

Please check only one box ☐ Housing ☐ Rental					
DATE OF APPLICATION					
APPLICANT INFORMATION					
SPOUSES NAME:		SPOUSES STATUS NUMBER:			
LAST NAME:		FIRST NAME:			
INDIAN STATUS NUMBER:		DATE OF BIRTH			
Sex: Male Female Marital Status: Single				DAY d	
Current Street Address:		∐ ⊔ Wiac	owed □Other		
City:		Province:		Postal Code:	
Home Phone:		— L	Cell Phone:	1	
Work Phone:		What hours do you work?			
Mailing Address (if different than a	above):				
Street #					
Contact Name:			Relationship to applicant:		
Phone :					
Reference:		Relationship to applicant:			
Phone:					
List the names of all adults & childr This section must be completed	en that wi	ll be living with you.			
Last Name		First Name	Relationship to You	Date of Birth	Status
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	YES	NO
Do all family members currently live with you?		
Do you share custody of the children listed in this application?		
Do you have full custody of the children listed in this application?		
Do you own, or are you a co-owner of the home you currently live in?		
Do you or anyone on this application own property in Canada or any other country? If yes what is the estimated value?		
Can you transfer an account in your name? (Hydro is the responsibility of the tenant)		
Do you smoke? (All Rental Units are Non-Smoking)		
Do you have pets?		
Are you able to acquire contents insurance?		
Do you have any outstanding debts with the Chippewas of Georgina Island?		
(if any debt is outstanding to the First Nation this application will not be considered)		
I wish to apply for the following size of unit : Bachelor One bedroom Two	bedroom	
☐ Three bedroom ☐ Four bedroom		
The number of bedrooms you are eligible for is determined by the occupancy size standards t	that apply to your h	ousehold size
The First Nation will verify if you are eligible for the size of unit you have selected.		
What is your current living status □ Rent □ Own □ Other Please specify :		
		<u></u>
Name of your current Landlord:		
How long have you lived at present address?		
Landlords phone number :		
Monthly payment of rent:		
What is your reason for moving?		
If you are selected for a rental unit, payment of the first and last month's rent must be paid p	rior to moving into	the unit. Do
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First and last month's rent will be required upon approval of this application. This is considered as a security deposit. A lease will be issued by Georgina Island First Nation pursuant to its Land Code, which came into force January 1, 2000. The lease is executed on behalf of Georgina Island, First Nation by an official duty authorized by the First Nation. Please know that the Ontario Landlord Tenant Protection does not apply to the First Nation.

CREDIT APPLICATION

EMPLOYMENT INFORMATION

	EMPLOTMENT INFORMATI	UN		
Current employer:				
Employer address:			How long?	
Phone: E-mail:	y		Fax:	
City:	Province:	i	Postal Code	
Position:	Hourly Salary (Please	circle)	Annual inco	ome:
Previous employer:		•		
Address:			How long?	
Phone: E-mail:	Q-1000000000000000000000000000000000000		Fax:	
City:	Province:		Postal Code	e:
Position:	Hourly Salary (Please	circle)	Annual inco	ome:
CO-APPLICA	NT INFORMATION, IF FOR A	JOINT AC	COUNT	
Name:	¥ COMM No No No COMP COMP COMP COMP COMP COMP COMP COMP			
Date of birth:	SIN:	: , A	Phone:	
Current address:				
City:	Province:		Postal Code	e:
Own Rent (Please circle)	Monthly payment or ren	nt:	How long?	
Previous address:				
City:	Province:		Postal Code	e:
Owned Rented (Please circle)	Monthly payment or ren	ıt:	How long?	
	EMPLOYMENT INFORMATION	ON		
Current employer:	Ween and A a			
Employer address:	a skannelannan a an a a a a a		How long?	
Phone: E-mail:	,		Fax:	
City:	Province:		Postal Code	e:
Position:	Hourly Salary (Please	circle)	Annual inco	ome:
Previous employer:				
Address:	Magazapan transcription of the control of the contr	i i qui		
Phone: E-mail:	(ORGANIMAN AND COMPANIAN CONTROL TO THE TOTAL CONT		Fax:	
City:	Province:		Postal Code	e:
Position:	Hourly Salary (Please	circle)	Annual inco	ome:
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Name of a relative not residing with	you:			
Address:	- 1 - 1 - W		Phone:	
City:	Province:		Postal Code	e:
Relationship:				
	CREDIT CARDS			
Name	Account no. C	Current ba	lance	Monthly payment
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and the second of the second o				
	MORTGAGE COMPANY			
Account no.:	Address:	en men a co rrer et a a men en e	and the second of the second of the second	All III AND NO AMERICAN I II III I II WAN AND AND AND AND AND AND AND AND AND A
Autologo	AUTO LOANS	alance		Monthly payment
Auto loans	Account no. B	aiaiice	:	injointing payinelit

	OTHER LOANS, DEBTS,	OK OBLIGATIONS	
Description	Account no.	Amount	
WE THE AT . T. I SHOWN	· · · · · · · · · · · · · · · · · · ·		
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and the second s			
	OTHER ASSETS OR SOU	(2)(3)(1)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	
Description		Amount per month or	value
			4
			4
I authorize Georgina Islan employment history.	d First Nation, to verify the inform	nation provided on this form as t	o my credit and

PERSONAL FINANCIAL STATEMENT

Pensions , Allowances and Other Income	Income / Month
Ontario Works (Social Assistance)	
Mother's Allowance	
Family Benefits	
Veteran's Allowance	
Retirement Pension	
Ontario Disability	
Canada Pension	
Old Age Security	
Alimony/ Support Payments	
War Veteran's Allowance	
Employment Insurance	
Training Allowances	
Company Pensions	
Mortgage Income	
OSAP Grants	
Leaving Revenue/ Income	
Self-Employment	
Real Estate Income	
Assets that give you income	
A licence which gives you income	
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Assets		Amount in Dollars	
Cash - checking accounts	\$	-	
Cash - savings accounts		-	
Certificates of deposit		-	
Securities - stocks / bonds / mutual funds	1	-	
Notes & contracts receivable		-	
Life insurance (cash surrender value)		-	
Personal property (autos, jewelry, etc.)		-	
Retirement Funds (e.g. IRAs, 401k)		-	
Real estate (market value)		-	
Other assets (specify)		-	
Other assets (specify)		-	
Total Assets	\$	-	

Amount in Dollars

Liabilities

Current Debt (Credit cards, Accounts)	\$ -
Notes payable (describe below)	•
Taxes payable	-
Real estate mortgages (describe)	-
Other liabilities (specify)	-
Other liabilities (specify)	-
Total Liabilities	\$ -
Net Worth	\$ -

Signature:	Date: