



# WHITEFISH LAKE FIRST NATION #459

## HOUSING DEPARTMENT

General Delivery, Atikameg, AB T0G0C0

Phone: 780-767-3914 Fax: 780-767-3922

### HOUSING APPLICATION

**Applicant Legal Name:** \_\_\_\_\_

**Marital Status:** Single: \_\_\_\_ Common-Law: \_\_\_\_ Married: \_\_\_\_

**Status Number:** 459 \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

### Family Information

Please List All Residents of Houshold:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

### Address Information

Current Address: \_\_\_\_\_

Age of Home: \_\_\_\_\_ How Long Have You Lived There? Years: \_\_\_\_\_ Months \_\_\_\_\_

Has a band home been assigned to you before? Yes: \_\_\_\_ No: \_\_\_\_ If so, when: \_\_\_\_\_

Reason for Applying: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Application Status:** Review Date: \_\_\_\_\_ Accepted: \_\_\_\_\_ Not Accepted: \_\_\_\_\_