



Splatsin Housing Department

5775 Old Vernon Rd
Enderby, B.C. V0E 1V0

Ph: 250-838-6496 Ext: 224 & 220
Fax: 250-838-2131

"We are Splatsinaca (people), members of the Secwepemc Nation, prospering from the wealth of our territories, following in the footprints of our ancestors for those yet unborn"

Application for Splatsin Rental Housing

Who is eligible to receive housing?

***ALL BAND MEMBERS who do not OWN their own residence are eligible for housing.**

- Applicants must be 19 years or older and be a member of Splatsin.
- Applicants will be required to provide verification of household income in order to confirm their ability to manage the monthly rental payments and other associated costs and/or charges.
- Applicants are required to sign a financial disclosure form authorizing the Splatsin Indian Band to verify income, credit history, etc.

Who is not eligible? Any applicant with rental arrears and/or outstanding accounts owing with Splatsin will not be considered until the outstanding accounts are paid in full.

- Applicants that have a history of poor tenancy (cited for rental agreement violations where notice to correct or vacate was issued) except where 5 years has passed and applicant has documentation that confirms compliance with a rental agreement for a 2 year period.
- Applicants can appeal their eligibility by requesting a meeting with the Housing Committee at the next duly convened meeting. Requests to be added to the Splatsin Housing Committee agenda are to be made through the Splatsin Housing Officer.

Completing the application

- The information requested in this application is based on the housing policy approved by Splatsin.
- The purpose of the application is to collect information which will confirm whether the applicant(s) are eligible to receive housing, and the priority of their request for housing.
- The housing department has 30 days from the date the application is received to review/verify information provided and to conduct an in-person interview with applicants.
- After confirming completeness/eligibility, applications will be reviewed by the Housing Committee at the next application selection meeting.
 - Where to send the completed application: In-person at the Splatsin Housing Department Office 250-838-6496 Ext.224 or 220
 - By mail to the Splatsin Housing Department, P.O Box 460, Enderby, BC V0E 1V0
- Please be sure that all the information requested in the application is provided - if it is not, the application will be returned to you at the address noted on the next page.

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– For assistance in completing this form, please contact the Splatsin Housing Department at (250) 838-6496 Ext.224 or 220 during Office Business Hours.

How will you be notified about the status of your application?

The Splatsin Housing department will Contact the applicant when a suitable rental unit becomes vacant within 1 year of application date.

- a) If your application is complete, it will remain on file for 1 year. However the Splatsin Housing Department strongly encourages applicants to re-apply every 6 months.
- b) If the application is incomplete/ineligible, the application will be returned along with details on the reason for return and/or information required.

For housing department use only		
Date Received: By hand _____ By mail _____	Recorded:	Processed by: _____
Application complete?	Yes: _____ No: _____	Interview completed? Yes Date: _____ No _____
Application eligible?	Yes: _____ No: _____ - details _____	Confirmation letter sent Date: _____
Selection Committee Review		
Review Date:	File #:	Points Awarded:
Application approved	Yes: _____ No: _____ - details _____	Confirmation letter sent Date: _____

1. **What is your current address?**

2. **What is your mailing address (if different from #1, above):**

Street No. & Name/Box Number/R.R. #:		
City/Municipality:	Territory/Province:	Postal Code:

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3. Contact information

Primary Occupant	Home phone #	Work phone #	Cell phone #
Secondary Occupant			

4. Household Information

Please list the names of all of the individuals who will be living in the home. The first name on the list should be the primary occupant (head of the household). Under 'Relationship to Primary Occupant' this could be spouse/partner, children/dependents (son, daughter), and other family member such as aunt, grandparent or someone not related to the primary occupant.

Name (First and Last Name)	Age	Sex	Relationship to Primary Occupant	Band Number
1. Primary Occupant:				
2. Secondary Occupant:				
3.				
4.				
5.				
6.				

5. Information on your current home

Do you rent or own your home (please check one)?				Rent <input type="checkbox"/>
				Own <input type="checkbox"/>
If you rent your current home, please provide information on your current and last 2 residences				
Current address	From Date	To Date	Name of Landlord	Phone number for landlord
Next address				
Next address				

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How many bedrooms are there in your current home?	
Have you or anyone in your household received housing assistance from Splatsin (please check one)? - If yes, please explain	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Previous Housing Applications

Have you or anyone in your household applied previously for Splatsin Housing? Yes
 If yes, when was your application submitted? _____ No

7. Annual Household Income

As part of the application process for this housing program, you must provide information on the total household income; this is the gross current year's income (before deductions) of everyone who lives in the home. **Please complete the chart below for every member of the household in the same order as the names listed under Item 5 of this application form.**

Please include proof of income from all sources or a copy of your latest income tax assessment.

	Source of Income	Main Occupant	Occupant #2	Occupant #3	Occupant #4	Occupant #5	TOTAL
1	Annual gross salary, wages, part-time earnings						
2	Child tax benefit						
3	Employment insurance benefits						
4	Social , workers compensation, other benefits						
5	Old age pension, Canada Pension, disability pension, veterans allowance						
6	Bank interest, investment income						
7	Alimony or child support payments						
8	Self-employed or seasonally employed earnings (use net income)						
9	Other income (i.e. net room and board from boarders, please specify.						
Total Income from all sources							

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Do you have pets? I.E. Dogs, Cats, Birds	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes how many and what kind?	

8. Financial and Other Information Disclosure

I/we are applying for housing offered by Splatsin. I authorize Splatsin to receive and exchange credit/payment/other information with credit bureaus and previous landlords about me/us to be used in the assessment of eligibility for this housing application.

Primary occupant name (please print)	
Signed	Date:
Social Insurance Number	

Secondary occupant name (please print)	
Signed	Date:
Social Insurance Number	

9. Declaration

- a. Neither the primary or secondary occupant is in arrears on any of Splatsin Housing Department payments, user charges or other related debts.
- b. The information contained in this application is accurate. I/we understand that providing false or misleading information will result in the application being rejected.

Primary occupant (please print)	
Signed	Date:

Secondary occupant (please print)	
Signed	Date:

For assistance in completing this form, please contact the Splatsin Housing Department at 250-838-6496

Important

Please submit the completed application and other related documentation (proof of income) in the self-addressed envelope attached and seal the envelope to ensure that the information can be kept confidential.