CARCROSS/TAGISH FIRST NATION



Capital Projects BOX 130 CARCROSS, YUKON Y0B 1B0 PHONE (867) 821-4251 Ext: 8249 FAX (867) 821-4812



amanda.benoit@ctfn.ca

Housing Application Fo	rm: Please Select One	(1) .
Social Housing	Rent to Own Program	Home Maintenance Program
Home Ownership Program	Renovation Program	
Heat Source: Wood To	yo Stove Wood/Oil Fu	rnace Electric
A J-42 C! D	lana Calast One (1)	
Accommodation Size: P		4 70 4 70
1 Bedroom 2 Bedroo	om 3 Bedroom	4 Bedroom Plus
Location of Unit		
Carcross C	ut offLand Selection	onOther
Land Leased (Attac	h signed lease agreement).	
Personal Information	,	
T		7.7111
Last Name	First Name	Middle Int.
Current Mailing Address	SS	
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
G: 1/D #		
Street/ Box #	City/Town	Province – Postal Code
Home Phone #	Cell #	Work #
Marital Status - Please S	Select One (1).	
Single	Single Parent	Single Parent/With Custody
Married/No Children	Married W/Children	Common Law
Common Law w/ Children	Elder	
* Number of children under	age 19 still living at home of	or dependent children:
Current Living Situation	<u>1</u>	
** Please provide a detailed	cover letter if applying for	social housing.
Renter/Social/Other	Hama Ouman	

Clan Information if Applicable

CTFN Enrollment ID#	<u></u>	
Do you owe any monies to GCTFN?	Amount owing:	
Have you rented from GCTFN?		
Are you currently living in social housing?	How long?	
Would you like to move to another social housing unit?		
Please explain the request for the move:		
Do you currently own a house (DIA)?	How long?	
Have you ever owned a (DIA) house?		
When did you own this house?		
Where is the location of this house?		
Was this house given to you by a will person?	_	
Did this house ever have a RAPP grant applied to it?	If yes, when?	
(Please provide copy of RRAP Grant).		
Is this house habitable?		
If no, please explain why:		
5		
Did you sign this house back over to GCTFN?	If yes, when?	
Did you sign this house over to someone else?		
Who was this house signed over to? When?		
***PLEASE PROVIDE COPY OF FINAL BILL OF	SALE.	
****PLEASE PROVIDE COPY OF SIGNED CERT	TIFICATE OF HOME	
OWNERSHIP.		

Financial Information

INFORMATION.

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	Spouse
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ELIGIBILITY

In order to be considered eligible for Rental Housing a person must:

- (1) Be a GC/TFN citizen/beneficiary or a parent with GC/TFN dependents;
- (2) Be nineteen (19) years of age or older;
- (3) Be in good financial standing with the GC/TFN;
- (4) Be in good standing with the GC/TFN Housing Department;
- (5) Have been residing in the Yukon for a minimum of one consecutive year from date of application (exceptions, such as emergencies, as deemed appropriate by the GC/TFN Housing Team).

Application Process

- (1) Rental housing application packages will have a cover letter outlining what is needed for submission with the application for completion:
- (2) Only complete applications will be considered for the wait list;
- (3) All rental arrears including sanitation and work orders must be paid in full before rental application is accepted;
- (4) The application must include a cover letter, two (2) rental references if there is a rental history;
- (5) Confirmation of employment or earnings in the form of a confirmation letter from employer, El acceptance letter, Social Assistance, Disability confirmation (WCB), Pensions and all other forms of household income;
- (6) Applications can be mailed, emailed or hand delivered to GC/TFN Capital Projects Housing Department or GC/TFN Administration office;
- (8) When an application is received, the Housing Manager will review the package and if all required documents are completed and attached it will be submitted to the next Housing Team meeting for review and acceptance;
- (9) The Housing Manager will date stamp the application as verification it has been received and add the applicant's name to the eligibility list:
- (10) If approved, the application will be on file for the next available allocation and a letter will be send stating it has been received, reviewed and accepted by the Housing Team for the next available allocation.