OPASIKONIWEW HOUSING AUTHORITY

P.O. BOX 510
WABASCA, AB TOG-2K0
Phone: (780) 891-2072

August 2026

Off Reserve Maintenance Application

APPLICANT NAME(S): _____ DATE: _____

1. **OHA Checklist: ----------:** _____
2. **Applicant Information: ----------:** _____
3. **Finance Confirmation Form: ----------:** _____
4. **Membership Confirmation Form ----------:** _____
5. **Proof of home ownership ----------:** _____

_____ _____

Bigstone Housing Department Staff **Date**

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APPLICANT INFORMATION

MANDATORY

APPLICANT INFORMATION

NAME OF APPLICANT: _____

CURRENT ADDRESS: _____

BOX NUMBER: _____ **POSTAL CODE:** _____

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

TREATY NUMBER: _____

CO-APPLICANT INFORMATION

NAME OF CO-APPLICANT: _____

RELATIONSHIP TO APPLICANT: _____

BOX NUMBER: _____ **POSTAL CODE:** _____

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

TREATY NUMBER: _____

Spouses must be included if in relationship as co-applicant.
If you are not single, don't apply single.

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FINANCE CONFIRMATION FORM

MANDATORY

APPLICANT'S NAME: _____ CO-APPLICANT NAME: _____

TREATY NUMBER: _____ CO-APPLICANT TREATY NUMBER: _____

SECTION A (TO BE SIGNED BY THE BCN FINANCE CLERK)

	APPLICANT	CO-APPLICANT
1) CAPITAL (Housing – Misc.)	$ _____	AND $_____
2) BIGSTONE RENTAL UNITS (Section 95, etc.)	$ _____	AND $_____
3) OTHER:	$ _____	AND $_____
4) ECONOMIC DEVELOPMENT (Loan, etc.)	$ _____	AND $_____
TOTAL AMOUNT OWING: …….	$ _____	AND $_____

_____ _____

ADMINISTRATION FINANCE CLERK **DATE**

SECTION B (TO BE SIGNED BY THE BCN PUBLIC WORKS CLERK)

5) PUBLIC WORKS (Equipment Rental, etc.)	$ _____	AND $_____
6) WATER SERVICES	$ _____	AND $_____
TOTAL AMOUNT OWING: …….	$ _____	AND $_____

_____ _____

PUBLIC WORKS UTILITIES CLERK **DATE**

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BIGSTONE MEMBERSHIP FORM

MANDATORY

APPLICANT

FULL NAME: _____

DATE OF BIRTH: _____

REGISTRY NUMBER: _____

MEMBER / BILL C-31 / Other _____ (circle one) as of _____
(DATE)

CO-APPLICANT

FULL NAME: _____

DATE OF BIRTH: _____

REGISTRY NUMBER: _____

MEMBER / BILL C-31 / Other _____ (circle one) as of _____
(DATE)

I _____ can confirm the
(Print Name Membership Clerk)

following applicant(s) are registered under Bigstone Cree Nation.

_____ _____
BIGSTONE MEMBERSHIP CLERK **DATE**

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IT IS MANDATORY YOU INCLUDE YOUR PROOF OF HOME OWNERSHIP. E.g Land Title