



NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU HAVE OUTSTANDING DEBTS (ARREARS) WITH ANY DEPARTMENT OF THE ONEIDA NATION OF THE THAMES COUNCIL.

Instructions: 1. Complete all sections 2. Please print clearly

TYPE OF LOAN REQUESTING: ___ New Housing ___ Renovation ___ Emergency
___ Ramp ___ Sanitation ___ Addition ___ Purchase

1. PERSONAL INFORMATION:

Name of Applicant: _____

Address: _____

Band # _____ Telephone # _____ Work # _____

Date of Birth ____/____/____ Social Insurance # _____

Marital Status: Please circle one – Married – Single – Common law

Spouse's name: _____

Band # _____ Telephone # _____ Work # _____

Date of Birth ____/____/____ Social Insurance # _____

Dependents residing with you. Please list names, age, sex and relationship, Band Name & #'s.

Do you hold title to at least 1 acre of land?

(Please attach Council approved Land Transfer and Survey)

NOTE: Valid Survey must be subsequent to July 1990.

Applicant is responsible to pay survey fees; contact Lands & Estate for cost of survey.

2. PRESENT ACCOMMODATIONS:

Please specify: Apartment _____ House _____ Other _____

Own _____ c/o Parents _____ Rent/Mortgage Month \$ _____

Rent _____ Other _____

Brief explanation of present living conditions and for loan request:

Total monthly cost for accommodations: (including utilities) _____

Address of Landlord if renting:

How long at this address: _____

3. REASON FOR SEEKING ACCOMMODATIONS:

Present unit condemned _____ High Rental Rate _____ Overcrowding _____

Living with Relatives _____ Medical _____ Notice to Vacate _____

Other: _____

NOTE: Medical (attach doctor's letter which must list medical condition), Notice to Vacate (If you were given a notice to vacate, please attach Notice).

4. EMPLOYMENT DATA:

Name of Employer: _____

Address:

Telephone #: _____ how long have you worked there? _____

Position: _____ Monthly salary: _____

Full time or part time employment? _____

If not employed what is your source of income: _____

How much do you receive a month? _____

Spouses Employer: _____

Address:

Telephone #: _____ how long have you worked there? _____

Position: _____ Monthly salary: _____

Full time or part time employment? _____

5. ASSETS:

Bank: _____ Address: _____

Chequeing Account #: _____ Savings Account # _____

Other accounts (Trust Company, Credit Union) please specify:

Do you have financial obligations other than rent? _____

If so please list names and amounts owed: (such as credit cards, bank loans, etc.)

6. CREDIT REFERENCES:

Name: _____ Address: _____

Acct. #: _____ Monthly Payment: _____ Balance: _____

Name: _____ Address: _____

Acct. #: _____ Monthly Payment: _____ Balance: _____

Name: _____ Address: _____

Acct. #: _____ Monthly Payment: _____ Balance: _____

7. PRESENT CHARGE ACCOUNTS:

Visa #: _____ Master Card #: _____

Other card Name & #: _____

Drivers License #: _____

Make & Year of Auto: _____

Nearest Relative not living with you: _____

Complete Mailing Address: _____

Telephone #: _____ Relationship: _____

