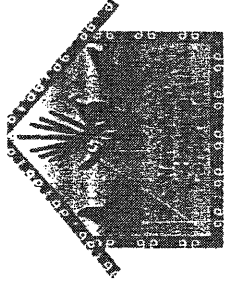


NANEGKAM HOUSING CORPORATION
HOUSING APPLICATION



Name: _____
Address: _____
Telephone: _____ (Home) _____ (Work)
Date of Birth: _____ SIN # _____
Native Ancestry: _____ Non-Status _____ Metis _____

Previous Landlord:
(Name, Address, Telephone #)

1. _____
2. _____
3. _____

Please list ALL other people that will be living with you:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>	<u>Male/Female</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Size of Unit Requesting:

- One Bedroom Two Bedroom Three Bedroom Other

How much notice must you give before moving?

- One Month Two Months Other

Have you ever applied to a non-profit housing society before? yes no

If yes, where _____ When _____ Dates _____

Do you own a pet? yes No What kind? _____

Do you own a vehicle? yes No What make & model? _____

Declaration (Please READ carefully)

I/We declare that the information contained on this form is true and correct and I/We hereby authorize Atlantic Peoples Housing Ltd, on behalf of Nanegkam Housing Corporation to use this application, to make such enquiries about my credit status as they see fit in order to process the application. If I am selected for tenancy, I pledge to uphold the society's policies and be held responsible in keeping the property in good livable condition and I/We will be held responsible for any damage done to the property. I understand that I will sign a lease before I move into a unit. I understand that I will supply, upon request, income verification for each member of the household who receives an income (printout of income from Revenue Canada, letter from employer, pay/EI stubs, etc). I understand that I must pay a security deposit of one month's rent to Atlantic Peoples Housing Ltd. before I move into a unit.

PLEASE BE ADVISED THAT THIS APPLICATION MUST BE RENEWED ONE YEAR FROM DATE RECEIVED TO BE CONSIDERED BY TENANT SELECTION COMMITTEE.

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

(If space is not adequate for your response, please attach a piece of paper to your application)

OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: MAIL FAX IN OFFICE OTHER

WAS APPLICANT A MEMBER OF THE NATIVE COUNCIL OF PEI?

YES NO