



Senior's Apartment Rental
2 units available

1 Bedroom Units

25 Gerald Cres, Garden Village ON P2B 3J8

Apt. # 3

Apt. # 7

Application Closes: April 14, 2022, at 4:30pm

Open to NFN Members Only
65 years of age or older
Geared to Income
Independent Living

Move in Date: May 1, 2022

All information must be provided to qualify in selection process

Personal Information	NFN Member Information	Co-Applicant's Information
Full Name		
Date of Birth		
Band/Status Number		
Social Insurance Number (optional)		
Current Address		
Mailing Address (if different)		
Phone/cell Number		
Email Address		
Do you have a disability, if so, please describe		
Disability aided equipment required: (Ex: wheelchair)		
Current Landlord (reference letter required)		
Landlord Phone Number		
How Long have you lived there?		

Present Monthly Rent		
Reason for Leaving? Please explain:		
Previous Landlord's Name & Number		
Character Reference (require name/# of non-relative)		
Own a vehicle: make and model:		
Other assets:		
Are you retired: yes or no (circle)		
NFN Member's Employment:	Job Title:	Employer Name: (Confirmation required)
Phone Number:	Date of Employ:	Number of Years with Employer:
Co Applicant's Employment:	Job Title:	Employer Name: (Confirmation)
Phone Number:	Date of Employ:	Number of Years with Employer:
Verification of Total Household Income as applicable (attach bank notes, tax returns)		
Pay per month * attach pay stubs *	\$ /month	\$ /month
Employment Insurance - start & end date	\$ /month	\$ /month
ODSP or Ont. Works * attach pay stubs *	\$ /month	\$ /month
Pay rent direct (optional)	Yes or no (circle one)	
CPP * attach payment stubs*	\$ /month	\$ /month
OAS * attach payment stubs*	\$ /month	\$ /month
Pension * attach payment stubs*	\$ /month	\$ /month
Other (please state source)	\$ /month	\$ /month
Total Income per month	\$ /Total	\$ /Total
DEBTS and ALL monthly Expenses ex: cell phone, internet, hydro, car & bank loans, all credit cards, all lines of credit.		
Name of Institution	Monthly Payment	Total amount Owing
	\$ /month	\$
	\$ /month	\$
	\$ /month	\$
	\$ /month	\$
	\$ /month	\$
	\$ /month	\$

I hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

I "The Applicant(s)" hereby agree to obtain a criminal reference check and have it forwarded to Nipissing First Nation. A criminal reference check included any information with regards to outstanding charges and/or convictions for which a pardon has not been granted, or for which a pardon has subsequently been revoked. This includes a Canadian Police Information Check. Nipissing First Nation reserves the right to screen out applicants who, in their judgment, will likely interfere with peaceful use and enjoyment of nearby premises by others, not pay rent, damage the rental premises or conduct an illegal act within or upon the property of the rental premises. Note: We will only require this once we have given the applicant/s a tentative approval.

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

The applicant declares all above statements to be true and authorizes the landlord to contact available references. This information is confidential and will not be released to anyone without the consent of the applicant in writing.

HOUSING DEPARTMENT USE ONLY

DOCUMENTS RECEIVED: <input type="checkbox"/> APPLICATION <input type="checkbox"/> VERIFICATION OF INCOME	DATE & RECEIVED BY:	NOTES:
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APPROVAL PROCESS CONFIRMED WITH THE FINANCE DEPARTMENT THAT APPLICANT IS IN GOOD STANDING? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

All apartment units are rented out according to the Apartment policy and guidelines.

Notifications/letters will be sent by email or mail following selection process

Submit to: NFN Housing Department, 36 Semo Road, Garden Village, ON P2B 3K2
Phone: 705.753.6973 Email: housingdepartment@nfn.ca / elliop@nfn.ca Fax: 705.753.0207

Open to Nipissing First Nation members 65+