

APPLICANT FULL NAME

HOUSING APPLICATION – SHEGUIANDAH FIRST NATION

Please return completed application along with a copy of the BAND CARD and PROOF OF INCOME to: **Sheguiandah First Nation, Administration Office** 142 Ogemah Miikan, PO Box 101, Sheguiandah, Ontario, P0P 1W0 Tel: (705)368–2781 Email: housing@sheguiandahfn.ca

BAND NUMBER

D.O.B. (MM/DD/YYYY)

CO-APPLICANT FULL NAME	BAND NUMBER	D.O.B. (MM/DD/YYYY)
CURRENT ADDRESS (STREET, PO BOX, LOCATION, PROVINCE, POSTAL CODE)		
TELEPHONE	ALT. TELEPHONE	
E-MAIL	SELECT PREFFERED METHOD OF COMMUNICATION	
E-WAIL	[] TELEPHONE [] EMAIL [] MAIL	
DEPENDANTS - Please list the dependants (child and/or other) who will be residing in the unit		
FULL NAME	BAND NUMBER	RELATION
FULL NAME	BAND NUMBER	RELATION
I OLL WANE	BAND NOWIBLE	RELATION
FULL NAME	BAND NUMBER	RELATION
FILL NAME	DAND NUMBER	DEL ATION
FULL NAME	BAND NUMBER	RELATION
FULL NAME	BAND NUMBER	RELATION
INCOME – Please indicate the type of income you receive on a monthly basis plus gross amount from all sources. Provide proof of income.		
APPLICANT – EMPLOYMENT/INCOME SOURCE CO-APPLICANT – EMPLOYMENT/INCOME SOURCE		
A	A	
В	В	
MONTHLY GROSS AMOUNT (FROM ALL SOURCES)		
	CO-APPLICANT \$ TOTAL \$	
AFFLICANT \$	O-AFFLICANI \$	JIAL \$
REASON FOR APPLYING – Please describe your current living conditions/situation		
i.e. Present accommodations (house, apartment, hotel, basement, shared living etc)		
APPLICANTIO ACKNOW EDGEMENT D	IAM.	
APPLICANT'S ACKNOWLEDGEMENT: By signing below agreement on the part of Sheguiandah First Nation to provide		
that we may be required to attend an interview to discuss m		•
information is true and accurate to the best of my/our knowledge.		
SIGNATURE OF APPLICANT BAND MEMBER	SIGNATURE OF CO-APPLICANT	
X	X	
^	^	
DATE	DATE	

SHEGUIANDAH FIRST NATION - ADMINISTRATION OFFICE USE ONLY

COMMENTS

DATE SUBMITTED TO HOUSING AUTHORITY

DATE APPLICATION RECEIVED

DATE OF APPROVAL