

## PICTOU LANDING FIRST NATION - HOUSING APPLICATION FOR UNIT

File Number \_\_\_\_\_ (Housing Department to Complete)

Please check the box below to indicate the type of Housing Assistance being requested:

Rental – Band owned 

Social – Section 95

I understand that applications which are not fully completed will be returned to the applicant and will not be scored until all of the question on the application has been completed.

Number of Bedrooms required \_\_\_\_\_

Applicant Information						
Applicant Information						
Name:				Band #:		
Date of Birth:				Phone:		
Current Address:				P.O. Box:		
City: Province:				Postal Code:		
Own Rent Monthly ren		rent:			How long?	
Previous Address:						
City:	Province:			Postal Code:		
Owned Monthly payment:					How long?	
Emergency Contact						
Name of a person not resid	ing with you	:				
Address:						
City:	Pro	Province: Postal:			Phone:	
Relationship:					Cell:	
Co-applicant Information, if	Married/Cor	mmon Law				
Name:						
Date of Birth:				Phone:		
Current address:				P.O. Box:		
City: Province:			Postal Code:			
					<u> </u>	
Proposed Family Occupand	y Details					
Names:		Age:	Names:			Age:

1.	6.					
2.	7.					
3.	8.					
4.	9.					
5.	10.					
Living in an Apartment; Li	ving with Another Family; Homel	ting one of the following: Currently Boardess. Please explain in detail your current hou living in a unit with one other family or two of	sing			
Any health problems or conditions? (Please state below and attach medical documentation if you wish special consideration to be given to your application because of health issues.)						
Previous Application (i.e. applicant,	spouse, other family member)					
Any family member previously appl	ied for subsidized rental housing with	Pictou First Nation? Yes or No (circle one)				
Number of Years applicant has had	an active application on file:					
If Yes, provide name of applicant:		Date of application:				
		Date of application:				
References from Previous Landlord	I	Date of application:				
References from Previous Landlord Name:	Address:	Date of application:  Phone:				
Name:						
Name:						

Please describe previous efforts to find Rental Accommodations.	
If you were renting a unit prior to this Application for Housing, plea unit:	se provide the reason (s) for leaving previous rental
All statements in the foregoing application are true to the best of n be given has been concealed or omitted.	ny knowledge and belief and no information required to
PLFN reserves the right to make any inquiries in deems necessar and then add this sentence as well not in the same paragraph If th date that the information provided on the application is inaccurate of unit assigned to another applicant.	e application is approved and it is determined at a later
As Landlord, any past mishaps that has occurred with previous Bar reflect on your capacity to gain a new home.	nd owned homes will be part of the assessment that will
I fully understand that this application does not constitute an agre me with accommodation and I further acknowledge that this applic	·
I hereby authorize the Pictou First Nation and its agents to m statements. Furthermore, that all information provided in this applied	
I understand that it is advisable to seek independent legal advice reconsider a domestic agreement in order to protect the occupation	
Signature of Applicant:	Date:
Signature of Co-applicant:	Date:
To return housing applications, you can email, mail or drop	off to the address below, attention Albert Denny, Hou

ng Director.

Albert Denny, Housing Director

902.752.4912 x. 112

902.301.9442

Email: albert.d@plfn.ca

Mail: Pictou Landing Band Office, Site 6 Box 55 RR# 2

Drop Off: Pictou Landing Band Office, 6533 Pictou Landing Road