



KAKISIWEW OCHAPOWACE NATION

APPENDIX A

HOUSING APPLICATION

OCHAPOWACE HOUSING

P.O Box 550

Whitewood, SK S0G 5C0

Phone: (306) 696-2655

Fax: (306) 696-3340

lloyd.bear@ochapowace.ca

You can either fax, mail or email to the address listed above.

PERSONAL INFORMATION

APPLICANT INFORMATION

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

DATE OF BIRTH (YYYY/MM/DD) _____ TREATY # _____

CURRENT ADDRESS

ADDRESS _____

CITY/TOWN: _____ PROV: _____ POSTAL CODE: _____

HOME PHONE # _____ CELL # _____ WORK # _____

EMAIL: _____

MARITAL STATUS (please circle one): SINGLE COMMON – LAW MARRIED

SPOUSE NAME _____

DATE OF BIRTH _____

HOME# _____ CELL# _____ WORK# _____

EMAIL: _____

OTHER OCCUPANTS **All Occupants (adults & children) must be listed even if only residing part time with resident.
(Must provide a copy of Child Tax Benefit or an alternative form/letter, for proof of children in your care.)

NAME	AGE	SEX	BIRTHDATE	RELATIONSHIP

Describe any physical disabilities or health problems of any household members. (Must provide medical certificate for indication of illness) _____

Do you require handicap accessibility?

YES NO

RENTAL HISTORY

DO YOU PRESENTLY HAVE A HOUSE? YES / NO IF YES, RENT OR OWN? _____

IF YES, PRESENT ADDRESS: _____

LANDLORD NAME, ADDRESS & PHONE # _____

HOW LONG? _____ MONTHLY RENT \$ _____

HAVE YOU EVER BEEN EVICTED? YES NO

If 'yes' explain _____

ANY PETS/ANIMALS? YES NO HOW MANY & WHAT TYPE? _____

EMPLOYMENT HISTORY

ARE YOU ON SOCIAL ASSISTANCE? YES NO

PRESENT EMPLOYER _____

ADDRESS _____

OCCUPATION _____ HOW LONG? _____

PHONE # _____

REFERENCES – PLEASE LIST 2 (Must list 2) Landlord & Character Reference**

If you have rented a housing unit off the reserve, we will require you to submit two references with this application.

NAME _____

ADDRESS _____

PHONE # _____

RELATIONSHIP _____

NAME _____

ADDRESS _____

PHONE# _____

RELATIONSHIP _____

ARE YOU CURRENTLY IN ARREARS WITH POWER or ENERGY? YES NO

GENERAL

EMERGENCY CONTACT, RELATIONSHIP, PHONE # _____

By signing below in the space provided, I have declared everything I stated on this application are true and complete. I understand that providing false information could result in the delay of my application process, which may also cause termination or rejection of my application.

APPLICANT SIGNATURE_____
DATE