



## HOUSING APPLICATION

*\* Application forms must be fully completed to be accepted. Any incomplete forms will be discarded, and the applicant will be required to apply again.*

### PERSONAL INFORMATION

Applicant's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Band Member: Yes or No Treaty Number: \_\_\_\_\_

*\* Please provide a copy of your Indian Status Card*

Transfer: Yes or No

If yes, please provide transfer approval date: \_\_\_\_\_

DD- MM-YYYY

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### CO-APPLICANT INFORMATION

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Band Member: Yes or No Treaty Number: \_\_\_\_\_

Transfer: Yes or No

If yes, please provide transfer approval date: \_\_\_\_\_

DD- MM-YYYY

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PLEASE LIST 2 PRIOR ADDRESSES AND REFERENCES

Current House number or Address \_\_\_\_\_ Phone number \_\_\_\_\_

Previous House number or Address \_\_\_\_\_ Phones number \_\_\_\_\_

Reference 1 \_\_\_\_\_ Phone number \_\_\_\_\_

Reference 2 \_\_\_\_\_ Phone number \_\_\_\_\_

**LIST ALL DEPENDANTS**

Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Band Member: Yes or No Treaty #: \_\_\_\_\_  
Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Band Member: Yes or No Treaty #: \_\_\_\_\_  
Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Band Member: Yes or No Treaty #: \_\_\_\_\_  
Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Band Member: Yes or No Treaty #: \_\_\_\_\_  
Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Band Member: Yes or No Treaty #: \_\_\_\_\_

**\*Proof of Dependents; Tax assessment, Health Care Cards, Birth Certificates Etc...**

**LIST ANY OTHER OCCUPANTS THAT WILL BE RESIDING IN THE HOME**

Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Elder  Disability   
Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Elder  Disability   
Name: \_\_\_\_\_ DD-MM-YY: \_\_\_\_\_ Elder  Disability

**PETS-LIVESTOCK:** Yes or No

**CURRENT EMPLOYMENT**

**EMPLOYMENT STATUS**

Current Employer: \_\_\_\_\_ Previous Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Period of Employment: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

**OTHER SOURCE OF INCOME**

ELDER  UNEMPLOYMENT  AISH  SOCIAL ASSISTANCE

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**ADDITIONAL INFORMATION**

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*I declare that the information I have provided is true and correct and contain no misrepresentation. If misrepresentations found after Housing Applicant is signed and entered to the Property Management Department files. O'Chiese Property Management Department will have the option to terminate the Housing Applicant and the Applicant will be put back on the Housing list.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DD-MM-YYYY

\_\_\_\_\_  
Received By

\_\_\_\_\_  
DD-MM-YYYY