



KAHKEWISTAHAW FIRST NATION # 72 - HOUSING DEPARTMENT
HOUSING APPLICATION

P.O. Box 609 Broadview, Saskatchewan S0G 0K0
Ph: (306)696-3291 Ext: 234 Toll Free: 1-888-691-0188

Applicants Full Name: _____ Date: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Other _____

Treaty Number: _____ Marital Status: _____

Family Head: _____ Spouse: _____ Number of Children: _____

Type of accommodation requested:

Older unit _____ New unit _____ Either _____ Number of Bedrooms required _____

Tenant details (please include all persons that will be living in the unit)

	NAME	BIRTH DATE	AGE	SEX	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

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

Do you require handicap accessibility? Yes No

Do you presently live: On Reserve _____ Off Reserve _____

Are you currently residing with friends /Relatives? Yes No

Have you ever been allocated a housing unit on Kahkewistahaw? Yes No
If yes, what year? _____ Unit # _____

Do you require a basement? Finished or Non Finished

Are you willing to pay the required monthly Maintenance Service Fee? Yes _____ No _____

If allocated a Housing Unit are you aware of and willing to pay the 125.00 Damage /Security deposit? Yes _____ No _____

If you have rented a housing unit off reserve we will require you to submit (two written landlord references with your application), one from your current landlord and one from your previous landlord).

Current Land Lord Information:

Name _____ Phone _____

Length of time renting from current landlord _____

Are you required to give your present landlord notice to vacate?

Yes _____ No _____

If yes, how much time is required? _____

Please indicate why you wish to leave your current accommodation _____

Source of Income Information:

Present source of income (please indicate main source of income). Please include with your application, a current pay or cheque stub for income verification purposes.

Employed _____ Student _____ Social Assistance _____ Pension _____

Employment Insurance _____ Other (please specify) _____

Employment Income (list recent employment).

Head of Household

Employer _____ Address _____

Date employed _____ Rate of Pay _____

Gross annual income _____

Spouse/ Partner

Employer _____ Address _____

Date employed _____ Rate of Pay _____

Gross annual income _____

Other household members

Employer _____ Address _____

Date employed _____ Rate of Pay _____

Gross annual income _____

Are you currently in arrears with the following?

Power: _____ Energy _____

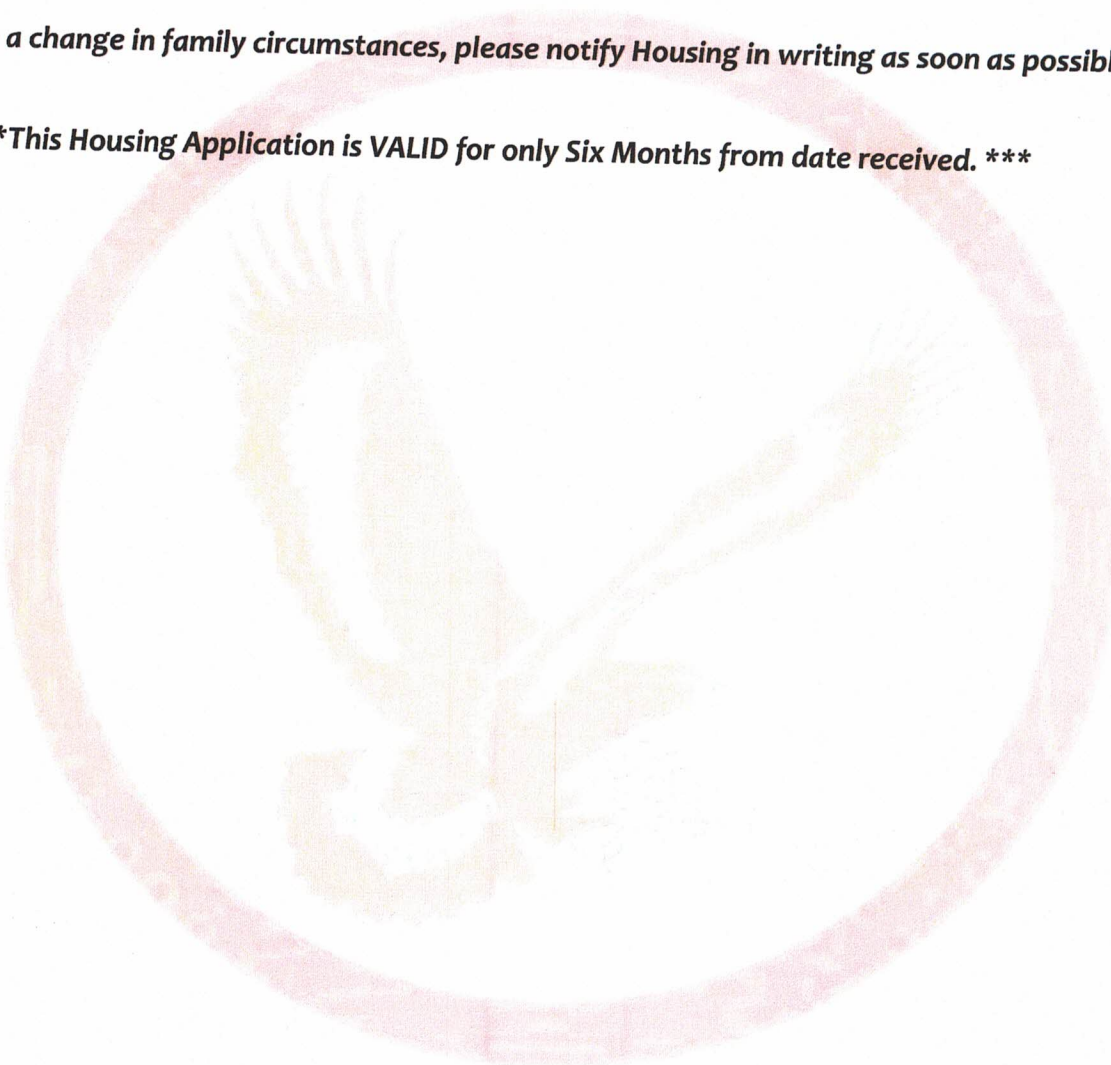
I declare that all the above information given is complete and current. I understand that this application does not constitute an agreement with the Kahkewistahaw First Nation Housing Program to provide rental accommodations. I hereby authorize the Kahkewistahaw First Nation Housing Program to investigate any or all of the stated information made herein, being fully aware that discovery of any false statements shall cancel any further consideration of this application.

Signature of Applicant _____ Date _____

Note: Please complete all areas of this application. You will be considered for accommodation as units become available.

If you have a change in family circumstances, please notify Housing in writing as soon as possible.

******This Housing Application is VALID for only Six Months from date received. ******



Informed Consent Form

February 2018

Our Commitment to You

We respect the rights and privacy of personal information that you, our customer, provide to us. We have policies, processes and guidelines in place to help protect your personal information. We have controls in place to restrict access to this personal information, according to job requirements and a "need to know" basis.

Reasons for Collecting your Personal Information.

- Required to deliver service to customers
- Invoicing or billing for Services
- Collection of overdue accounts
- Ordinary business communications
- Gathering statistical information such as usage or consumption patterns.

Types of Information Required

- Name
- Mailing Address
- Phone Number(s)
- Service Addresses
- Any two of the five pieces of identification
 - Driver's license
 - Billing account password
 - Treaty number
 - Date of birth
 - Mother's maiden name

Disclosing or Sharing Your Information

This principle makes it clear that we will disclose your personal information only when you authorize its use, when permitted by law or when required by law.

Your Right to Refuse or Revoke Consent

You have the right to refuse or revoke your written consent. Deciding not to give consent will result in SaskPower not releasing your personal and account information to a third party.

Consent to Release Personal Billing/Account Information

Name(s) in
Billing: _____

Account Number: _____

Premise
Address: _____

Please Check the appropriate box:

Ongoing disclosure <input checked="" type="checkbox"/>	One-time disclosure only <input type="checkbox"/>
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I authorize Kahkewistahaw First Nation

☒ Band Income Assistance/Band
Housing

to have access to my personal billing and
account information.

Customer
Signature: _____

Date: ____/____/____
MM DD YY

DOB
SaskPower Signature & Date:

(Customer Service and Billing Services)

 **SaskPower**
Powering the future



First Nations Desk
firstnations@saskenergy.com
Toll Free 1-844-281-3711
Fax: (306) 446-5052

Application for SaskEnergy Billing and Consent to Release Account Information

APPLICATION FOR SASKENERGY SERVICE

If two or more adults will be residing at the premise, please complete "2nd Name" field. Both names will appear on the bill, and both will be jointly and severally responsible for payment of all bills.

Name: (First, Middle Initial & Last): _____

2nd Name: (First, Middle Initial & Last): _____

Billing Address (including Lot & Block, Civic Address or House Number): _____

Move in Date: _____

Community: _____

Mailing Address: _____

Phone # (s): _____

Emergency Contact Name: _____ Phone # _____

Budget Billing: YES ☐ NO ☐ (bills are divided equally over a 12 months)

Employer Name _____ Phone # _____

On Social Assistance: Yes: ☐ Name & phone # of worker: _____
Bills are to be mailed directly to Customer: YES ☐ NO ☐

For billing and confirmation purposes SaskEnergy requires at least 2 identifiers of all adults residing in premise. Adult children living at the premise with their parents are excluded.

1st Applicant

2nd Applicant

Driver's License: _____

Date of Birth: _____

Treaty #: _____

Mother's Maiden Name: _____

CONSENT TO RELEASE PERSONAL BILLING/ACCOUNT INFORMATION

Due to privacy requirements, SaskEnergy is unable to disclose specific account information to the Band Office or Assistance Worker in the event of payment problems with the account without prior written consent of the customer(s) whose name(s) appear (s) on the bill. By your signature(s) below you agree to be placed in SaskEnergy billing at the location indicated above, and you grant SaskEnergy permission to share your account information with the Band Office or Assistance Worker as required.

(Applicant's Signature)

(Date)

(Applicant's Signature)

(Date)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page, possibly from a composition book. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.