



MUSCOWPETUNG SAULTEAUX NATION NEW AND VACANT HOUSING APPLICATION

Office Use Only

Date Application is received: _____
New Housing Assigned: _____
Existing Housing Assigned: _____
Reference Checked: _____
Comments: _____

Applicant

Name of Applicant: _____
Address: _____
Telephone/Cell: _____
Email: _____

Applicant Date of Birth: _____
Co-Applicant Date of Birth: _____
Co-Applicant Date of Birth: _____
Co-Applicant Date of Birth: _____

List number of dependents currently residing with you and their relationship to you

NAME	DATE OF BIRTH	TREATY NUMBER	RELATIONSHIP

Monthly rent paid at the current address: _____
Name of Landlord and Phone number: _____
References: _____

Declaration and Acknowledgement

I understand this application does not constitute or guarantee house for me or my family.

I hereby authorize the Housing Department to review or contact my applications referrals or sources.

I understand that any or all of the statements made herein, being fully aware that the discovery of any false statements shall cancel further consideration of my application.

I further acknowledge the right of the Housing Department to cancel my application without notice should any false statements be made or found on this application.

I acknowledge that this application becomes the property of the Housing Department upon delivery.

I hereby declare that the information provided on this application is true, correct and complete.

Applicant's Name (please print)

Applicant's Signature

Date

Co-Applicant's Name (please print)

Co-Applicant's Signature

Date

Co-Applicant's Name (please print)

Co-Applicant's Signature

Date