



Lake Babine Nation

225 SUS AVENUE,
P.O. BOX 879
BURNS LAKE, B.C. V0J 1E0

TEL: (250) 692-4700
FAX: (250) 692-4790

Housing Application Form

Name: _____ Band No. _____
 Last First Initials

Address _____ Phone _____
Town _____ Home _____
Postal Code _____ Work _____

Marital Status _____ Married _____ Single _____ Divorced
 _____ Widow(er) _____ Seperated _____ Pensioner
 _____ Common- Law

Number of Dependants (living with you) _____

	<u>Name</u>	<u>Relationship</u>	<u>Birthday</u>	<u>Age</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____

Approximate Year your existing home was built: _____

Type of House you are living in: _____ Bedroom(s)
Own: _____ Rent: _____ Relatives: _____

Presently Living On Reserve: _____ Off Reserve: _____ IR#: _____
Tachet IR#25 Woyenne IR #27 Fort Babine IR# 6

Source of Income: Social Assistance Employed (need Verification of Income form)
 Old Age Security Other (Specify)

Amount of Income: \$ _____/month

Your Employer: _____ Phone: _____
Address _____

Type of Housing Required: New Addition Renovations

Preferred Program: R.R.A.P. Social Housing Subsidy

What Location would you prefer? _____

Why would you prefer this area? _____

School Medical Recreation Shopping
 Police Force College Adult Training

Modern Day Conveniences such as Hydro, Gas, Training

Cultural Activities: Hunting Fishing

What would be your second Choice? _____
In regards to location

Date: _____ Applicant's Signature _____

FOR OFFICE USE ONLY

Housing Application Date: _____

Recommendations:

Chief & Council Remarks:

