

RENTAL HOUSING APPLICATION

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DATE:			NAME:				
ADDRESS:	CITY/PROVINCE:						
POSTAL CODE:		TELEPHONE:			BAND#		
TYPE OF HOUSING YOU ARE APPLYING FOR:		2 BEDROOM (\$405 MONTH)			3 BEDROOM (\$450 MONTH)		
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FAMILY MEMBERS – Number of full time occupants (including spouse) NAME (First & Last) Band Number Relationship Age							
NAME (First & Last)		Band Number		Relationship		Age	
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PRESENT ACCOMMODATIONS:							
Furnished Apartment	Unfurnished Apartment		Own Home Rei		ntal Home	Board with Relatives	
	A CONTRACTOR OF THE CONTRACTOR						
Other (Please Specify) Number of Bedrooms:							
REASON FOR SEEKING H	OUSING.						
High Rent Health Reasons			Overcrowding				
Other: (Please Specify)	11001	III Kodoono				5	
Other: (Flease Specify)							
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PLEASE ATTACH APPLICATION TO RENTAL HOUSING AGREEMENT COMMENTS/ADDITIONAL INFORMATION						
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