



Tahltan Band Council

PO Box 387
Dease Lake, B.C. V0C 1L0
T: 250-771-5577
F: 250-771-5579

Stikine Housing Authority

Housing Application

Full Name: _____ **Band No.** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Postal Code

Phone: _____ **Email:** _____

Birthdate: _____ (mm/dd/yyyy) **Pets:** Yes No If yes, describe: _____

Smoker? Yes No

Marital Status;

Married | Widow(er) | Single | Separated | Divorced | Pensioner

Number of Occupants (Living with you): _____

	Name -	Relationship -	Birthday -	Age -
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

Approximate year home was built: _____ **Type of home:** Own: Rent: Relatives:

Presently Living:

On Reserve Off Reserve: I.R# _____

Previous Landlord: _____ Phone: _____

Reason for Leaving: _____

Please notify them that they will be contacted.

Source of Income:

Social Assistance: Old Age Security: Employed: Other:

Amount of Income: _____/month

Employer: _____ Phone: _____

Address: _____

Type of Housing Required - New Renovation

Stikine Housing Tahltan Band Housing

Location/Community Preference: _____

Emergency Contacts -

Name: _____ Phone: _____

Name: _____ Phone: _____

References

Name: _____ Phone: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Address: _____ Phone: _____

Email: _____

Please note references will be contacted.

Signature

Proof of employment/financials and letter of interest required to complete application

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____