



To be filled out by office staff:

Date: _____
Applicant: _____
Adults: _____ Children: _____
No. Beds req: _____

FAMILY HOUSING APPLICATIONS

Application Form Check List

****Important****

NO Incomplete Application Will Be Accepted

2 landlord references

- Or 1 landlord reference and 1 character reference

Proof of Guardianship of any dependants under the age of 18 such as:

- Copy of universal/child tax assessment
- Birth certificate
- Health card
- Letter from an official entity/ social worker

Attached Cover letter explaining current living situation

Confirmation from saskpower/saskenergy that you are not indebted to them

- Copy of current utility bills or;
- Fill out the "consent to release Account information" attached

It is your responsibility to update any changes/Phone numbers/ family size/income etc, if we do not hear from you we will assume all your information is current.

This application will be valid for one year from date received. If we have not placed you within that year, it is up to you to re-apply in order to show continued interest and also to keep your information current ant up to date.

Pasqua First Nation



APPLICATION FOR FAMILY HOUSING

All questions must be fully answered. If a section does not apply to your situation, mark N/A in that section. **An incomplete application will not be processed.**

Name: _____ D.O.B _____

Current Address _____

Mailing Address (if different from above) _____

Phone: 1. _____ e-mail _____

10 Digit Membership no: _____ Disabled _____
If yes, Dr letter must be attached to application.

Income assistance Client _____ Worker _____ PH: _____

Employed: Yes _____ No _____ /or Student _____ Name of school _____

Name & address of Present Employer: _____ Name & address of Previous Employer: _____

Co-applicant / Spouse: _____ D.O.B _____

Current Address _____

Mailing Address (if different from above) _____

Phone: 1. _____ e-mail _____

10 Digit Membership no: _____ Disabled _____

Income assistance Client _____ Worker _____ PH: _____

Employed: Yes _____ No _____ /or Student _____ Name of school _____

Name & address of Present Employer: _____ Name & address of Previous Employer: _____

FAMILY INFORMATION: Please list below ALL PERSONS who will be living with you.

NAME	AGE	SEX	RELATIONSHIP	BAND

PRESENT LIVING CONDITIONS:

I/We presently rent___/own___ other accommodations.

*if on reserve please provide unit # _____

Number of bedrooms_____Furnished_____Unfurnished_____

Adults (18 and over)_____Children (under 18) _____

***REQUIRED FIELD**

Applicant must provide three (3) references

Name, address and telephone number of **Present Landlord.**

Date tenancy started _____

Name, Address and telephone number of **Previous Landlord**

Date tenancy started: _____

Date vacated: _____

Character Reference:

Name: _____

Address: _____

Contact: _____

*defined as a person that can vouch on your behalf, this is especially useful if you have never owned your own accommodations.

*References may also be submitted in a written letter attached to application.

Please explain your reasons for wanting to leave your present accommodations and write any information you feel will help assess your application. Feel free to attach a letter if required, all information provided will be held confidential.

Have you ever had housing with Pasqua in the past? _____

If Yes, Unit# _____ Date of tenancy _____ to _____

Reason For moving _____

Additional Information:

Number of bedrooms required _____

Do you own your own appliances? _____

If yes what? _____

Are you eligible for SaskPower/SaskEnergy services? _____

*The Housing Department will follow up with Saskpower/SaskEnergy prior to placing application to wait list.

I hereby authorize the Housing Department to investigate any or all of statements made herein, being fully aware that the discovery of ANY FALSE statement will cancel further consideration of my application.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO VALIDATE
THEIR HOUSING APPLICATION AFTER EACH HOUSING SELECTION,
WHICH WILL BE HELD ON YEARLY BASIS

Dated at _____ This _____ day of _____, 20 ____.
(day) (month)

THIS APPLICATION IS VALID FOR 6 MONTHS FROM THE ABOVE DATE.

Applicant

Spouse

Witness



First Nations Admin Desk
10010 Fyfe Ave
PO Box 1056
North Battleford, SK S9A 3E6
T: 1-844-281-3711
F: (306) 446 5052

CONSENT TO RELEASE BILLING/ACCOUNT INFORMATION

Due to privacy and confidentiality requirements, SaskEnergy is unable to disclose specific account information without prior written consent of the customer(s) whose name(s) appear on the bill. Please complete the information below, and mail or fax the signed form to SaskEnergy at the address above.

Please list the account number(s) and address(es)

Account Number	Premise Address

By my signature below, I hereby give SaskEnergy permission to release and disclose both verbally and in writing, any and all account information for the accounts listed above to the following person (third party):

Name Pasqua First Nation Housing Department

Address P.O. Box 79, Pasqua, SK. S0G-1S0

Telephone _____ Fax _____

Please check the appropriate box: One-time disclosure ☐ Ongoing disclosure ☐

Customer further agrees to release and hold harmless SaskEnergy Incorporated from any claims, damages, or expenses resulting from the use of or reliance upon the customer information disclosed hereunder.

Customer Name: _____

Authorized Signature: _____

Position: _____

(Please provide if this request is for a business)

Date: _____

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.

DOB: _____

Treaty No: _____

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 _____

Pasqua FN Housing Department

to have access to my personal billing and account information.

Customer

Signature: _____

Date: ____/____/____
MM DD YY

SaskPower Signature & Date:

(Customer Service and Billing Services)

 **SaskPower**
Powering the future