

# APPLICATION FORM

## 8-PLEX / 55-PLUS BUILDINGS / DUPLEX / TEMPORARY HOUSING

(PLEASE CIRCLE WHICH ONE YOU ARE APPLYING FOR)

<b>APPLICATION INFORMATION:</b>				
LAST NAME:		FIRST NAME:		M.I.
STATUS: SINGLE / FAMILY OF _____		F.R.C.N MEMBER: <b>Y / N</b>	TREATY NUMBER	BAND: (IF NOT FRCN MEMBER)
BIRTHDATE:	PHONE: HOME/CELL ( )	WORK PHONE ( )	EMAIL ADDRESS:	
<b>CURRENT MAILING ADDRESS:</b>				
BOX #/STREET ADDRESS:	CITY/TOWN:	PROVINCE:	POSTAL CODE:	
<b>CURRENT ACCOMMODATIONS:</b>				
RESIDING AT (NAME OF HOUSEHOLDERS' UNIT):				LOT:
HOW LONG?		NUMBER OF FAMILIES UNDER SAME HOUSEHOLD:		
REASON FOR APPLYING FOR ACCOMMODATIONS:				
<b>OTHER RELEVANT INFORMATION: (medical, health, or other issues that may be relevant)</b>				
<b>EMPLOYMENT &amp; INCOME INFORMATION: (FOR 55-PLUS AND DUPLEXES ONLY)</b>				
OCCUPATION:		EMPLOYER/COMPANY:		MONTHLY SALARY (OPTIONAL) \$
CONTACT NAME:		CONTACT PHONE: ( )	START DATE:	END DATE:
OTHER INCOME DESCRIPTION:				MONTHLY SALARY (OPTIONAL) \$
<b>EMERGENCY CONTACT:</b>				
NAME:		ADDRESS:	PHONE ( )	RELATIONSHIP:
<b>PERSONAL REFERENCE:</b>				
NAME:		ADDRESS:	PHONE ( )	RELATIONSHIP:
DATE:			SIGNED:	