



Box 1020, Chetwynd, BC V0C 1J0
Tel: (250) 788-3955 Fax: (250) 788-7261

HOUSING APPLICATION

APPLICATE INFORMATION

Name: _____ Age: _____
Mailing Address: _____ Phone: _____
Physical Address: _____ Other #: _____
Family Group Name _____

SPOUSE INFORMATION

Name: _____ Age: _____
Mailing Address: _____ Phone: _____
Physical Address: _____ Other #: _____

APPLICATE EMPLOYMENT INFORMATION

Current Employer: _____
Address: _____
Phone: _____ How long: _____
Position: _____

SPOUSE EMPLOYMENT INFORMATION

Current Employer: _____
Address: _____
Phone: _____ How long: _____
Position: _____

MARITAL STATUS

Single _____ Common-Law _____
Married _____ Separated _____
Divorced _____

All Application must include two (2) income statements from current employer and credit check



Box 1020, Chetwynd, BC V0C 1J0
Tel: (250) 788-3955 Fax: (250) 788-7261

HOUSING APPLICATION

OTHER SOURCE INCOME

Sources of Income: _____

Income per Month : _____ How Long: _____

HOUSING REQUIREMENTS

Type of housing RENTAL _____ NEW _____

Number of Bedrooms 1 _____ 2 _____ 3 _____

1- Reference Name _____
Phone Number _____

2-Reference Name _____
Phone Number _____

3-Reference Name _____
Phone Number _____

DEPENDANTS (under the age of 17 years)

Names:	D.O.B.	Age	Male/Female
--------	--------	-----	-------------

All Application must include two (2) income statements from current employer and credit check



Box 1020, Chetwynd, BC V0C 1J0
Tel: (250) 788-3955 Fax: (250) 788-7261

HOUSING APPLICATION

ANY DEPENDANTS WITH DISABILITIES

Yes _____ No _____ N/A _____

If yes please explain:

ADDITIONAL COMMENTS

Did Applicant or spouse been allocated a home from SFN Yes _____ NO _____

If yes House # _____ year _____ rental _____ new house _____

Reason for leaving:

ADDITIONAL COMMENTS

Does the Applicant or spouse have any arrears with Saulteau First Nations?

Yes _____ No _____

If yes how much _____

If yes is Applicate or spouse willing to sign a recovery payment plan?

Yes _____ No _____

All Application must include two (2) income statements from current employer and credit check



Box 1020, Chetwynd, BC V0C 1J0
Tel: (250) 788-3955 Fax: (250) 788-7261

HOUSING APPLICATION

AGREEMENT

By signing this housing application all information is true. I understand if any or some information is found false. This information will be used against me or will not be considered for a new home or any band rental.

Applicant signature

Date

Co- Applicant signature

All Application must include two (2) income statements from current employer and credit check