YELLOW QUILL FIRST NATION

HOUSING DEPARTMENT

P.O Box 40 Yellow Quill, SK S0A 3A0
Tel: 306-322-2281 Fax: 306-322-2304
Email: yqhousingcoordinator@gmail.com

APPLICATION FOR HOUSING ASSISTANCE

Yellow Quill Housing Department provides Band Members of Yellow Quill First Nation or person(s) with dependant(s) registered to Yellow Quill First Nation with affordable housing. Applicants must also meet the following criteria as stated:

HOUSING POLICY 2022

2. Allocation of Housing Assistance

2.1 Eligibility Criteria

2.1.1 Applicants must be 18 years of age or older.

2.1.2 Applicants must be member of Yellow Quill First Nation or have dependants who are band members.

2.1.3 Applicants must complete an application for assistance (refer to Appendix B of the Housing Policy 2022). Application forms can be picked up at the Housing Department, at the Band Administration building, or mailed by the Housing Department upon request (In order to serve the community better, action is being taken to ensure forms will be made available on the Yellow Quill First Nation Website).

2.1.4 Applicants must provide written verification of annual household income in order to confirm ability to pay the anticipated monthly maintenance service fees and applicable utility charges.

2.1.5 Applicants who are in arrears on any maintenance service fee payments to Yellow Quill First Nation, will only be considered for housing assistance once they have honored the terms of a repayment agreement on arrears for a consecutive six-month period prior to making the application for housing assistance.

2.1.6 Applicants will be required to confirm that they will occupy the property as their principle residence.

Applications must be submitted to the Housing Department by January 31st of each year for consideration for the following calendar year (February 1 to January 30). Any applications submitted after January 31st will not be considered for review until the following year. Applications must be made on the forms designated for this purpose and date stamped when received at the Housing Department.

Applicants are responsible to update their application; applications that are not updated every year will be considered inactive and will be removed from housing assistance file. Applications will remain in database to show when the application was last submitted.

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SECTION 1 – Personal Information

Please read carefully and complete all applicable areas to the best of your knowledge.

Section 1.1 Applicant Information					
Last Name		First Name			
Date of Birth					
	Month		Day		Year
Contact Number		Alternate Number			
Email:					
Status Number					
Current Mailing Address					
Current Residential Address					
How long have you been at this address					
	Year(s)		Month(s)		
Is this your first time applying for housing assistance?	Yes		No		
If no, have you ever resided in a unit which required you to pay rent?	Yes		No		
Are you applying for an existing Band or CMHC Unit?	Yes		No		
Are you applying for a New Housing Unit?	Yes		No		
Do you currently reside in a band owned or CMHC unit?	Yes		No		
If yes, please state your reason for applying for new housing assistance					

National Occupancy Standards

A separate bedroom is required for an adult couple, for a single person over 18, for children age 5 and over of the opposite sex. Adults should not share a bedroom with children.

According to the definition above, are you overcrowded?	Yes		No	
If no, please explain your reason for leaving your current residence				

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Marital Status	Single, divorced, widowed, separated ☐	Married or Common Law ☐	

Section 1.2 Co-Applicant or Spouse Information (if applicable)			
Last Name		First Name	
Date of Birth			
	Month	Day	Year
Contact Number		Alternate Number	
Email:			
Status Number			
Name of band which registered to			
Current Mailing Address			
Current Residential Address			
How long have you been at this address			
	Year(s)		Month(s)

Is this your first time applying for housing assistance?	Yes	☐	No	☐
If no, have you ever resided in a unit which required you to pay rent?	Yes	☐	No	☐
Are you applying for an existing Band or CMHC Unit?	Yes	☐	No	☐
Are you applying for a New Housing Unit?	Yes	☐	No	☐
Do you currently reside in a band owned or CMHC unit?	Yes	☐	No	☐
If yes, please state your reason for applying for new housing assistance				

National Occupancy Standards

A separate bedroom is required for an adult couple, for a single person over 18, for children age 5 and over of the opposite sex. Adults should not share a bedroom with children.

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According to the definition above, are you overcrowded?		Yes ☐	No ☐	
If no, please explain your reason for leaving your current residence				
Marital Status	Single, divorced, separated, widowed ☐		Married or Common Law ☐	

Section 1.3 Name of Dependant(s) and/or other Occupants (If applicable)			
Last Name		First Name	
Date of Birth		Status Number	
Relationship to Tenant/Occupant:			
Last Name		First Name	
Date of Birth		Status Number	
Relationship to Tenant/Occupant:			
Last Name		First Name	
Date of Birth		Status Number	
Relationship to Tenant/Occupant:			
Last Name		First Name	
Date of Birth		Status Number	
Relationship to Tenant/Occupant:			
Last Name		First Name	
Date of Birth		Status Number	
Relationship to Tenant/Occupant:			
Do you or your dependant(s) have any special needs? (ex. Wheelchair ramp)	Yes ☐	No ☐	
Please Explain:			
Do you or your dependant(s) have any medical conditions?	Yes ☐	No ☐	
Please Explain:			

SECTION 2 - Tenant/Occupant Income Information

As per the Housing Policy 2022, all tenants/occupants of both band-owned units and Section 95 Housing Units, must pay a monthly Maintenance Service Fee as outlined in the Housing Policy 2022. To be considered, all applicants must be able to pay the monthly maintenance service fee as well as the cost of utilities. You must provide all documents indicating source of income along with this application.

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Section 2.1 Tenant/Occupant Income Source					
Please check all sources of income that is applicable to you.	Employed or self-employed	☐	Income Assistance	☐	
	Pension	☐	Employment Insurance	☐	
	Other	☐			
If Other, Please explain:					
Total Monthly income from all sources:					

Section 2.2 Co-Applicant or Spouse Income source					
Please check all sources of income that is applicable to you.	Employed or self-employed	☐	Income Assistance	☐	
	Pension	☐	Employment Insurance	☐	
	Other	☐			
If Other, Please explain:					
Total Monthly income from all sources:					

SECTION 3 - ROLES AND RESPONSIBILITIES OF THE TENANT/OCCUPANT

All Band Unit occupants and Section 95 tenants must adhere to the terms of the Housing Policy, including but not limited to: pay maintenance service fees on time, carrying out own minor maintenance and repairs as listed in lease agreement, correcting tenant damage, paying utilities costs, keeping the unit and property free of garbage/debris, fuels, oils, old vehicles/parts, free of health and safety hazards, and ensuring the grass is cut at least 50 feet from unit.

Any changes to the application information on family composition or income must be submitted to the Housing Department in a timely manner.

SECTION 3.1 MAINTENANCE AND REPAIRS	
Tenants/occupants are responsible for the cost of all repairs required due to negligence, vandalism, tenant/occupant damage or damages for their guests.	Initial _____
Tenants/Occupants are also responsible for informing the Housing Department of all prolonged absences from the unit.	Initial _____

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All tenants/occupants are responsible of notifying the Housing Department of any damages to the housing unit	Initial _____
Tenants/Occupants are responsible for informing the Housing Department of any emergency repairs that are needed in a timely manner	Initial _____

SECTION 3.2 Community By Laws	
Tenants/Occupants must abide by the Animal Control Bylaw September 14, 2015 AND Curfew By-law 2015-10-05-01	Initial _____

SECTION 4 DECLARATION AND CONSENT

I, WE, declare that all the information in this application is true and complete.

I, WE, have submitted all documents indicating all sources of income for consideration for housing assistance.

I, WE, understand that all Housing Units in the First Nation are the property and assets of Yellow Quill First Nation, and if Selected as a tenant or occupant of either a Band Owned Unit or Section 95 On-Reserve Housing Unit, will respect the unit under the terms of a lease agreement presented by the Housing Department

_____
Name of applicant

_____ _____
Signature of Applicant Date

_____
Name of Co-Applicant or Spouse

_____ _____
Signature of Co-Applicant or Spouse Date

For Office Use Only	
Date Application Received:	
Received By: (Name & Title)	
Date entered into database	

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HOUSING APPLICANTS

REFERENCE FORM

To be attached to an Application for Housing Assistance

TO: Housing Department **Date:** _____

FROM: _____
(NAME OF APPLICANT)

I, _____, **am giving reference to**
(NAME of person giving reference)

_____.
(NAME of applicant)

I have known the person for _____years and I can say this about the person.

_____

_____

_____

_____

By signing this reference, I am showing support for the Application for Housing Assistance.

REFERENCE SIGNATURE

_____
(Signature of person giving reference)

A REFERENCE MUST BE SIGNED AND FILLED OUT FROM AN ADULT (18+).