



Lake Babine Nation – Housing Application

Mail form to: Box 879 Burns Lake, BC V0J 1E0

Email: rhonda.brown@lakebabine.com Fax: 250-692-4759

The purpose for this information requested, is to assist you in securing suitable accommodation to meet your current needs. It is important that you are aware that this information will be kept on file for 12 months, after which time a new application must be completed. The information on this form shall be kept under strict confidence.

Which community are you applying to live in: Woyenne Tachet Fort Babine

Applicant:						
Email:						
Phone #:						
Address:						
Full Names please	Birthdate Month/Day/Year			Gender Male/Female		Relationship to Applicant
1.						
2.						
3.						
4.						
5.						
6.						
Do you expect your family size to change in the next 12 months? Yes/No						
Household Information						
Health Disability – Please list household members with significant disability or health issues:						
Name	Wheelchair?	Disability/Health				

Income Verification – Please list Income before deductions for ALL household members		
Name	Source (Employed, Social Assistance, E.I., Disability, Pension)	Amount
Resident History – Please list residences for the last 3 years *Two (2) rental reference letters are required to complete housing application*		
Address	Date: Move in & Move out	Landlord name & number
Have you lived in one of the L.B.N communities before?		
If so, which community? Woyenne <input type="checkbox"/> Tachet <input type="checkbox"/> Fort Babine <input type="checkbox"/>		
Rent Amount:	Are you under Notice to Terminate your present tenancy?	Do you own any pets?
If yes, please attach a copy of the “Notice to terminate a tenancy” from your landlord to this application.		
If you are not under Notice to Terminate a tenancy, why do you wish to move? (Please write below)		
<p>Application Signature: Please read and sign this statement.</p> <p>I understand that this application does not constitute any agreement on the part of Lake Babine Nation Housing Department to provide me with rental accommodation. I hereby certify that the information given in this application is true, correct and completed to the best of my knowledge and can be documented, if so required by Lake Babine Nation Housing Department. I understand that it is my responsibility to advise Lake Babine Nation Housing Department of any changes to the information given above.</p>		
Applicant Signature:		Date:
Spouse Signature:		Date: