

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

Name:		Band #:
Date of Birth:		Phone:
Current Address:		P.O. Box:
City:	Province:	Postal Code:

Co-applicant Information, if Married/Common Law

Name:		
Date of Birth:		Phone:
Current address:		P.O. Box:
City:	Province:	Postal Code:

Proposed Family Occupancy Details

Names:	Age:	Names:	Age:
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Please indicate the reason for seeking assistance with housing by checking one of the following: Currently ___ Boarding; ___ Living in an Apartment; ___ Living with Another Family; ___ Homeless. Please explain in detail your current housing situation and the degree of overcrowding. Also indicate below if you are living in a unit with one other family or two other families.

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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.)	
All statements in the foregoing application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted.	
PLFN reserves the right to make any inquiries in deems necessary to verify any information provided on the application and then add this sentence as well not in the same paragraph If the application is approved and it is determined at a later date that the information provided on the application is inaccurate or false, the approval may be rescinded and the housing unit assigned to another applicant.	
As Landlord, any past mishaps that has occurred with previous Band owned homes will be part of the assessment that will reflect on your capacity to gain a new home.	
I fully understand that this application does not constitute an agreement on the part of the Pictou First Nation to provide me with accommodation and I further acknowledge that this application will remain the property of the Pictou First Nation.	
I hereby authorize the Pictou First Nation and its agents to make inquiries deemed necessary to verify the above statements. Furthermore, that all information provided in this application shall be held in strict confidence.	
I understand that it is advisable to seek independent legal advice regarding the Matrimonial Real Property Law and consider a domestic agreement in order to protect the occupation of the home and division of value.	
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, Housing 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