

Please note that all areas of this application must be completed or it won't be processed. If a section does not apply to you, mark N/A.

Personal Data

Surname: _____

First Name: _____

Address: _____

Postal Code: _____

Phone number: _____

Work number: _____

Contact number: _____

First Nations Band: _____

Treaty number: _____

Age: _____ Sex: _____

What is your source of income?

Band funding: \$ _____

Student loan: \$ _____

OAS/ CPP: \$ _____

Social Assistance: \$ _____

Employment: \$ _____

EI: \$ _____

Disability: \$ _____

Other: \$ _____

List below names of all persons that will be living with you. Persons 18 years or over must indicate source of income. This includes your children or any dependants and anyone over 18 years.

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income Source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Is baby expected? Yes () No () If yes, please indicate due date: _____

I am occupying:

[] House [] Apartment/Suite [] Duplex

The rent is \$ _____

Includes: [] Heat [] Water [] Power

How many bedrooms: _____

Are you able to provide landlord reference(s)?

If no, please explain: _____

If yes, please give information of:

Present landlord: _____

Address: _____

Phone: _____

Duration: _____

Former landlord: _____

Address: _____

Phone: _____

Duration: _____

Employment:

Present Employer: _____

Length of service: _____

Phone: _____

Spouse's Employer: _____

Length of service: _____

Phone: _____