



## ***Ochapowace Housing Authority & Public Works***

kakisiwew-Ochapowace Nation #71

P.O. Box 550 Whitewood, Sask. S0G 5C0, PH: (306) 696 2655, FAX: (306) 696 3340

# **RENOVATIONS APPLICATION FORM**

Date of Application: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_ Unit# \_\_\_\_\_

Treaty Number: \_\_\_\_\_

### **LIST OF FAMILY MEMBERS RESIDING IN YOUR UNIT:**

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **HOW LONG HAVE YOU LIVED IN THIS UNIT?**

\_\_\_\_\_

**HAVE YOU RECEIVED ANY RENOVATIONS?**      **YES**      **NO**

**YEAR OF RENOVATIONS:** \_\_\_\_\_

**IF 'YES' PLEASE LIST WHAT TYPE OF RENOVATIONS AND WHEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### WHAT TYPE OF RENOVATIONS ARE YOU REQUESTING?

*Please use additional paper if needed*

Signature of Tenant

Date

## Ochapowace Housing Authority to Complete

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Year Moved In: \_\_\_\_\_

Renovations &amp; Year: \_\_\_\_\_

Tenant Forms Up to Date: \_\_\_\_\_

Maintenance Fee Up to Date: \_\_\_\_\_