



Long Plain Housing Department Housing Application

Applications must be renewed every 6 months to remain active

Application can be mailed to Box 430, Portage la Prairie MB R1N3B7 or faxed to 204-252-2012

Date: _____

Name of Applicant(s): Please provide full given name(s)

Date of Birth: _____ Treaty Number: _____

Phone Number: _____ Cell: _____

Email: _____

EMPLOYMENT STATUS: (Check the one that applies to you)

Employed: _____ Seasonal/EI _____ S/A _____ Retired CPP/OAS _____ Student (18+) _____

If employed, name of Employer: _____ Phone: _____

If S/A client, name of Worker: _____ Phone: _____

Marital Status: Check the one that applies to you

Married Common Law Separated Divorced Single Widowed

If spouse is employed, name of Employer: _____ Phone: _____

APPLICATION INFORMATION (please fill out the entire form)

Area applying for: Check one

LONG PLAIN 287 _____ LONG PLAIN 6B Keeshkeemaquah _____

Housing Applying for: CMHC BAND 12-Plex 55+ Duplex Mini Home

Land Holding Inc (former Trust homes) Rapid Housing

How long have you been on the waiting list? 0-2yrs 3-5 yrs 6-10 yrs 11+

How many bedrooms do you require? Please specify; _____

Are you willing to pay rent YES NO

If no, please explain:

Do you have arrears or owe amounts to Hydro/Water/Rent? YES NO

If yes, please explain: _____

Do you currently lease a house in Long Plain? YES NO

If "YES", what is the physical address? _____

If "NO", what's the address of where you're currently living? _____

In Long Plain, with another family (family members or friends)

On another First Nation

Off-reserve, within the local area (Portage la Prairie, Edwin, etc)

Off-reserve, outside the local area (Winnipeg, Brandon, out of province, etc)

How long have you been residing at your address? _____

How many bedrooms are in your current home? _____

If applicable, which appliances are in the current home? Please check those that apply:

Fridge ___ Stove ___ Washer ___ Dryer ___

Are they owned by you or Landlord? Please explain:

Please provide the following information;

List everyone who will live in the home with you.

<u>Name:</u>	<u>Age:</u>	<u>Gender:</u>	<u>Relationship to you:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Does anyone who will be living with you have any special health needs? YES ___ NO ___

If yes, what sort of needs does your family member require? Ramp, tub

handles, etc. Please specify (if applicable):

What is the reason for your application?

- | | |
|---|--|
| <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Mold in the home |
| <input type="checkbox"/> Current home is in disrepair/unsalvageable | <input type="checkbox"/> Live with family members |
| <input type="checkbox"/> Living on another First Nation | <input type="checkbox"/> Off-reserve/want to move home |
| <input type="checkbox"/> Homeless | |

Please feel free to tell us in your own words as to why you and your family require a house in Long Plain?

Previous Landlord: _____ Contact Number: _____

Please provide two (2) references and contact info (Must be filled out) A reference can be a family member, friend or someone who knows you

Name: _____ Contact Number: _____
Name: _____ Contact Number: _____

Thank you for applying, please keep in mind that all housing applications should be kept up to date every 6 months. If there are any changes within that time, notify our office and update your info.

FOR OFFICE USE ONLY (Housing staff to fill out)

Does the applicant have a good tenant history? (Check rental history, annual inspection, RBC, etc)

Rent Paid/No Arrears	Yes	No	
Maintains/repairs home	Yes	No	
Clean home	Yes	No	
Consult with EIA & DOCFS	Yes	No	
Previously Evicted?	Yes	No	If yes, what yr? _____

NOTES:
