



SIKSIKA NATION HOUSING SERVICE AREA

HOUSING APPLICATION

Applications can be emailed to: housing@siksikanation.com

1. NAME OF APPLICANT: _____
2. NAME OF CO-APPLICANT: _____ RELATIONSHIP: _____
3. MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. PHONE NUMBER: _____ DATE OF BIRTH: _____
6. BAND NAME: _____ BAND NUMBER: _____
7. DO YOU HAVE A HOUSE ON THE RESERVE? YES: NO:
8. IF YOU HAVE A HOUSE OR TRAILER, WHAT YEAR WAS IT BUILT OR PURCHASED? _____
9. LIST NAMES & DATE OF BIRTH OF UNDERAGE DEPENDANTS AND/OR DEPENDANT ADULTS:

10. HAVE YOU COMPLETED THE BASIC HOME MAINTENANCE WORKSHOP?

YES: NO: DATE COMPLETED: _____

APPLICANTS ARE REQUIRED TO COMPLETE THE WORKSHOP TO QUALIFY FOR HOUSING.

11. ARE YOU PRESENTLY RECEIVING SOCIAL ASSISTANCE? YES: NO:

IF YES, SUBMIT A COPY OF YOUR MOST RECENT BND FORM.

12. IF YOU ARE EMPLOYED PROVIDE THE FOLLOWING INFORMATION & COMPLETE PAGE 2 OF APPLICATION:

APPLICANT

NAME OF EMPLOYER/COMPANY: _____

ADDRESS OF EMPLOYER/COMPANY: _____

ANNUAL INCOME: _____

CO-APPLICANT

NAME OF EMPLOYER/COMPANY: _____

ADDRESS OF EMPLOYER/COMPANY: _____

ANNUAL INCOME: _____

TOTAL ANNUAL INCOME: \$ _____

13. IF YOU ARE NOT RECEIVING ASSISTANCE & NOT EMPLOYED VERIFY INCOME: _____

TO VERIFY INCOME, YOU MAY ALSO PROVIDE YOUR CANADA REVENUE AGENCY NOTICE OF ASSESSMENT.

APPLICANT'S SIGNATURE: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

NOTE: INCOMPLETE OR FALSE APPLICATIONS WILL NOT BE CONSIDERED. ALL INFORMATION CONTAINED IN THIS APPLICATION IS STRICTLY CONFIDENTIAL.