





**Mohawk Council of Kahnawà:ke  
Kanónhsa Aorihwà:ke Ronterihwatsterítha (Housing Unit)**

**PRELIMINARY REQUEST FORM FOR HOUSING SERVICES**

**FOR THE APPLICANT:** The following sections must be completed by the applicant.

**SECTION 1: APPLICANT INFORMATION**

Print full name \_\_\_\_\_

Full band number \_\_\_\_\_

Box # \_\_\_\_\_ Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ I AM:  Male  Female  Other.  
Year Month Day

E-MAIL ADDRESS: \_\_\_\_\_

**Check what applies to you:**

MARRIED  MARRIED and living apart  COMMON LAW

DIVORCED (Certificate May Be Required)  WIDOWED

SINGLE no children

SINGLE PARENT – FULL CUSTODY OF CHILDREN Number of children: \_\_\_\_\_

SINGLE PARENT – SHARED CUSTODY OF CHILDREN Number of children: \_\_\_\_\_

I currently have a physical limitation that can affect my ability to use stairs.

Comment:



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**SECTION 2: APPLICANT INFORMATION**

<b>Number of Adults:</b> _____ (Including yourself, and anyone over 18+)	<b>Number of Children:</b> _____ (anyone Under 18)
<b>Adult 1.) Name:</b> _____ <b>Age:</b> _____.	<b>Child 1.) Name:</b> _____ <b>Age:</b> _____.
<b>Adult 2.) Name:</b> _____ <b>Age:</b> _____.	<b>Child 2.) Name:</b> _____ <b>Age:</b> _____.
<b>Adult 3.) Name:</b> _____ <b>Age:</b> _____.	<b>Child 3.) Name:</b> _____ <b>Age:</b> _____.
<b>Adult 4.) Name:</b> _____ <b>Age:</b> _____.	<b>Child 4.) Name:</b> _____ <b>Age:</b> _____.
Comments:	<input type="checkbox"/> I'm expecting
	If additional space is needed please attach a paper with names and ages of occupants.

**SECTION 3: APPLICANT INFORMATION**

Do you currently own a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously owned a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously received housing services from the MCK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you selected <u>yes</u> , what MCK Housing Services did you receive? Please select with a check mark:	
<input type="checkbox"/> New Construction Loan <input type="checkbox"/> House Repair Loan Program	
<input type="checkbox"/> Other program – please describe: _____	
Have you inherited a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
If you inherited a home, please answer the following:	
Date of construction of a home: _____	
I have owned this house (inherited or constructed) for _____ number of years.	



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**SECTION 4: APPLICANT INFORMATION**

Do you have private land in your name?  YES  NO  **NO because I have an ongoing mortgage**

Lot number: \_\_\_\_\_

I have a land allotment, and the lot number assigned is \_\_\_\_\_

If you do not have a land allotment, check what applies to you:

- I have not applied for land allotment
- I have applied for land allotment
- I have been approved to proceed with selection of a land allotment.

For new construction, a half-acre is required if a well/septic system is needed. If your property is larger than the required half-acre, has the land been sub-divided?  YES  NO

Comments:

**SECTION 5: APPLICANT INFORMATION**

This section is to be completed if you are applying for the Short-Term Rental Housing Program (STRHP). To apply for STRHP one of the following situations must be met:

**This section is not applicable (N/A) to me.**  **N/A**

Loss of house due to Natural disaster/ or accident?  YES  NO

Threat to yourself or family?  YES  NO

Environmental health and Safety hazards?  YES  NO

Sudden eviction?  YES  NO

Other Reason / Comments:



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**CO-APPLICANT:** The following sections must be completed by the co-applicant. If there is not a co-applicant, this section is not completed. Use a check mark below:

**There is not a co-applicant**

**SECTION 6: CO-APPLICANT INFORMATION**

Print full name \_\_\_\_\_

Full band number \_\_\_\_\_

Box # \_\_\_\_\_ Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ I AM:  Male  Female  Other.  
Year Month Day

E-MAIL ADDRESS: \_\_\_\_\_

**Check what applies to you:**

- MARRIED  MARRIED and living apart  COMMON LAW
- DIVORCED (Certificate May Be Required)  WIDOWED
- SINGLE no children
- SINGLE PARENT – FULL CUSTODY OF CHILDREN Number of children: \_\_\_\_\_
- SINGLE PARENT – SHARED CUSTODY OF CHILDREN Number of children: \_\_\_\_\_
- I currently have a physical limitation that can affect my ability to use stairs.

Comment:



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**SECTION 7: CO-APPLICANT INFORMATION**

<p><b>Number of Adults:</b> _____ (Including yourself, and anyone over 18+)</p> <p><b>Adult 1.) Name:</b> _____ <b>Age:</b> _____.</p> <p><b>Adult 2.) Name:</b> _____ <b>Age:</b> _____.</p> <p><b>Adult 3.) Name:</b> _____ <b>Age:</b> _____.</p> <p><b>Adult 4.) Name:</b> _____ <b>Age:</b> _____.</p> <p>Comments:</p>	<p><b>Number of Children:</b> _____ (anyone Under 18)</p> <p><b>Child 1.) Name:</b> _____ <b>Age:</b> _____.</p> <p><b>Child 2.) Name:</b> _____ <b>Age:</b> _____.</p> <p><b>Child 3.) Name:</b> _____ <b>Age:</b> _____.</p> <p><b>Child 4.) Name:</b> _____ <b>Age:</b> _____.</p> <p><input type="checkbox"/> I'm expecting</p> <p>If additional space is need please attach a paper with names and ages of occupants.</p>
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**SECTION 8: CO-APPLICANT INFORMATION**

Do you currently own a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously owned a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously received housing services from the MCK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If you selected <u>yes</u>, what MCK Housing Services did you receive? Please select with a check mark:</p> <p><input type="checkbox"/> New Construction Loan <input type="checkbox"/> House Repair Loan Program</p> <p><input type="checkbox"/> Other program – please describe: _____</p>	
Have you inherited a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
<p>If you inherited a home, please answer the following:</p> <p>Date of construction of a home: _____</p> <p>I have owned this house (inherited or constructed) for _____ number of years.</p>	



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**SECTION 9: CO-APPLICANT INFORMATION**

Do you have private land in your name?  YES  NO

Lot number: \_\_\_\_\_

I have a land allotment and the lot number assigned is \_\_\_\_\_

If you do not have a land allotment, check what applies to you:

- I have not applied for land allotment
- I have applied for land allotment
- I have been approved to proceed with selection of a land allotment.

For new construction, a half-acre is required if a well/septic system is needed. If your property is larger than the required half-acre, has the land been sub-divided?  YES  NO

Comments:

**SECTION 10: CO-APPLICANT INFORMATION**

This section is to be completed if you are applying for the Short-Term Rental Housing Program (STRHP). To apply for STRHP one of the following situations must be met:

**This section is not applicable (N/A) to me.**  N/A

Loss of house due to Natural disaster/ or accident?  YES  NO

Threat to yourself or family?  YES  NO

Environmental health and Safety hazards?  YES  NO

Sudden eviction?  YES  NO

Other Reason / Comments:

***Should you have any questions regarding filling out this form, please call at 450-638-2672 for assistance. This form, along with all required documents must be returned to the Housing Unit. Niawenhkówa.***

