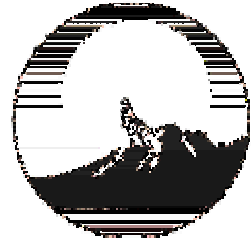


**BIG RIVER FIRST NATION  
NEW HOUSING APPLICATION**



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Treaty number: \_\_\_\_\_

**THIS APPLICATION IS FOR:**

A New Housing Allocation: \_\_\_\_\_  
Housing Renovation: \_\_\_\_\_  
Other: Specify: \_\_\_\_\_

1. Do you live off the reserve? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes: (a) Address \_\_\_\_\_  
(b) Are you living with another family? \_\_\_\_\_

**FAMILY STATUS**

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Common Law \_\_\_\_\_ Other:  
Specify: \_\_\_\_\_  
Number of Dependants: \_\_\_\_\_  
Spouse's name: \_\_\_\_\_  
Number of children: \_\_\_\_\_  
Ages of children: \_\_\_\_\_  
Other dependants: \_\_\_\_\_  
Are all of the above people Big River Band members? \_\_\_\_\_

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND ALL  
QUESTIONS ARE ANSWERED TO THE BEST OF MY ABILITY.  
I HEREBY AUTHORIZE MEMBERS OF THE HOUSING COMMITTEE TO MAKE  
ANY INQUIRIES OF INSPECTIONS THAT THEY DEEM NECESSARY IN ORDER  
TO MAKE A DECISION ON THIS APPLICATION.

\_\_\_\_\_  
Applicant's Signature Date

You can fax, mail or drop off your application to the Administration Centre:  
P.O. Box 519  
Debden, Sk. S0J 0S0  
Ph: (306) 724-4700 Fax: (306) 724-2161