

We Wai Kai Nation
690 Headstart Crescent
Campbell River, BC
V9H 1P9



Dear Elders and Members,

We are pleased to distribute the formal applications for the Hummingbird Place Elders Housing units.

To qualify for these units you must be 65 years of age or older, be a We Wai kai Citizen, and be willing and able to commit to direct deposit for the monthly rent.

Application Distribution Date	September 20, 2017
Application Due Date:	October 16th, 2017
Applicant Notification:	October 20th, 2017
Tenancy Review and Agreement Signing:	October 23rd-27th, 2017

First available move in date:	November 01, 2017
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Copies of the Hummingbird Place Elders Housing Policy are available online, pick one up at the office, or have one sent to you directly.

It will be important that you read the policies and understand the rules and the obligations each tenant will have under their agreement.

Rent will be nominally set at \$600.00 per month and will be all inclusive of water, hydro, landscaping and maintenance. Tenant will only be required to pay for their own phone and internet. The rental rate will be finalized after October 1st.

We are looking forward to this new neighbourhood filling up and becoming a focal point for our Nation and the Quinsam community. If you have any questions please do not hesitate to call the band office.

Respectfully
Chief and Council



HUMMINGBIRD PLACE ELDERS HOUSING PROGRAM APPLICATION

Primary Applicant:

Last Name: _____

First Name: _____

Birth Date: _____

Status Card Number _____

Spouse or Authorized Occupant:

Last Name: _____

First Name: _____

Birth Date: _____

Status Card Number _____

(If non-status please indicate N/A)

Are you married/common law as defined in the We Wai Kai Matrimonial Law?

Married Common Law N/A

Note: If you have a non-member spouse or Authorized Occupant please ensure you read section 14. of the Elders Supportive Housing Policy.

Contact Information and Current Residence/Housing Status:

Street:

City:

Province:

Postal Code:

Telephone:

Email:

Do you currently own your own home or rent?

Own:

Rent:

Other:

If you own your own home what will you do with it? _____

If you rent, please provide details for a possible reference check.

Address	Start Date	End Date	Landlord's Name	Landlord's Phone

Other Living Accomodation – (example living with roommate, crowding or in home of relative)

Applicants Financial Disclosure

In order to process the application, the Nation will need to determine the applicant's sources of income and verify that the rent obligations can be met. It is the intention of the Housing Department to set up direct deposit from the applicant's pension sources.

1.1 Please provide the following income sources.

Income Source		Monthly
Employment Income		
Canada Pension Plan		
Old Age Security		
Other Pension Plan/Guaranteed Income Supplement		
Social Assistance/Disability Pension		
Total Monthly Income		

1.2 Are you willing to set up direct deposit/pension assignment to meet your monthly rent obligations? Yes No

Application Questionnaire:

In order to process the application, the Nation will need to understand the applicant's suitability for these specialized units. These questions will assist the Housing department assess the applicants needs against the suitability of the units and the policies that govern the allocation of the units.

1.3 Are you currently receiving supports from a community support agency such as KDC Health/WWK Home Support? Yes No

If yes provide details	
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1.4 Do you anticipate qualifying for community supports such as KDC Health/WWK Home Support?

If yes provide details	
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1.5 Do you have disabilities or physical challenges that will require special equipment beyond what the Elders Supportive Housing Units already contain?

If yes provide details	
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1.6 Do you have additional comments or information that you wish to add?

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Make sure that all areas are completed and signed.

If you need additional assistance in completing this form, please contact the Housing Manager at 250 914-1890

Information Disclosure and Declaration

I/We are applying for housing offered by We Wai Kai Nation. I/We authorize We Wai Kai Nation to receive and exchange information with previous landlords and income sources about me/us to be used in the assessment of this housing application.

Further, by signing below, I/We acknowledge that the information provided is accurate to the best of my knowledge and that I/We understand that to knowingly provide false or misleading information shall result in the application being rejected.

Applicant name (please print)	
Signed:	Date:
Spouse Authorized Occupant name (please print):	
Signed:	Date: