



# Pic Mobert First Nation

P.O. Box 717 Mobert, Ontario P0M 2J0

Phone : (807) 822-2134  
 Toll Free: 1-888-797-1123  
 Fax: (807) 822-2850

## 2023 Housing Application

Note:

1. This application is to be filled out by the individual who is considered to be the head of the household.
2. This application will be held on file until March 31, 2024, after which it will be discarded and you will need to reapply.
3. The applicant and co-applicant will need to provide a copy of photo-identification with their application.

Applicant's Name:	Office Use Only
Current Address (need box number also):	
How long at current address _____ (# of yrs)	
Telephone Number:	
Is the applicant a Pic Mobert Band Member? _____ Yes _____ No Status #	Verified: _____
Date of Birth: _____ Day      Month      Year	
Co-Applicant's Name (if applicable):	
Is the co-applicant a Pic Mobert Band Member: _____ Yes _____ No Status #	Verified: _____
Co-applicant date of Birth: _____ Day      Month      Year	

<p>Is this your first application for a rental unit?</p> <p>Yes _____ No _____</p> <p>If no, please indicate when you first applied (approximately):  Month _____ Year _____</p> <p>How many times have you applied since your first application?  _____ times</p>																									
<p>Do you presently reside in a Pic Moberth FN rental unit?</p> <p>Yes _____ No _____ If yes, please explain why you are requesting another unit?</p>	<p>Verified: _____</p>																								
<p>If you are not renting a Pic Moberth FN rental unit, what are your present living arrangements?</p> <p>Living with my family _____</p> <p>Living with another family _____</p> <p>Other _____</p>																									
<p>Please list the persons that will be living with you in the rental unit:</p> <table border="1" data-bbox="181 1087 1159 1423"> <thead> <tr> <th data-bbox="181 1087 552 1129">Name:</th> <th data-bbox="552 1087 714 1129">M/F</th> <th data-bbox="714 1087 860 1129">Age</th> <th data-bbox="860 1087 1159 1129">Relationship to you</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name:	M/F	Age	Relationship to you	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Name:	M/F	Age	Relationship to you																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
<p>What is your current housing budget (per month):</p> <p>Rent: _____</p> <p>Hydro: _____ (Put \$0 if included in your rent)</p> <p>Heat (e.g. oil, propane, firewood) : _____ (Put \$0 if included in</p>																									

<p>your rent or included in hydro)</p> <p>Insurance: _____</p> <p>Other _____</p> <p>Total per month: \$_____</p> <p>Are you able to pay these amounts within your current income and meet other family needs? Yes ____ No ____</p>	
<p>Do you owe any money to the Pic Mobert First Nation? Yes ____ No _____</p> <p>If yes, please note amount and reason for debt? (e.g. Unpaid rent).</p> <p>Please note that you will be required to either repay or make a payment arrangement for any amounts owing before being offered housing.</p>	<p>Verified ____</p>

<p>What is your source of income?</p>																																		
<table border="1"> <thead> <tr> <th data-bbox="186 1102 763 1144">Sources of Income</th> <th data-bbox="763 1102 1079 1144">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="186 1144 763 1176">Ontario Works</td> <td data-bbox="763 1144 1079 1176"></td> </tr> <tr> <td data-bbox="186 1176 763 1249">Ontario Disability Support Program (ODSP)</td> <td data-bbox="763 1176 1079 1249"></td> </tr> <tr> <td data-bbox="186 1249 763 1281">Employment Full-time or Part-time</td> <td data-bbox="763 1249 1079 1281"></td> </tr> <tr> <td data-bbox="186 1281 763 1312">Student Loan</td> <td data-bbox="763 1281 1079 1312"></td> </tr> <tr> <td data-bbox="186 1312 763 1344">Self Employment</td> <td data-bbox="763 1312 1079 1344"></td> </tr> <tr> <td data-bbox="186 1344 763 1375">Employment Insurance (EI)</td> <td data-bbox="763 1344 1079 1375"></td> </tr> <tr> <td data-bbox="186 1375 763 1407">W.S.I.B (Short term)</td> <td data-bbox="763 1375 1079 1407"></td> </tr> <tr> <td data-bbox="186 1407 763 1438">W.S.I.B (Long term)</td> <td data-bbox="763 1407 1079 1438"></td> </tr> <tr> <td data-bbox="186 1438 763 1470">Canada Pension Plan (C.P.P)</td> <td data-bbox="763 1438 1079 1470"></td> </tr> <tr> <td data-bbox="186 1470 763 1501">Old Age Security (OAS)</td> <td data-bbox="763 1470 1079 1501"></td> </tr> <tr> <td data-bbox="186 1501 763 1533">War Veteran's Allowance</td> <td data-bbox="763 1501 1079 1533"></td> </tr> <tr> <td data-bbox="186 1533 763 1564">Alimony/Child Support</td> <td data-bbox="763 1533 1079 1564"></td> </tr> <tr> <td data-bbox="186 1564 763 1617">Other Income Specify:</td> <td data-bbox="763 1564 1079 1617"></td> </tr> <tr> <td data-bbox="186 1617 763 1732"></td> <td data-bbox="763 1617 1079 1732"></td> </tr> <tr> <td data-bbox="186 1732 763 1764"><b>Total Gross Monthly Income:</b></td> <td data-bbox="763 1732 1079 1764"></td> </tr> </tbody> </table>	Sources of Income	Monthly Amount	Ontario Works		Ontario Disability Support Program (ODSP)		Employment Full-time or Part-time		Student Loan		Self Employment		Employment Insurance (EI)		W.S.I.B (Short term)		W.S.I.B (Long term)		Canada Pension Plan (C.P.P)		Old Age Security (OAS)		War Veteran's Allowance		Alimony/Child Support		Other Income Specify:				<b>Total Gross Monthly Income:</b>			
Sources of Income	Monthly Amount																																	
Ontario Works																																		
Ontario Disability Support Program (ODSP)																																		
Employment Full-time or Part-time																																		
Student Loan																																		
Self Employment																																		
Employment Insurance (EI)																																		
W.S.I.B (Short term)																																		
W.S.I.B (Long term)																																		
Canada Pension Plan (C.P.P)																																		
Old Age Security (OAS)																																		
War Veteran's Allowance																																		
Alimony/Child Support																																		
Other Income Specify:																																		
<b>Total Gross Monthly Income:</b>																																		

What are your monthly expenses?

Expenses	Monthly Amount
Living Expenses:	
Rent	
Food/Groceries	
Cable/Satellite	
Telephone	
Hydro	
<b>Total Living Expenses:</b>	
Other Expenses:	
Car loan/Lease	
Insurance	
Clothing	
Entertainment	
Personal Items	
<b>Total Other Expenses:</b>	
<b>TOTAL MONTHLY EXPENSES:</b>	

Please identify your preferences:

# of Bedrooms \_\_\_\_\_ 1  
 \_\_\_\_\_ 2  
 \_\_\_\_\_ 3  
 \_\_\_\_\_ 4

Location \_\_\_\_\_ Old Reserve  
 \_\_\_\_\_ New Reserve  
 \_\_\_\_\_ No preference

Type of Unit \_\_\_\_\_ Single Family Home  
 \_\_\_\_\_ Duplex Unit  
 \_\_\_\_\_ No Preference

Statutory Declaration

**I/We make the above, the following and all other, whether verbal or written representations, to the Pic Mobert First Nation, knowing that they will be relied upon by the First Nation to assess my eligibility for housing.**

1. I/We have reported all income/expenses for this application.
2. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true and no information, required to be given, has been withheld or omitted.
3. I understand that I will be required to prove my ability to afford the expenses of the rental unit before being allowed a home.
4. I understand that if I am selected for a home, I will be required to sign a detailed housing agreement before moving in.
5. I understand that if I am offered a rental unit I will be required to move in with 30 days of such offer or the home will be allocated to another family.
6. I understand that by submitting an application for housing does not guarantee that I will be allocated a rental unit.

**Consent to Disclose and verify information**

1. The disclosure of information contained in this application and associated documents and verification is done for the purpose of processing the application.
2. I/We agree to provide any supporting material required for my/our application.
3. I/We further consent to disclosing to any party personal information about any member of the household for the purpose of determining or verifying my/our eligibility for housing and related assistance.
4. I/We consent to the release of any information Pic Mobert First Nation about any bank account, assets of any nature or kind held by me/us or on my/our behalf of any of my/our dependents or children temporarily in my/our care, alone or jointly with any other person in any financial institution.
5. I/We further consent to the exchange of information with any department, Ontario Works delivery agent, a credit bureau, the Government of Canada, the Government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, or any party in order to verify information for the purpose of determining or verifying initial or continued eligibility for housing.
6. I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and present housing and related assistance. I/We further understand that the inquiries may take form of electronic data exchanges.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date