

NAK'AZD'LI WHUT'EN HOUSING POLICY
Version 1.0

FORM F-1 – GENERAL HOUSING APPLICATION

(For Band Housing, Housing Society Covered Housing, and Housing Programs)

A. Applicant Identification

1. Applicant Legal Name: _____
2. Preferred Name (if different): _____
3. Date of Birth (YYYY/MM/DD): _____ / _____ / _____
4. Nak'azd'li Whut'en Member? Yes No
Band Registration / Status Number (if applicable): _____
5. Contact Information:
Mailing Address: _____
City / Province / Postal Code: _____
Primary Phone: _____ Alternate Phone: _____
Email (if any): _____

B. Application Type (check all that apply)

- Band Rental Housing
- Housing Society Covered Housing
- Elders' Housing
- Transitional / Emergency Housing
- On-Reserve Housing Subsidy Program (Schedule A)
- Off-Reserve Housing Subsidy Program (Schedule B)
- Renovation / Repair Program (specify): _____
- Other Housing Program (specify): _____

C. Current Housing Situation

1. Current Housing Type (check one):
 - Own home Rent market unit Rent subsidized unit
 - Living with family/friends (no formal tenancy)
 - Motel / hotel / shelter
 - Couch-surfing / unstable
 - Homeless (unsheltered or emergency shelter)
 - Other (describe): _____
2. Current Address (if different from mailing): _____

3. How long have you lived at this address? _____
4. Reason for seeking housing / housing assistance (brief summary):

D. Preferred Location / Housing

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1. Do you wish to live: On reserve Off reserve Either / no preference
2. Preferred community / area (if on reserve): _____
3. Type of unit requested (check all that apply):
 - 1-bedroom 2-bedroom 3-bedroom 4-bedroom or larger
 - Accessible / barrier-free unit
 - Elders' unit
 - Family unit
 - Staff housing (if applicable)
 - Other: _____
4. Are there reasons you cannot live in certain areas (e.g., safety, family law orders)?
 - No Yes – please explain briefly:

E. Declaration

I confirm that the information in this Form F-1 is true and complete to the best of my knowledge. I understand that providing false or misleading information may affect my eligibility for housing or Housing Programs.

Applicant Signature: _____ Date: _____

Co-Applicant (if any): _____ Date: _____

FORM F-2 – HOUSEHOLD COMPOSITION & PRIORITY INFORMATION

A. Household Members

List all people who will live in the household if this application is approved.

1. Applicant (from Form F-1)
Full Name: _____ Date of Birth: _____
Relationship: Self
2. Co-Applicant (if any)
Full Name: _____ Date of Birth: _____
Relationship to Applicant: _____
3. Other Household Members

#	Full Name	Date of Birth (YYYY/MM/DD)	Relationship to Applicant	Nak'azd'li Member? (Y/N)
1				
2				
3				
4				
5				

(Add additional rows as needed.)

Total number of people who will live in the household: _____

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B. Priority Factors

1. Are any household members:

- Elders (age 65 or older) – how many? _____
- Persons with disabilities – how many? _____
- Children (under 19) – how many? _____
- Pregnant or expecting a child within 6 months

2. Current Housing Risk (check all that apply):

- Homeless or staying in shelter
- Facing eviction within 60 days
- Fleeing violence or abuse
- Overcrowded housing (more than 2 people per bedroom, or other serious overcrowding)
- Housing is unsafe or unfit (health and safety concerns, e.g., mould, structural issues)
- Living temporarily with family/friends due to lack of other options
- Other (explain): _____

3. Please briefly explain any urgent or special circumstances that should be considered (attach additional page if needed):

C. Consent to Use Priority Information

I understand that the information in this Form F-2 will be used to determine my eligibility and priority for Covered Housing and Housing Programs, in accordance with the Housing Policy and Schedule L – Housing Data Governance & Privacy.

Applicant Signature: _____ Date: _____

FORM F-3 – INCOME, RENT AFFORDABILITY & FINANCIAL INFORMATION

A. Household Income

List **all** sources of income for all adults in the household (attach additional page if needed).

1. Applicant

Source(s) of Income (check all that apply):

- Employment (full-time)
- Employment (part-time / casual)
- Self-employment
- Income assistance / social assistance
- Disability benefits
- Pension (CPP/OAS/other)

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- Employment Insurance
- Child or spousal support
- Other (specify): _____

Approximate Gross Monthly Income (before deductions): \$ _____

2. Co-Applicant / Other Adults

Name Source(s) of Income Gross Monthly Income

\$
\$

Total Gross Monthly Household Income: \$ _____

B. Current Housing Costs

1. Monthly Rent or Housing Charge: \$ _____
2. Utilities (if not included in rent):

Heat: \$ _____ Hydro/Electric: \$ _____ Water: \$ _____
Other regular housing-related costs (specify and amounts):

Approximate Total Monthly Housing Costs (current): \$ _____

C. Affordability

1. Are you currently behind on rent or housing costs? No Yes

If yes, total amount owing (approximate): \$ _____

2. Do your current housing costs cause you to go without other essentials (food, medicine, etc.)?
 No Yes – please explain briefly:

3. If you are seeking a subsidy, how much assistance do you believe you need per month to remain stable in your housing? \$ _____ (approximate)

D. Declaration

I understand that this financial information will be used to determine my eligibility for Housing Programs and to ensure compliance with the Financial Administration Law. I agree to provide proof of income if requested.

Applicant Signature: _____ Date: _____

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FORM F-4 – CONSENT TO OBTAIN, USE AND SHARE INFORMATION

A. Purpose of Consent

To determine eligibility for housing and Housing Programs, manage tenancies, administer subsidies, and comply with funding and reporting requirements, the Housing Department and, where applicable, the Yoh Huwunline Housing Society may need to:

- verify information I have provided;
- obtain information from other sources; and
- share limited information with certain agencies or departments.

B. Consent

I, _____ (full legal name), hereby:

1. Consent to Nak'azd'li Whut'en Housing Department and, where applicable, the Yoh Huwunline Housing Society collecting, using and disclosing my personal information, and the personal information of household members I have listed, for the purposes of:
 - (a) confirming my identity, Membership, and eligibility for Covered Housing or Housing Programs;
 - (b) assessing and managing my application, tenancy, or Housing Program participation;
 - (c) administering subsidies and complying with the Financial Administration Law;
 - (d) coordinating with internal departments (for example, Finance, Social Development, Health) where reasonably necessary to support housing stability; and
 - (e) meeting reporting requirements to funding agencies such as BC Housing and CMHC, in a manner consistent with their rules and with Schedule L – Housing Data Governance & Privacy.
2. Authorize the Housing Department and/or the Housing Society to obtain information relevant to my application or tenancy from:
 - (a) BC Housing or similar housing agencies;
 - (b) landlords/housing providers listed in my application;
 - (c) internal Nak'azd'li Whut'en departments and programs; and
 - (d) other agencies where I have expressly authorized release of information.
3. Understand that I may withdraw my consent in writing at any time, but that withdrawal of consent may affect my eligibility for housing or Housing Programs if necessary information cannot be collected or verified.
4. Acknowledge that my information will be stored securely and retained in accordance with Nak'azd'li Whut'en's recordkeeping policies and Schedule L – Housing Data Governance & Privacy.

Applicant Signature: _____ Date: _____

Witness (optional): _____ Date: _____

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FORM F-5 – ARREARS AND TENANCY HISTORY DISCLOSURE

A. Previous Housing with Nak'azd'li Whut'en or Yoh Huwunline Housing Society

1. Have you previously rented or lived in Band Housing?
 No Yes – provide details:
Address: _____
Approximate dates: _____
2. Have you previously rented or lived in Housing Society housing?
 No Yes – provide details:
Address: _____
Approximate dates: _____

B. Arrears

1. Do you presently owe any money to:
 - (a) Nak'azd'li Whut'en (for rent, damage, Housing Program repayment, or other housing-related costs)?
 No Yes – approximate amount: \$ _____
 - (b) Yoh Huwunline Housing Society (for rent, damage, or other housing-related costs)?
 No Yes – approximate amount: \$ _____
2. If yes, are you currently on a repayment plan?
 No Yes – monthly payment amount: \$ _____

C. Other Tenancy History

1. In the last 5 years, have you been evicted from any housing?
 No Yes – explain briefly (where, when, and why):

2. Is there anything else about your tenancy history that you want us to know or consider?

D. Declaration

I understand that failure to disclose arrears or significant tenancy history may affect my eligibility. I declare that the information in this Form F-5 is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

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FORM F-6 – EMERGENCY CONTACT & SUPPORTS INFORMATION

A. Emergency Contacts

Please list at least one person (not living in your household) who can be contacted in an emergency and/or who can help us reach you if we lose contact.

1. Primary Emergency Contact

Name: _____
Relationship to Applicant: _____
Mailing Address: _____
Phone(s): _____
Email (if any): _____

2. Secondary Emergency Contact (optional)

Name: _____
Relationship: _____
Contact Information: _____

B. Supports

1. Are you currently connected with any supports (check all that apply):

- Social Development / Income Assistance
- Health services (e.g., community health nurse, mental health worker)
- Child and Family Services
- Addictions services
- Justice / probation / restorative justice
- Elder support services
- Other (describe): _____

2. May we, with your consent, coordinate with these supports if needed to help maintain your housing?

- Yes No

(If “Yes”, the Housing Department may request additional consent where required.)

Applicant Signature: _____ Date: _____

FORM F-7 – SPECIAL NEEDS, ACCESSIBILITY & SAFETY INFORMATION

(Completion of this form is voluntary but may help identify appropriate housing and supports.)

A. Accessibility and Medical Needs

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1. Do you or any household member have a disability or medical condition that affects housing needs?
 No Yes – please describe in general terms (do not include diagnoses unless you wish to):

2. Accessibility features needed (check all that apply):

- No stairs / ground-floor unit
- Wheelchair-accessible unit
- Grab bars or other bathroom supports
- Wider doorways
- Visual alarms or other sensory supports
- Nearby parking
- Other (specify): _____

B. Safety Considerations

1. Are there safety concerns that affect where or with whom you can live (e.g., family violence, protection orders)?
 No Yes – please describe in general terms:

2. Is it unsafe for you to live near a particular person or area?
 No Yes – briefly explain (you may request to speak privately to staff):

C. Consent

I understand that the information in this Form F-7 will be used only to help match my household with appropriate housing and supports, and will be handled in accordance with Schedule L – Housing Data Governance & Privacy.

Applicant Signature: _____ Date: _____

FORM F-8 – INTERNAL APPLICATION INTAKE CHECKLIST
(Staff Use Only – Not for Member Completion)

Applicant Name: _____ File No.: _____
Date Application Received: _____ Received By: _____

A. Forms Received

- Form F-1 – General Housing Application
- Form F-2 – Household Composition & Priority Information
- Form F-3 – Income, Rent Affordability & Financial Information

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- Form F-4 – Consent to Obtain, Use and Share Information
- Form F-5 – Arrears and Tenancy History Disclosure
- Form F-6 – Emergency Contact & Supports Information
- Form F-7 – Special Needs, Accessibility & Safety Information (optional)

B. Attachments

- Photocopy / scan of ID and status card (if applicable)
- Proof of income (pay stubs, income-assistance statement, etc.)
- Copy of current tenancy or occupancy agreement (if applicable)
- Landlord letter / rent ledger (if applicable)
- Other documents (list): _____

C. Initial Eligibility and Priority Review

1. On-reserve or off-reserve?
 On-reserve Off-reserve Both considered
2. Preliminary eligibility for:
 - Band Housing
 - Housing Society Covered Housing
 - On-Reserve Housing Subsidy Program
 - Off-Reserve Housing Subsidy Program
 - Other Program(s): _____
3. Priority category (if applicable):
 - Homeless / unsheltered
 - Imminent eviction
 - Fleeing violence
 - Overcrowded housing
 - Elder / disability priority
 - Family with children
 - Other: _____

D. Arrears Check

- Checked Band Housing and Housing Program arrears
- Checked Housing Society arrears (if applicable)
- Arrears exist? No Yes – total approx.: \$ _____
- Repayment agreement in place? No Yes – details: _____

E. Staff Notes

F. Intake Completed By

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Name: _____ Position: _____
Signature: _____ Date: _____

Supervisor Review (if required): _____

Please provide the name and contact info for two rental references:

- 1.
- 2.