



E.1 Housing Application Form – V.09-2026

Public Works, Infrastructure and Housing Department

1. Applicant Information

Full Legal Name: _____

Date of Birth (DD/MM/YYYY): _____ Kanehsatà:ke Membership : _____

Current Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Preferred contact method: ☐ Phone ☐ Email

☐ I consent to income verification for all adult household members, to inspections and to the verification of my information.

2. Housing Program

I'm applying for (check all that apply):

- ☐ Rental Housing ☐ Transitional Housing ☐ Elder Housing (if applicable)
☐ Accessible Unit (if required)

Preferred unit size:

- ☐ 1 bedroom ☐ 2 bedrooms ☐ 3 bedrooms ☐ 4 bedrooms

3. Household Members

Name	Relationship	Age	Dependent (Y/N)	Full-time resident (Y/N)

4. Current Housing Situation

Check all that apply:

- ☐ Renting privately ☐ Living with family ☐ Overcrowded housing
☐ Temporary housing ☐ Unsafe housing conditions ☐ At risk of losing housing
☐ Other: _____

Reason for applying: _____

Length of time in current housing: _____

5. Accessibility or Medical Needs (optional)

☐ No ☐ Yes - describe: _____

6. Approximate total GROSS* monthly household income:

- ☒ Under \$2,000 ☐ \$2,000 – \$3,000 ☐ \$3,000 – \$4,000
☐ \$4,000 – \$5,000 ☐ Over \$5,000

*Gross income means income before taxes or deductions.

7. Pets

☒ No

☐ Yes - Type of animal(s): _____ Number of animals: _____

8. Cultural or Traditional Practices (optional)

The Housing Department recognizes the importance of cultural and spiritual practices within the Kanehsatà:ke community. **Do you or any member of your household perform smudging or other traditional cultural or spiritual practices that may involve smoke?**

- ☐ Yes ☐ No ☐ Prefer not to answer

If yes, frequency (optional):

- ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Other _____

Additional information (optional): _____

This information is collected only to help the Housing Department support culturally appropriate housing arrangements and to anticipate any considerations related to ventilation, smoke detection, or building policies. Providing this information is entirely optional and will not affect eligibility, scoring, or housing priority. Information provided will be kept confidential in accordance with the Housing Policy and Housing Regulations.

9. Declaration

☐ I certify that the information provided is accurate

Applicant Name: _____

Signature: _____ Date: _____

10. Office Use Only

Application received date: _____ Application number: _____

Application completeness: ☐ Complete ☐ Incomplete

Staff name: _____

Signature: _____ Date: _____

Please submit your application ONE of these ways:

- By email to bonspille.shirley@kanesatake.ca
- By mail / in person, addressed to : **Housing Coordinator – Mohawk Council of Kanehsatà:ke**
681 Ste-Philomène, Kanehsatà:ke, J0N1E0