



Peguis Housing Authority

Box 837 Peguis, Manitoba, R0C 3J0
Phone: 204-645-5640
Fax: 204-645-2442

APPLICATION FOR HOUSING

Date: _____

First Name: _____

Last Name: _____

Treaty Number: _____

Date of Birth: _____
(Month/Day/Year)

Home #: _____

Cell #: _____

Work #: _____

Fax #: _____

Email Address: _____

Current Address: _____
(Street/P.O. Box/City/Province/Postal Code)

Relationship Status:

Single, no dependents.....

Single, with dependents.....

Married, no dependents.....

Married, with dependents.....

Separated, no dependents.....

Separated, with dependents.....

Common Law

Household Source of Income:

Employed.....

Pension.....

Social Assistance.....

Disability.....

Employment Insurance.....

Name of Employer: _____

Annual Income: _____

Spouse's Income: _____

Definitions

The **head of the household**: A **family** means the husband and wife, and children or grandchildren who live with them.

Please complete the following questions:

1. Are there any issues of accessibility? Yes No

If yes, please explain (Include a Doctor's Letter explaining your disability):

2. How many years have you lived in the community: _____

3. Have you ever had a house or trailer before? Yes No

4. How many children do you have (list ages): _____

5. Is there an additional family or families living with you (List): _____

6. Do you have any grandparents or Elders living with you (list): _____

7. Present Accommodations (Please Explain):

On-Reserve _____

Off-Reserve _____

8. Have you ever had a house or trailer in Peguis and sold it? Yes No

If yes, please explain:

9. How many years have you been on the Housing waiting list? _____

10. Which of the following Housing Programs are you applying for? (You may apply for more than one)

Band Housing Yes No

CMHC (Sec. 95) Yes No

Flood Linkage Yes No

11. Are you requesting emergency replacement of your house because of fire?

Yes No

Has the Community Fire Department provided you with a report? Yes No

Do you have any private insurance on your house? Yes No

If yes, please complete the following questions:

Insurance Company name: _____

Name of Insurance Agent: _____

Insurance File/Claim #: _____

Has the Insurance Company inspected the damage to your house? Yes No

Have you received a written report form your Insurance Agent? Yes No

Comments:

12. Do you have your own land available to build a house? Yes No

If yes, please explain (Legal Land Description):

13. Have you consulted with the Lands Department? Yes No
(Please provide appropriate documentation: Certificate of Possession, etc.)

14. CMHC requires that Section 10 housing be built on 2 acres of Common Band Land. Would you, or the person holding the CP giving you the 2 acres of land, be willing to change the land holdings from a Certificate of Possession to Common Band Land so you can receive a CHMC house allocation? Yes No

If yes, please explain:

15. If you do not have land or you cannot get land from a band member, would you be willing to accept Common Band Land provided to you by the Band? Yes No

If yes, please explain:

Thank you for completing this application for new housing. The Housing Development Board will be processing your application as soon as possible. The Housing Development Board will notify you after we have applied our newly developed housing selection process to your application. The Housing Development Board has worked hard to develop a fair and transparent housing selection process based on the applicants housing need.

In signing this application, I confirm that all the information provided is correct and true. I understand that my application may be put on hold or discarded is found to be false.

Applicant Signature: _____

Witness: _____

Date Signed: _____

FOR OFFICE PURPOSES ONLY:

PICTURE ID