OPASIKONIWEW HOUSING AUTHORITY

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

Off Reserve Renovations Application

APPLICANT NAME(S): _____ DATE: _____

1. **Cover Letter (MANDATORY) ----------: _____**
2. **Applicant Information: (MANDATORY) ----------: _____**
3. **Proof of home ownership: (MANDATORY)----------: _____**
4. **Current Pay Stubs: (MANDATORY) ----------: _____**
5. **Monthly Income Form: (MANDATORY IF NOT EMPLOYED) ----------: _____**
6. **Finance Confirmation Form: (MANDATORY) ----------: _____**
7. **Membership Form (MANDATORY) ----------: _____**
8. **Home Ownership Consent Form (MANDATORY) ----------: _____**
9. **Living Conditions: ----------: _____**

All information provided will be used in a point system by the Selections Committee. Chief & Council and the OHA Housing Director are not a part of the Selections Committee.

_____ _____
BIGSTONE HOUSING DEPARTMENT STAFF **DATE**

We will not accept the application if mandatory items are not complete.

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COVER LETTER

Please describe why you require renovations.

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APPLICANT INFORMATION

MANDATORY

APPLICANT INFORMATION

NAME OF APPLICANT: _____

CURRENT ADDRESS: _____

HOW LONG LIVING AT CURRENT ADDRESS: _____

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

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

FIRST NATION NAME: _____

TREATY NUMBER: _____

CO-APPLICANT INFORMATION

NAME OF CO-APPLICANT: _____

MARITAL STATUS: _____

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

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

FIRST NATION NAME: _____

TREATY NUMBER: _____

Spouses must be included as a co-applicant.
If you are not single, do not apply single.

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MANDATORY

- **PLEASE ATTACH COPIES OF THE TWO MOST RECENT PAY STUBS FOR EMPLOYMENT VERIFICATION.**

- **IF ON SOCIAL ASSISTANCE, PLEASE PROVIDE LETTER FROM YOUR INTAKE WORKER.**

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MONTHLY INCOME IF NOT EMPLOYED

APPLICANT'S NAME: _____

CO APPLICANT NAME: _____

Applicant(s): (select one): **Monthly Income**

☐ Assistance from Social Services $ _____

☐ Receives Employment Insurance (E.I) $_____

☐ Worker's Compensation (WCB) $_____

☐ Pensions (OAS, GIS, CPP, ASB) $_____

☐ Long Term Disability (AISH) $_____

☐ Alimony/Interest Income/Honorariums $_____

☐ Child Welfare Children in Care Income $_____

TOTAL: $_____

☐ No Income

Comments: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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MANDATORY

You must provide proof of home ownership.

Land title must be in the Bigstone Members name

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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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HOME OWNERSHIP (OFF-RESERVE) CONSENT FORM

MANDATORY

Both Applicants:

This is to confirm that I, _____ and _____ agree to give permission to OHA staff to check and verify that we have a home off reserve.

This form will be faxed, or emailed to any City, Town, Hamlet, when needed to verify the applicant's eligibility to Criteria as per Housing Policy.

I _____ and _____AGREE AND

CONSENT TO THIS HOME OWNERSHIP BACKGROUND CHECK.

_____ _____
SIGNATURE (APPLICANT) **DATE**

_____ _____
SIGNATURE (CO APPLICANT) **DATE**

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Living Conditions

1. **What is the age of the home? _____**

2. **Is your home a Trailer or stick built? _____**

3. **How long have you lived in the home? _____**

4. **Is your home currently overcrowded? _____ How many people live in the home? _____**

5. **Disabilities / Accessibility Issues?**
   Explain_____
   _____
   _____
   _____

6. **Is there mold present in the home? Yes: _____ No:_____**

7. **What structural issues, if any:**
   Roof ____

   Siding _____

   Crawl space _____

   Skirting _____

   Releveling _____

   Floor _____

   Bathroom _____

   Other _____

8. **Have you had problems with your furnace? Has it been replaced?_____**
   _____

9. **Have you had any electrical problems? If so, please explain:**
   _____
   _____
   _____

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10. Have you had any major water/sewer or plumbing problems? If so, please explain:

_____
_____
_____

11. What repairs have you done on the home?

_____
_____
_____

12. What repairs are you requesting for the home?

_____
_____
_____
_____

13. Is this your first time applying for any OHA Program: Yes: _____ No: _____

14. Have you ever received a band home? Yes: _____ No: _____

15. Have you ever received any help from the Nation? (Grants, renovations, housing, loans)
If so, please explain.

_____
_____
_____