

HOUSING APPLICATION

DATE:				NAME:					
ADDRESS:				CITY/PROVINCE:					
ADDITEOS.		OITIAIN							
POSTAL CODE:		TELEP	TELEPHONE:		BAND #				
TYPE OF HOUSING YOU ARE APPLYING FOR :		2 B	2 Bedroom		SII	SINGLE		SENIOR	
FAMILY MEMBERS – N	umber of ful	Il time occupa	ants (includin	g spouse)				
NAME (First & Last)			Band Number		Relat	ionship)	Age	
PRESENT ACCOMMODATIONS:									
Furnished Apartment	Unfurnished Apartment			own Home Re		Rental Home		Board with Relatives	
Other (Please Specify)				Number of Bedrooms:					
COST OF ACCOMMODATIONS PER MONTH									
Rent: Hydro:			Water:			He		eat:	
REASON FOR SEEKING H									
High Rent	Health Reason	h Reasons			Overcro	wding			
Other: (Please Specify)									

COMMENTS/ADDITIONAL INFORMATION