



RENTAL APPLICATION
OJIBWAY LODGE
ELDERS APARTMENTS
(INDEPENDENT-LIVING SENIORS, 50+)

Applicant		Co-Applicant	
First Name		First Name	
Last Name		Last Name	
MFN Band Number		MFN Band Number	
Date of Birth (DD//MM//YY)		Date of Birth (DD//MM//YY)	

Telephone Number	Home Telephone	
	Work Telephone	
	Cell Phone	
	Messages	
Current Address	Post Office Box Number	
	Civic Address	
	City/Town	
	Province and Postal Code	
E-Mail Address		

Do you currently have rent arrears with the M'Chigeeng First Nation?

Applicant No Yes → Amount: \$ _____
 Co-Applicant No Yes → Amount: \$ _____
 Any Occupants No Yes → Amount: \$ _____

***On a separate page you may wish to include information to your current living conditions.**

List of Occupants (for Unit Size and Emergency Purpose)

Name	Band Number	Relationship	Date of Birth	Gender

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Marital Status

<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Common-Law
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed		

Applicant - Employment History

Name of Employer	Telephone & Address	Length of Employment

CO-Applicant - Employment History

Name of Employer	Telephone & Address	Length of Employment

Address History

Address	Length of Residency	Reason for Moving

Source of Income – Applicant (Confirmation of being able to pay rent)

Source	Amount	Source	Amount
Employment		Employment Insurance	
Education Allowance		Training Allowance	
Ontario Works		ODSP	
CPP		Old Age	
Pension		Self-Employed	
Ontario Trillium Monthly Payment			

Source of Income – Co-Applicant (Confirmation of being able to pay rent)

Source	Amount	Source	Amount
Employment		Employment Insurance	
Education Allowance		Training Allowance	
Ontario Works		ODSP	
CPP		Old Age	

	Pension			Self-Employment	
	Other: _____				

Authorization for Direct Pay Ontario Works (OW) and/or Ontario Disability Supports Program (ODSP)

Applicant:

I, _____ consent to the pay direct provision for monthly rent to be landlord for as long as I reside in a MFN Band Owned Rental Unit (includes CMHC Rent to Own option).

Co-Applicant:

I, _____ consent to the direct pay provision for monthly rent to the landlord for as long as I reside in a MFN Band Owned Rental Unit (includes CMHC Rent to Own option).

I/We declare the information provided by me in this application is complete, accurate and true to the best of my knowledge. And, if our application is selected I/We will comply with the terms and conditions of the Tenant Rental Management Policy (approved August 20, 2013 by MFN Chief and Council).

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

For Office Use

Date Application Recorded As Incoming:
Date Application Added to Housing Summary:
Date Reviewed & Decision of Housing Panel: (pending vacancies)
Date Offer Made and Applicant Response: (pending decision of Housing Panel)