



FISHING LAKE FIRST NATION #89

Housing Department

Box 508 Wadena SK S0A 4J0

Phone (306) 338-3838 Fax (306) 338-3635 Email: flfnhousing@outlook.com

**Fishing Lake First Nation
Housing Application**

CONFIDENTIAL

Please complete all sections of this application. Applications that are incomplete will be returned to you and will not be considered until such time as the application is complete.

You can fax, mail, email or drop off your application to:

Fishing Lake First Nation

Box 508, Wadena, SK S0A 4J0

Ph: 306-338-3838

Fax: 306-338-3635

Email: flfnhousing@outlook.com

1. General

Date: _____

Name: _____

Address: _____

Home/Cell Phone: (____) _____

Email: _____

Membership Number: _____

2. Nature of Application

This is:

- My first application for a house.
- I have received FISHING LAKE FN housing in the past (Please attach explanation)
- An update to my existing application
How many years have you been on the FISHING LAKE housing list?

3. Resident Information

Please list the names, age and relationship, and FISHING LAKE membership status of all the people who would be residing with you. Please include your information as well. If you require more space, please write on the back of this application.

Name	Age	Relationship to Applicant	FISHING LAKE Membership Status
		Self	<input type="checkbox"/> Is a member <input type="checkbox"/> Is not a member
			<input type="checkbox"/> Is a member <input type="checkbox"/> Is not a member
			<input type="checkbox"/> Is a member <input type="checkbox"/> Is not a member
			<input type="checkbox"/> Is a member <input type="checkbox"/> Is not a member
			<input type="checkbox"/> Is a member <input type="checkbox"/> Is not a member
			<input type="checkbox"/> Is a member <input type="checkbox"/> Is not a member

1. Current Residence

- I am staying with family but do not have my own house.
- I am living and/or renting a house on FISHING LAKE but it is not mine.
- I am transient and move around and stay with different people.
- I live off reserve and am waiting for a home in my community to become available.
- I have my own house but need to upsize or downsize because (*please explain the reason for the house change*):
- My current house is not inhabitable (not due to neglect). *Please explain the ways in which your house is inhabitable.*
- Other, please explain:

5. Household Type

Please check off the option that most accurately describes your family that will need a house:

- Two parent family with children under 18 in residence
- Single parent with children under 18 in residence
- Elder
- Elder with Adult children and/or grandchildren under 18
- Disabled or special health needs (please provide additional information ie. Medical diagnosis, specific needs etc.)
- Couple with dependent Elder
- Couple with no children under 18 in residence
- Single with no children under 18 in residence

Other, please explain:

6. Disabled or Special Health Needs

- Child with Disability
- Adult with Disability
- Adult and Child with Disabilities
- Elder (with medical status)
- Other, please explain:

7. Number of Consecutive Years of Residency in Fishing Lake First Nation

How long have you lived in Fishing Lake First Nation?

- Not a resident of Fishing Lake First Nation
- Living in FISHING LAKE 1 to 4 years
- Living in FISHING LAKE 5 to 10 years
- Living in FISHING LAKE 10 to 14 years
- Living in FISHING LAKE 15-20 years
- Living in FISHING LAKE 21 years or more

8. Household Income

Are you unemployed or on social assistance?

What is your annual income? \$ _____
(Please provide documentation to verify income ie. Paystubs/Income Tax documents)

Is there any other information and/or documentation you feel is relevant to your application for housing? (Please provide documentation where required.)

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Document Check List:

- Application filled out and complete?
- Have you attached 2 references?
- Applicant Certification Complete? (Below)

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I certify that all the above information is correct and that I answered the questions to the best of my ability.

I give the Housing Department and Housing Committee authorization to make inquiries or inspections they deem necessary in order to make a decision with regards to this application.

Applicant's Signature

Date