

EMPLOYMENT DATA:

Are you employed?	Yes: full time	part time	self employed	No
Name of Employer:				
Address:			Phone No.:	
How long employed there?				
Position held:			Salary: (before deductions) \$	
Attach completed Verification of Income Form signed by your employer.				
If NO, state present source of income:				
U.I.C.	Ontario Works	Disability		
Pension	Family Benefits	Other		
Attach completed Verification of Income Form from your main source of income.				
Is your spouse employed?	Yes: full time	part time	self employed	No
Name of Employer:				
Address:			Phone No.:	
How long employed there?				
Position held:			Salary: (before deductions) \$	
Attach completed Verification of Income Form signed by your spouses employer.				
State total annual income. \$				

RESIDENCE STATUS:

Do you reside on the Chippewas of the Thames First Nation?	Yes	No
If YES, state how long you have resided here.		
If NO, state where you are presently residing and how long you have lived there.		
Describe your current living conditions.		
Do you presently pay rent mortgage payment? (check one)		
What is your present monthly rent or mortgage payment? \$		

ASSISTANCE:

Have you ever received housing assistance from Chippewas of the Thames First Nation?	Yes	No
If YES, state year		
Amount of assistance received \$		

OUTSTANDING DEBTS:

Do you have any outstanding debts owing to the Chippewas of the Thames First Nation?	Yes	No
If YES, state type of debt		
Amount outstanding if any \$		

PETS:

Do you have any pets or plan to have pets?	Yes	No
If YES, state what type of pet you have.		

REFERENCES:

Please supply names, addresses and phone numbers for the following references. These will be checked)
Credit reference
Previous land lord reference

STATEMENT:

All information given in this application is true and correct in all respects. No information required, has been concealed or omitted.	
I/We do hereby authorize the Chippewas of the Thames First Nation to inquire and obtain certification of income from my/our employer and/or other sources. I/We agree to provide such verification of income, as it pertains to my/our application.	
If statements on this application are false, this application will become NULL AND VOID.	
All statements in this application will be investigated.	
_____	_____
Date	Signature of Applicant
_____	_____
	Signature of Spouse

ADDITIONAL COMMENTS: (if any)

OFFICE USE ONLY:



Chippewas of the Thames First Nation

VERIFICATION OF INCOME

TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

Protected when completed

To: Chippewas of the Thames First Nation Housing Department 320 Chippewa Road MUNCEY, Ontario N0L 1Y0	Date:
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The following salary or wage verification is provided to Chippewas of the Thames First Nation Housing Department in strict confidence, as requested by the employee to support his/her application for a LOAN under the Chippewas of the Thames First Nation Housing Program.

Employee's Name		Employee's Address		Telephone No.
Name of Employer		Employer's Address		Telephone No.
No. of years employed	Hours per week	Full time	Part time	Seasonal weeks per year
Present position or job classification		Gross income from previous two years (income before deductions)		
		20__ \$	20__ \$	
Present regular gross salary or wage rate (indicate one)				
\$ _____ per hour \$ _____ per week \$ _____ per year				
Does employee receive earnings from overtime work, bonuses, commissions, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)				
Prospects of continued employment and/or other comment				

I certify the above information is true and correct

Name (print clearly)	Title	Signature
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Chippewas of the Thames First Nation

VERIFICATION OF INCOME ONTARIO WORKS

TO BE COMPLETED AND SIGNED BY YOUR WORKER

Protected when completed

To: Chippewas of the Thames First Nation Housing Department 320 Chippewa Road MUNCEY, Ontario N0L 1Y0	Date:
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The following verification is provided to Chippewas of the Thames First Nation Housing Department in strict confidence, as requested by the recipient to support his/her application for a LOAN under the Chippewas of the Thames First Nation Housing Program.

Recipient's Name	Address	
Type of Benefit/Assistance Provided		
Financial Assistance Breakdown		
A. Basic Needs Allowance	\$	_____
B. Shelter Component Allowance	\$	_____
C. Heating Allowance (Including Hot Water)	\$	_____
D. Electrical Allowance (Excluding Heat and Hot Water)	\$	_____
E. Other Allowances (Medical, Telephone, etc.)	\$	_____
Total Monthly Benefits Available	\$	_____
Number of Months on Assistance		
Field Worker Comments		
Field Worker's Signature	Office Address	Telephone



Chippewas of the Thames First Nation

VERIFICATION OF INCOME ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

TO BE COMPLETED AND SIGNED BY YOUR WORKER

Protected when completed

To: Chippewas of the Thames First Nation Housing Department 320 Chippewa Road MUNCEY, Ontario N0L 1Y0	Date:
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The following verification is provided to Chippewas of the Thames First Nation Housing Department in strict confidence, as requested by the recipient to support his/her application for a LOAN under the Chippewas of the Thames First Nation Housing Program.

Recipient's Name	Address	
Type of Benefit/Assistance Provided		
Financial Assistance Breakdown		
A. Basic Needs Allowance	\$	_____
B. Shelter Component Allowance	\$	_____
C. Heating Allowance (Including Hot Water)	\$	_____
D. Electrical Allowance (Excluding Heat and Hot Water)	\$	_____
E. Other Allowances (Medical, Telephone, etc.)	\$	_____
Total Monthly Benefits Available	\$	_____
Number of Months on Assistance		
Field Worker Comments		
Field Worker's Signature	Office Address	Telephone



Chippewas of the Thames First Nation

LOAN VERIFICATION OF INCOME SENIORS AND DISABLED

Protected when completed

To: Chippewas of the Thames First Nation Housing Department 320 Chippewa Road MUNCEY, Ontario N0L 1Y0	Date:
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The following verification is provided to Chippewas of the Thames First Nation Housing Department in strict confidence, to support the recipient's application for a LOAN under the Chippewas of the Thames First Nation Housing Program.

Recipient's Name	Address
Type of Benefits	
A. Old Age Security	\$ _____
B. Canada Pension Plan	\$ _____
C. Gains	\$ _____
D. Private Pensions	\$ _____
Total Monthly Benefits	\$ _____

Recipient's Signature

PLEASE PROVIDE A COPY OF YOUR BANK STATEMENT TO VERIFY THE INCOME REPORTED ABOVE.