



Hupacasath First Nation

5500 Ahahswinis Drive

PO Box 211

Port Alberni, BC V9Y 7M7

Tel: 250-724-4041 Fax: 250-724-1232

APPLICATION FOR ASSISTED HOUSING PROGRAMS

Date: _____

Name: _____

Phone: _____

Please put N/A if any items do not apply to you or your family. DO NOT LEAVE ANY BLANK SPACES.

HOUSING PROGRAM (Please check as many programs as apply – you may apply for more than one program. Talk to the Housing Co-ordinator if you are unsure about which programs you should apply for).

Social Housing (ownership) _____

Rental Housing _____

Rent-to-Own Program _____

HOUSEHOLD

Please tell us about the people who live in your house and will be moving with you.

Name	Relation to Head	Age
1.		
2.		
3.		
4.		
5.		

OTHER HOUSEHOLD INFORMATION

Is anyone in your household disabled? _____

Has your current house been condemned? _____

Is your current house uninhabitable? _____

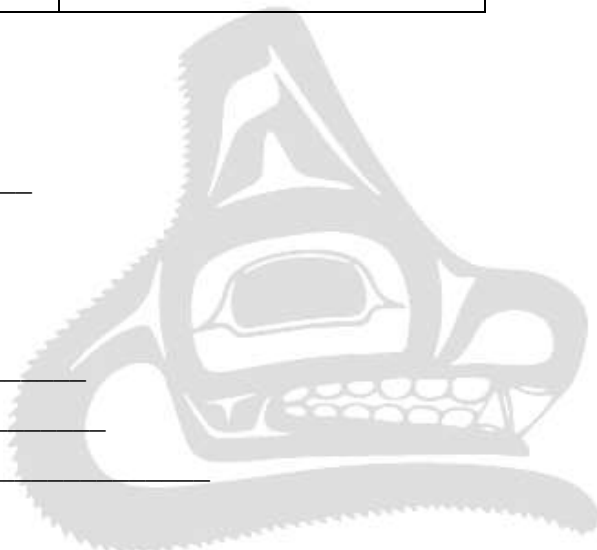
CURRENT HOUSE

Do you own or rent your current house? _____

What are your monthly payments for the house? _____

Have you ever missed a payment on the house? _____

Do you have any outstanding payments due on the house? _____



What are your average utility payments (heating, electricity, etc.) each month? _____

INCOME

What was your total annual household income (from all sources) last year? _____

What was your total annual household income (from all sources) the year before last? _____

Please list any debts you have and the payments you make below.

Loan From:	Loan For:	Total Debt	Monthly Payments
e.g., Bank of Montreal	Car	\$15,000	\$345

EMPLOYMENT

Name of Current Employer: _____

How long have you been in this job? _____

APPLICANT STATEMENT

I hereby certify that the information given the Hupacasath First Nation on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for termination or denial of housing assistance.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

