

EMPLOYMENT DATA:

Are you employed?	Yes full time	part time	self employed	No
Name of Employer:				
Address:			Phone No.:	
How long have you worked 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	
Is your spouse employed?	Yes full time	part time	self employed	No
Name of Employer:				
Address:			Phone No.:	
How long has your spouse worked there?				
Position Held			Salary (before deductions)\$	
Attach spouses completed Verification of Income signed by 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 of Application

_____ 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 recipient to support his/her application for a RENTAL UNIT 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.? ___ No ___ 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 RENTAL UNIT 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 RENTAL UNIT 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
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