



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. *****

