



NAK'AZDLI WHUT'EN

P.O. Box 1329,
Fort St. James, B.C. V0J 1P0
Telephone (250) 996 – 7171
Fax (250) 996 – 7634

OFF-RESERVE HOUSING SUBSIDY APPLICATION:

PRIMARY APPLICANT:

Name: _____ DOB: _____

Address: (Both mailing and physical address)

Phone: _____ Alternate number: _____

Email: _____

Band # _____ SIN: _____

Employer: _____

Length of employment: _____ Phone # _____

Address of Employer:

Previous employers if less than 3 years: _____

SECONDARY APPLICANT:

Name: _____ DOB: _____

Phone: _____ Alternate number: _____

Email; _____

Band # _____ SIN: _____

Employer: _____

Length of employment: _____ Phone # _____

Address of Employer:

Previous employers if less than 3 years: _____

Date: _____

I declare that the information and documentation I have provided is true and accurate to the best of my knowledge.

Primary Applicant Signature: _____

Secondary Applicant Signature: _____

Please provide details of your situation that may help process your application. Looking for new purchase, up-grade on existing home situation, etc.

Annual income: Primary: _____ Secondary: _____

Attach previous two years of tax returns for each applicant:

Provide a copy of your Status card and/or Driver's license

Provide documentation required on checklist