

Ehattesaht Application for Housing

Date received: _____

The purpose of the information requested is to help assist you in locating suitable accommodation to meet your current need. It is important you be aware that this application shall be kept on file for twelve (12) months, after which time a new application must be completed. The information provided shall be kept under strict confidence.

Name of Applicant: _____

Name of Spouse: _____

Present Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Message #: _____

Rental History

Previous Address: _____

Date of Change: _____

Reason for leaving? _____

Please List all individuals who will be living with you in the rental accommodations, including yourself and all children, starting with the oldest.

Name	Birthday	Age	Sex	Relationship	In School?	Grade	Ehattesaht Member?
			M/F	Self	Y/N		Y/N
			M/F		Y/N		Y/N
			M/F		Y/N		Y/N
			M/F		Y/N		Y/N
			M/F		Y/N		Y/N
			M/F		Y/N		Y/N
			M/F		Y/N		Y/N
			M/F		Y/N		Y/N

Ehattesaht Application for Housing D R A F T

Applicant's Status Number: _____

Do you own your own CMHC house on or off reserve? Yes or No

If yes, please explain: _____

Present Living Accommodations:

Apartment: _____ House: _____ Townhouse: _____ Duplex: _____ Suite: _____

How many bedrooms do you have? 1 2 3 4 5 6+

Do you share accommodations? Yes or No

If yes, please explain:

Special Needs:

Are there any people in your household that have special needs? Yes or No

If yes, please explain: _____

I/we certify that the information provided on this form to be true.

I/we understand this will remain on file for a period of twelve (12) months. If at any time during the twelve (12) months I/we move or need to update information on this application, it is my responsibility to come in or call the Ehattesaht Band office and make the necessary changes.

Signatures of all adult applicants:

Print Name:

Date:
