



SIKSIKA NATION HOUSING SERVICE AREA
HOUSING APPLICATION

1. Name of Applicant: _____
2. Name of Spouse: _____
3. Address: _____
4. Phone Number: _____ Date of Birth: _____
5. Band: _____ Band Number: _____
6. Do you have a house on the reserve? Yes: _____ No: _____
7. If you have a house or trailer, what year was it built or purchased? _____
8. List name of dependents (under the age of 18) & Date of Birth:

9. Have you completed the Basic Home Maintenance Workshop?
Yes: _____ No: _____ Date Completed: _____

10. Are you presently receiving Social Assistance?
Yes: _____ No: _____

If you are receiving social assistance, please submit a copy of your most recent BND Form.

11. If you are not on assistance or not employed list other income: _____

12. If you are employed:

Applicant
Name of employer: _____

Address of employer: _____

Annual Income: _____

Spouse
Name of employer: _____

Address of employer: _____

Annual Income: _____

TOTAL ANNUAL INCOME: \$ _____

Applicant's signature: _____

Spouse's signature: _____

Date: _____

(Note: Incomplete or false applications will not be considered, all information contained in this application is strictly confidential)



VERIFICATION OF INCOME

PROTECTED

TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

Protected when completed

To: Canada Mortgage and Housing Corporation	Date
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The following salary or wage verification is provided to Canada Mortgage and Housing Corporation in strict confidence, as requested by the employee to support his application for a loan under the National Housing Act

Employee's Name		Employee's Address	
Name of Employer		Employer's Address	Telephone No.
No. of Years Employed	Hours Per Week	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal _____ Weeks Per Year	
Present Position or Job Classification		Gross Income from Previous Two Years (Income before deductions)	
		20_____\$	20_____\$
Present Regular Gross Salary or Wage Rate (Indicate One)			
\$ _____ Per Hour		\$ _____ Per Week	
		\$ _____ Per Year	
Does employee receive earnings from overtime work, bonuses, commissions etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)			
Prospects of Continued Employment and/or Comment			

CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Name (Print Clearly)	Title	Signature
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