

COWESSESS FIRST NATION #73



**HOUSING & INFRASTRUCTURE DEPARTMENT
P.O. BOX 100
COWESSESS, SASK, S0G 5L0
(306) 696.2275
FAX - (306) 696.2767**

APPLICATION FOR NEW/VACANT HOUSING UNITS

DATE: _____ TREATY# 361 _____

NAME: _____

MAILING ADDRESS:

PHONE #: _____ (HOME) _____ (OTHER)

MARITAL STATUS: _____

FAMILY HEAD: _____

SPOUSE: _____

NUMBER OF CHILDREN _____

NAME:

SEX:

DATE OF BIRTH:

OTHER:

CURRENT HOUSING SITUATION

DO YOU PRESENTLY LIVE	ON RESERVE	OFF RESERVE
ARE YOU RESIDING WITH FRIENDS/RELATIVES?	YES	NO
HAVE YOU EVER BEEN ALLOCATED A NEW/VACANT UNIT?	YES	NO
IF YES, WHAT YEAR? _____ UNIT # _____		
HOW LONG DID YOU RESIDE IN THE UNIT? _____		

HOUSING REQUIREMENTS

ARE YOU WILLING TO RESIDE IN LAKEVIEW MEADOWS SUBDIVISION LOCATED IN THE VALLEY?	YES	NO
ARE YOU WILLING TO RESIDE IN THE GRANDVIEW HEIGHTS - UPPER SUBDIVISION?	YES	NO
ARE YOU WILLING TO PAY THE MAXIMUM RENTAL RATE OF \$345.00 PER MONTH?	YES	NO
DO YOU REQUIRE HANDICAP ACCESSIBILITY?	YES	NO
DO YOU REQUIRE A BASEMENT? (FINISHED) OR (NON FINISHED)	YES	NO
NUMBER OF BEDROOMS REQUIRED.	2	3 4
WHAT TYPE OF UNIT ARE YOU REQUESTING? NEW/VACANT/EITHER		
ARE YOU ELIGIBLE FOR THE CONNECTON OF BOTH THE GAS & POWER UTILITIES?	YES	NO

IF NO, PLEASE STATE
REASON: _____

ARE YOU WILLING AND ABLE TO TAKE A HOME MAINTENANCE COURSE OFFERED BY HOUSING PERSONEL?	YES	NO
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YOU ARE REQUIRED TO GIVE THE NAMES AND ADDRESSES OF THREE (3) LANDLORD REFERENCES: IF YOU HAVE NEVER RENTED A UNIT, YOU ARE REQUIRED TO GIVE THREE (3) CHARACTER REFERENCES.

1) _____

2) _____

3) _____

NAMES GIVEN WILL BE CONFIRMED.

SOURCE OF INCOME

FAMILY HEAD

EMPLOYER: _____ OCCUPATION: _____

SPOUSE

EMPLOYER: _____ OCCUPATION: _____

COMMENTS OR CONCERNS

APPLICANT'S SIGNATURE: _____

IF YOU HAVE A CHANGE IN FAMILY CIRCUMSTANCES, PLEASE NOTIFY
HOUSING IN WRITING AS SOON AS POSSIBLE.

**THIS APPLICATION IS VALID FOR ONLY
ONE (1) YEAR FROM DATE RECEIVED.**

Informed Consent Form

June 2017

Our Commitment to You

We respect the rights and privacy of personal information that you, our customer, provide to us. We have policies, processes and guidelines in place to help protect your personal information. We have controls in place to restrict access to this personal information, according to job requirements and a "need to know" basis.

Reasons for Collecting your Personal Information.

- Required to deliver service to customers
- Invoicing or billing for Services
- Collection of overdue accounts
- Ordinary business communications
- Gathering statistical information such as usage or consumption patterns.

Types of Information Required

- Name
- Mailing Address
- Phone Number(s)
- Service Addresses
- Any two of the five pieces of identification
 - Driver's license
 - Billing account password
 - Treaty number
 - Date of birth
 - Mother's maiden name

Disclosing or Sharing Your Information

This principle makes it clear that we will disclose your personal information only when you authorize its use, when permitted by law or when required by law.

Your Right to Refuse or Revoke Consent

You have the right to refuse or revoke your written consent. Deciding not to give consent will result in SaskPower not releasing your personal and account information to a third party.

Consent to Release Personal Billing/Account Information

Name(s) in

Billing: _____

Account Number: _____

Premise

Address: _____

Please Check the appropriate box:

Ongoing disclosure ☐	One-time disclosure only ☐
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I authorize _____

☐ Band Income Assistance

to have access to my personal billing and account information.

Customer

Signature: _____

Date: ____/____/____
MM DD YY

SaskPower Signature & Date:



Application For Service

Adult Responsible for Billing:

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: _____

Income Source (Employed or Not Employed): _____

Place of Employment: _____

Work Number: _____

Home Phone Number: _____

Cell Number: _____

E-Mail Address: _____

Treaty Number: _____

Sask. Drivers Licence: _____

Mothers Maiden Name: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

On Band Assistance(Yes or No): _____

Band Assistance Worker: _____

Band Assistance Phone: _____

Other Adults Responsible for Billing:

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: _____

Income Source (Employed or Not Employed): _____

Place of Employment: _____

Work Number: _____

Home Phone Number: _____

Cell Number: _____

E-Mail Address: _____

Treaty Number: _____

Sask. Drivers Licence: _____

Mothers Maiden Name: _____

Band Assistance Fax: _____

Disconnection Date: _____

(Address moving out of)

Previous Address:

Street: _____

City: _____

Postal Code: _____

Mailing Address

PO Box: _____

City: _____

Postal Code: _____

Property Information

Customer Type (Rental or Owned): _____

Landlord Name: _____

Landlord Phone Number: _____

Gas / Electric / Propane Heating: _____

Band Housing Managers Name: _____

Band Housing Managers Signature: _____

1st Applicants Name: _____

1st Applicants Signature: _____

2nd Applicants Name: _____

2nd Applicants Signature: _____

Connection Date: _____

(Address moving into)

New Service Address

Street: _____

City: _____

Postal Code: _____

Meter Read Arrangements:

Dog (Yes or No): _____

Dog Name: _____

Meter Number: _____



Application for SaskEnergy Billing and Consent to Release Account Information

APPLICATION FOR SASKENERGY SERVICE

If two or more adults will be residing at the premise, please complete "2nd Name" field. Both names will appear on the bill, and both will be jointly and severally responsible for payment of all bills.

Name: (First, Middle Initial & Last): _____

2nd Name: (First, Middle Initial & Last): _____

Billing Address (including Lot & Block, Civic Address or House Number):

Community: _____

Mailing Address: _____

Phone # (s): _____

Emergency Contact Name: _____ Phone # _____

Equalized Payment Plan: YES ☐ NO ☐ (bills are divided equally over a 12 months)

Employer Name _____ Phone # _____

On Assistance: Yes ☐ Name & phone # of worker: _____

Bills are to be mailed directly to Customer: YES ☐ NO ☐

For billing and confirmation purposes SaskEnergy requires at least 2 identifiers of all adults residing in premise. Adult children living at the premise with their parents are excluded.

1st Applicant

2nd Applicant

Driver's License: _____

Date of Birth: _____

Treaty #: _____

Mother's Maiden Name: _____

CONSENT TO RELEASE PERSONAL BILLING/ACCOUNT INFORMATION

Due to privacy requirements, SaskEnergy is unable to disclose specific account information to the Band Office or Assistance Worker in the event of payment problems with the account without prior written consent of the customer(s) whose name(s) appear (s) on the bill. By your signature(s) below you agree to be placed in SaskEnergy billing at the location indicated above, and you grant SaskEnergy permission to share your account information with the Band Office or Assistance Worker as required.

(Applicant's signature)

(Date)

(Applicant's signature)

(Date)