ _____ x 12 =	
Child Tax Benefits \$ _____ x 12 =		Clothes & Hygiene \$ _____ x 12 =	
Other: _____		Cell phone/phone \$ _____ x 12 =	
Other: _____		Internet \$ _____ x 12 =	
Other: _____		Cable TV \$ _____ x 12 =	
Other: _____		Entertainment \$ _____ x 12 =	
SUBTOTAL (x)		SUBTOTAL (z)	
TOTAL INCOME (w+x)		TOTAL EXPENSES (y+z)	

Total Income: _____ - (minus) Total Expenses: _____

= TOTAL SURPLUS/SHORTFALL: _____

Application Checklist

Before you submit your application, please double check that:

- You have completed this entire application form
- You have attached written confirmation from the Zagime Anishinabek finance department that you (and if applicable your spouse) do not owe rental arrears or other outstanding housing payments to Zagime
- You have attached written confirmation from SaskPower and/or SaskEnergy that:
 - You have an account in good standing; or
 - You have no arrears on any previous account(s)
- You have attached written verification of income in the form of:
 - Copies of your and/or your spouse's three most recent consecutive pay stubs;
 - Written confirmation from the social development department of the amount you and/or your spouse receive as income assistance benefits; or
 - Your and/or your spouse's most current pension or income benefit payment slip
- When possible, you have attached
 - Written references from landlords you had in the last 5 years confirming you complied with your tenancy agreement; or
 - Written references from someone you lived with in the past 5 years confirming you complied with the expectations of the household and conducted yourself in a reasonable manner

Declaration

By signing below, I hereby certify and acknowledge that everything I state in this application is true to the best of my knowledge, and I authorize Zagime Anishinabek First Nation to contact my references:

Signature	Date
Print Name	