



# Heiltsuk Housing Dept

## Housing Application

### Personal Information

|                |      |             |             |
|----------------|------|-------------|-------------|
| Applicant(s):  |      |             |             |
| Street Address |      |             |             |
| Box            | City | Province    | Postal Code |
| Home Phone:    |      | Cell Phone: |             |
| Email:         |      |             |             |

### Household Composition

| Name | Relationship (To Applicant) | Heiltsuk Band Number | Age/Gender |
|------|-----------------------------|----------------------|------------|
|      |                             |                      |            |
|      |                             |                      |            |
|      |                             |                      |            |

### Health and Mobility Info

| Name | Wheel Chair required | Other than Mobility |
|------|----------------------|---------------------|
|      |                      |                     |
|      |                      |                     |

### Income Source

| Name                | Income source (Employment, EI, Income Assistance) | Annual Income |
|---------------------|---|---------------|
|                     |   |               |
|                     |   |               |
| <b>Total Income</b> |   |               |

|   |                     |                               |          |
|---|---------------------|-------------------------------|----------|
| <b>Present Accommodations:</b>  | Apartment           | Living with Family or Friends |          |
| Number of Bedrooms  | Number of occupants | Adults                        | Children |
| Do you have any household pets? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE, Maximum pets permitted - 1 |                     |                               |          |

\*I/We understand that it is my/our responsibility to complete an Rental Application form to Heiltsuk Housing Dept of any changes to the information given in this application.

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Date of Application    Print Name    Signature

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

|   |   |  |
|---|---|--|
| <b>OFFICE AREA</b>  | Applicant met the eligibility requirements <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, proceed to Section B. If no, proceed to Section A. |
| Section A IF NOT ELIGIBLE (INDICATE) NON-REGISTERED HEILTSUK BAND MEMBER OR ARREARS \$              |   |  |
| Section B Applicant #.  | Input on Database (Initial & Date)  |  |
| Section C Notice sent to applicant confirming receipt of Rental Unit application (Signature & Date) |   |  |