



**FORT NELSON
FIRST NATION
HOUSING APPLICATION
LETTER
OF
INSTRUCTION**

2026 KENNAH-YAH ROAD
RR #1, MILE 295 ALASKA HIGHWAY
FORT NELSON, BC V0C 1R0
PHONE (250)774-7257
FAX (250)774-7260

PLEASE READ CAREFULLY!!!

**This is to assist you with completing your application for processing.
Your application WILL NOT be processed if information is incomplete.**

In order for your application file to be complete, you must:

1. **ANSWER ALL QUESTIONS** on the application form. Applicant (and Co-applicant if applicable) **must** sign and **date** the form.
2. Include the two most recent copies of your income verification (pay stubs).
3. Include a copy of Fort Nelson First Nation Status Card (front and back).
4. Include a copy of your most recent Income Tax Return.
5. Include two letters of reference*, one from your current landlord and one from a previous landlord. All landlord references must include the landlord's name, address and phone number. The letter must state the rental address, move-in and move-out date(s).
6. Include employer name and phone number for references.
7. **If landlord references cannot be obtained include a letter for your file explaining why.**
8. Enclose a copy of the doctor / nurse assessment, if applicable.
9. Attach a completed copy of the Residency By-Law and Criminal Records Check, if applicable.

***References from a relative will not be valid.**

Ministerial Guarantee:

If applying for a Ministerial Guarantee, is your Letter of Intent attached?

If applying for a Ministerial Guarantee, is your lot request attached?

If applying for a Ministerial Guarantee, are your housing plans attached?

Incomplete files will remain active for six (6) months, after this time your application will be archived and you must reapply.



Fort Nelson First Nation
Housing Dept
RR#1, Mile 295, Alaska Highway
Fort Nelson, BC V0C 1R0
Telephone: (250) 774-7256 Fax: (250) 774-6601

Housing Application Form Checklist:

- Application filled out to the best of applicant's knowledge _____
- Clerk to Council, verification applicant is a band member _____
- Copy of Indian Status Card attached _____
- Finance Department, verification applicant is in good financial standing with Fort Nelson First Nation _____
- Copy of last landlord reference letter, if applicable _____
- Signed and dated the Housing Application _____
- Have you attached your recent Income Tax Return _____
- Have you attached your Income Verification _____
- Enclose a copy of the doctor/nurse assessment, if applicable _____
- Residency By-Law, if applicable _____

Ministerial Guarantee:

- If applying for a Ministerial Guarantee, is your Letter of Intent Attached? _____
- If applying for a Ministerial Guarantee, is your lot request attached? _____
- If applying for a Ministerial Guarantee, is your housing plans attached? _____

Date: _____
Initial: _____



Fort Nelson First Nation
Housing Dept
RR#1, Mile 295, Alaska Highway
Fort Nelson, BC V0C 1R0
Telephone: (250) 774-7256 Fax: (250) 774-6601

HOUSING APPLICATION FORM

WHO IS ELIGIBLE:

Fort Nelson First Nation band member of the age of 19 are eligible for housing on reserve.

The Housing Authority assesses each applicant's need for housing based on criteria, which includes the applicant's income, currently living situation and personal and family requirements as compare to other applicants.

PURPOSE OF THIS FORM:

This application form is designed to collect specific information from applicants seeking housing. This Housing Authority will use this information to determine your eligibility for housing and the types of accommodation that best suit your needs.

IMPORTANT INFORMATION:

In the Fort Nelson First Nation community, affordable housing vacancies are limited. To increase your chances of obtaining housing, it is highly recommended that you must fill out this form **completely; otherwise, it will not be reviewed by the Housing Authority until your application is complete.**

It is **your responsibility** to update your application, if any of your personal information changes. You are required to update your application annually. If you do not update your application annually then it will not be reviewed, if any vacancies arises that best suit your needs.

Please provide a day and evening phone numbers, or the phone number of a contact person so that Housing department can contact you if a unit becomes available.

INTERNAL:

Did you give them a copy of the point system? Yes No



OFFICE USE ONLY	
File Number: _____	Date Received: _____

ARE YOU APPLYING FOR: Rental Housing Ministerial Guarantee Elder Housing

A.) **APPLICANT(S):** (Person(s) asking for accommodations.)

LAST NAME	FIRST NAME	Mr. Mrs.	Miss. Ms.	HOME PHONE
LAST NAME	FIRST NAME	Mr. Mrs.	Miss. Ms.	MESSAGE PHONE
Address: suite, house number, street, city, province, postal code (include mailing address if different)				
Band number: _____		Confirmation by Membership Clerk:		
Name of Spouse: _____		Band Number: _____		
Marital Status:				
Married: _____		Divorced: _____		Common-in-law: _____
Separated: _____		Single: _____		If so, how long? _____

B.) **HOUSEHOLD COMPOSITION:** (List yourself one line 1, then list all other persons in your household who will be living with you. If there are more than 8 people in your household, attach the extra names on a separate sheet. For the Special Needs or circumstances consideration, please attached the Doctor/Nurse assessment. Please ensure you and your household members comply with the FNFN Residency By-Law)

Please attach the letter of approval for any Non-Band members (as per residency By-Law): YES _____ NO _____

FULL NAME (last name, first)	Birth Date D/M/Y	Band Member No#	Age	Sex	Relationship to Applicant	Type of Disability	Wheelchair requirement
1.							Yes
2.							Yes
3.							Yes
4.							Yes
5.							Yes
6.							Yes
7.							Yes

Do you expect the number of people in your family to change in the next 12 months? (pregnancy, family joining, family leaving)

check if yes. Please explain: _____

C.) RESIDENCY HISTORY: (Please list your addresses for the past 2 years. Use a separate sheet if required)

ADDRESSES	From Date	To Date	Name of Landlord	Landlord Phone NO.

Have you previously live in a Band Home before? Check if Yes

If yes, when and what address? _____

What were the dates of your residency? From _____ To _____

Housing Department verification attached.

D.) INCOME INFORMATION: (List gross monthly income (before deductions) for all members of your household, age 19 and older, from all sources. Please attach income verification.)

FIRST NAME	SOURCE (i.e. employment, EI, Pensions, income assistance, etc.)	Gross Monthly Income (\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
TOTAL GROSS MONTHLY INCOME FOR HOUSEHOLD		\$

E.) ASSETS: (Please list the current value of all assets held by you and members of your household.)

CASH/BANK BALANCES	\$	STOCKS/BONDS /TERM DEPOSITS	\$	VALUE OF REAL ESTATE OWNED	\$

OTHER ASSETS: (e.g. RRSPs, Annuities, Mortgages held by household members.) Please list below.

	\$		\$
	\$		\$

Do you owe any monies to the Fort Nelson First Nation? Yes No

If yes, then how much do you owe? _____

Please be specific, why you owe money _____

Verification from the Finance Dept. Date: _____ Bookkeeper Initial : _____

F.) **CURRENT ACCOMODATIONS:** (Please describe your current accommodations as completely as possible by checking and/or completing the information below.)

Please state: Your current monthly rent \$ _____ Does your rent include heat? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your current accommodations:			
1. Apartment <input type="checkbox"/>	2. House/Duplex/Townhouse <input type="checkbox"/>	3. Housekeeping Room <input type="checkbox"/>	4. Basement Suite <input type="checkbox"/>
5. Room & Board <input type="checkbox"/>	6. Trailer <input type="checkbox"/>	7. Living with Family/Friends <input type="checkbox"/>	
8. Hotel/Motel <input type="checkbox"/> 9. Other (please explain) _____			
How many bedrooms do you have now? _____			
Do you:			
1. Rent <input type="checkbox"/>	2. Own <input type="checkbox"/>	3. Share Expenses <input type="checkbox"/>	4. Have Free Accommodations <input type="checkbox"/> 5. Living in a Co-op <input type="checkbox"/>
Does your present accommodations have a:			
Bathroom	Private <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>
Kitchen	Private <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>
Outdoor Play Area	Private <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>
Do you have any household pets? <input type="checkbox"/> Yes (It is important that you list all pets) Number of Pets _____			
Do you have a dog? If yes, please indicate which type or breed of dog. _____			
Other pets? (Please indicate) _____ Are you willing to give up your pet (if any) <input type="checkbox"/> Yes <input type="checkbox"/> No			

G. **REASON FOR MOVE:**

Are you under notice to end your present tenancy (check, if yes) <input type="checkbox"/>
If yes, please attach a copy of the legal Notice to End a Residential Tenancy from your landlord.
If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information)
1. _____
2. _____
3. _____
4. _____
5. _____

H. **Application for Checklist:**

BEFORE, returning your Housing Application have you included the following documents?

- Completed your Application, in full?
- Have you attached a copy of your status card?
- Enclose a copy of your last landlord reference, if applicable?
- Signed and dated the Application in the space below?

- Have you attached your recent Income Tax Return?
- Have you attached your Income verification?
- Enclose a copy of the doctor/nurse assessment, if applicable?
- Residency By-Law, if applicable
- If applying for a Ministerial Guarantee, is your Letter of Intent attached?
- If applying for a Ministerial Guarantee, is your lot request attached?
- If applying for a Ministerial Guarantee, is your housing plans attached?

DECLARATION: Please read and sign this statement.

I/We declare:

- This is my application; and
- All the information in it is correct and completed to the Best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), Fort Nelson First Nation to may any inquires that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to FNFN any information pertinent to the assessment of my/our application; and
- FNFN to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision making process to provide me/us with rental accommodations.

I/WE understand:

- That, in accordance with section 33 c of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent geared-to-income housing; and
- That this application does not constitute any agreements on the part of FNFN to provide me/us with rental accommodations; and
- That it is my/our responsibility to advise FNFN of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Signature of Applicant:	Date
Signature of Applicant:	Date

OFFICE USE ONLY:

Received by: _____ Date: _____

Comments: _____

Approved: _____ Date: _____

Comments _____

FORT NELSON FIRST NATION -- Client Selection Assessment Form

APPLICANT NAME: _____ REVIEW DATE: _____ SCORE: _____ %

EVALUATION CRITERIA	POINTS	MAXIMUM POINTS	POINTS AWARDED
1. On-reserve residence (over past 10 years) (ordinary resident)			
5+ years	6	6	
Left for educational purposes and returned with degree, etc.	6		
Less than 5 years	4		
Off reserve resident living within 20 km of reserve	2		
Off reserve resident living outside 20 km of reserve	0		
2. Current Housing Status			
Applicant or Spouse own home	0	10	
FNFN House/Rental	5		
Temporary/Homeless	10		
3. Over-crowding of current residence – number of occupants/bedroom as per the National Occupancy Standards			
3 or more	10	10	
2 or more	5		
Less than 2	0		
4. Family Size – (children = under 19 years of age)			
Single, no children	2	12	
Couple, no children	4		
Family 1-2 Children	6		
Family 3-5 Children	8		
Family 6+ Children	10		
Single Parent Family	Add 2		
5. Household Income			
Less than 15,000	2	8	
15,000-24,000	4		
24,000-35,000	6		
35,000+	8		
6. Client History in care and maintaining FNFN homes* (past 5 years)			
Major damages (exceeding \$500)	-15	5	
Minor damages (\$100 - \$500)	-5		
Adequate	5		
NA	0		

¹ One bedroom for: each cohabiting adult couple; unattached household member 18 years of age and over; same-sex pair of children under age 18; and additional boy or girl in the family, unless there are two opposite sex children under 5 yrs of age, in which case they are expected to share a bedroom. A household of one individual can occupy a bachelor unit (i.e. a unit with no bedroom).

FORT NELSON FIRST NATION – Client Selection Assessment Form

	POINTS	MAXIMUM POINTS	POINTS AWARDED
7. State of Current Home – through no fault of tenant			
NA/Adequate	0	10	
Minor repairs	2		
Major repairs	6		
Beyond repairs/Replacement/Health Hazard	10		
8. Special Needs or Circumstances-- includes disability of applicant or immediate family member/dependent of same household, elderly, expectant mothers, etc.			
None	0	9	
Minor need (OK where residing)	3		
Short term need (temporary disability)	6		
Long term need (growing family, permanent disability, etc.)	9		
9. FNFN Members			
Non-Nation members	0	10	
2 points per each Nation member up to 10 points	2-10		
10. References** - may not be from an immediate family member			
Good Reference - 5 Notable/Uncertain - 1 No References - 0		10	
Employment (within last 5 years)	0-1-5		
Personal/Landlord (within last 5 years)	0-1-5		
11. Date of Application – the date from first application, if renewed annually			
First application	0	10	
2 points per year to a maximum of 10 points	2-10		
12. Financial Standing/History with FNFN			
Good standing	0	0	
Financial arrears with FNFN	-15		
Previous eviction from FNFN rental within 5 years of application	-15		
13. Proof of Income			
The applicant will receive 10 points for verifying that a long term sufficient income is available for monthly rent	0	10	

**References must confirm that the potential tenant is financially responsible, clean, non-disruptive and respectful.

A. Total all points awarded Divide into Maximum score Multiply by 100 = % Record Score	TOTAL POINTS		SCORE
	MAXIMUM SCORE	110	
B. *Remove Category 7 if applicant has no residency history with FNFN Calculate Score same as above	TOTAL POINTS		SCORE
	MAXIMUM SCORE	105	