

# MONTREAL LAKE CREE NATION - HOUSING



Box 300, 2037 HWY 969  
Montreal Lake, SK S0J 1Y0  
Telephone: (306) 663- 5306 Fax: (306) 663 – 5308

## HOUSING APPLICATION

Date of Application: \_\_\_\_\_ Contact Number: \_\_\_\_\_

What kind of unit are you applying for?     New unit     Any vacant unit     Bigger Unit     Smaller Unit

### APPLICANT INFORMATION:

Full Name of Applicant: \_\_\_\_\_ Spouse: *if applicable*: \_\_\_\_\_

Marital Status:    ( ) Single    ( ) Common-Law    ( ) Married    ( ) Divorced    ( ) Widow

Applicant's Treaty Number: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_

*Complete for each household member that will be living with you in unit*

NAME (First, Last)	AGE	RELATIONSHIP	TREATY NUMBER

### PRESENT TENANCY (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="radio"/> Currently have a unit | <input type="radio"/> Staying with family/friends | <input type="radio"/> Temporary housing  |
| <input type="radio"/> Unaffordable          | <input type="radio"/> Homeless                    | <input type="radio"/> Renting            |
| <input type="radio"/> Overcrowded           | <input type="radio"/> Home beyond repair          | <input type="radio"/> Unsafe environment |

**Why** are you applying for a unit on MLCN OR **why** are you applying for another unit in MLCN if you currently have a unit:

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- Intend to live on reserve full-time.
- Intend to live on reserve part-time/seasonal.
- Unsure of timeframe for living on reserve.

**PAST TENANCY:**

Have you or a member of your household been evicted or have abandoned (gave up) a house from ML Housing?

Yes     No    If yes, Eviction/Abandoned date: \_\_\_\_\_

Reason(s) why you were evicted or abandoned unit?

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List where you lived for the last five (5) years **starting with your current address**

Address	Move In Date	Move Out Date	Landlord/Housing Authority Name	Contact Number

Address	Move In Date	Move Out Date	Landlord/Housing Authority Name	Contact Number
<b>Reason for leaving:</b>				

Address	Move In Date	Move Out Date	Landlord/Housing Authority Name	Contact Number
<b>Reason for leaving:</b>				

\*If you require additional space, please use back of page.

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## FINANCIAL INFORMATION:

Are you on Income Assistance?  Yes  No

Are you currently working?  Yes  No If yes, are you (please circle) **Contract Full time Part time**

Other Income: \_\_\_\_\_

*\*You will be required to submit an Income verification prior to moving into a unit*

## OTHER:

Are you currently owing any monies with either Sask Power or Sask Energy to prevent any issues with hooking up utilities?

Yes  No

*\*You will be required to submit an updated Sask Power and Energy bill to ensure that no monies are owing before moving into a unit.*

## Additional Comments:

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## OFFICIAL DECLARATION AND PERMISSION FOR VERIFICATION OF INFORMATION

I, understand that all information provided herein is held in strict confidence with MLCN Housing, and this application be available to me upon my request.

I, hereby authorize MLCN Housing and/or Housing Committee to obtain any information required concerning the above statements and application hereon.

I, understand that is my responsibility to ensure this application is kept updated should I change addresses/telephone numbers. *Failure to update this application every April 1<sup>st</sup> will result in my application being put in the Inactive list.*

*Reactivation's list will commence when the application is updated*

**Applicant's Signature**

**Date**

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PLEASE RETURN YOUR APPLICATION IN PERSON TO:

**Tenant Clerk @ The Nick Bird Memorial Building**

### FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED:

TENANT CLERK SIGNATURE:

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