

GWA'SALA-'NAKWAXDA'XW NATION
HOUSING APPLICATION

NAME: _____

BAND NAME & NO.: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ LENGTH OF STAY: _____

SIN: _____ DOB: _____

MARITAL STATUS – MARRIED _____ COMMON-LAW _____ SINGLE _____
DIVORCED _____ WIDOWED _____ SEPARATED _____

NUMBER OF CHILDREN IN YOUR CUSTODY AT THE TIME OF THIS
APPLICATION: _____

AGES OF BOYS: _____

AGES OF GIRLS: _____

DO YOU PLAN TO HAVE MORE CHILDREN – YES _____ No _____

IF YES, HOW MANY CHILDREN DO YOU PLAN TO HAVE? _____

ARE YOU EMPLOYED? YES _____ NO _____

IF YES, WHO IS YOUR CURRENT EMPLOYER? _____

NAME & ADDRESS OF CURRENT EMPLOYER: _____

HOW LONG HAVE YOU BEEN EMPLOYED? _____

EMPLOYERS PHONE NUMBER: _____

IF YOU ARE UNEMPLOYED, WHAT IS THE SOURCE OF YOUR INCOME?

EI _____/MTH – START DATE: _____ END DATE: _____

S.A. _____/MTH – FIRST MONTH ON S.A. _____ 20_____

OTHER, PLEASE SPECIFY – SOURCE: _____/MTH

PRESENT ACCOMODATIONS: _____

NO. OF PEOPLE: _____ NO.OF BEDROOMS: _____ NO OF FAMILIES: _____

WHAT TYPE OF HOUSE DO YOU WANT: _____

HOW MANY BEDROOMS DO YOU NEED: _____

APPLICANTS SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____