

Elders' Rental Application Form

Red Rock Indian Band

Applicant Name:

Address:

City/ Province:

Postal Code:

Band #

Telephone:

Email:

Spouse Name:

Spouse Band number

Elders Siblings-for Palliative Care and emergency purposes, executor, etc not moving in with elders

Sibling Name(s)-print full name(s)

Band #

Relationship

Present Accommodations:-check/ circle only one that applies.

Furnished Apartment

Unfurnished Apartment

Own Home

Rental Home

Board with Relatives

Other:-Specify

Reason For Seeking Housing:-circle/ comment only one that applies.

High Rent

Health Reasons

Overcrowding

Other:-Specify

Name of Emergency contact:-print full name

Name of your Power of Attorney:-print full name

Verification of your Income:-check/ circle one that applies

ODSP

OW

Pension

Old Age Pension

No Bloodline transfers on any Elders' Rental Units

Signature of Elder Applicant:

Date:

Signature of Executor:

Date:

Attach any other items that are relevant to your application to this form when completed.