

**CAPITAL HOUSING – APPLICATION
CRITERIA FOR HOUSING
Thunderchild First Nation – Public Works Dept.**

Name: _____

Address: _____

Band: _____

Date of Application: _____ Number of Years Applied: _____

1.
 - a) Band Member? _____
 - b) Are you a Status Indian? _____
 - c) Treaty # _____
 - d) Birthdate: _____
2.
 - a) New Housing? _____
 - b) Renovation? _____ House # _____
3.
 - a) Are you receiving Social Assistance? Yes _____ No _____
 - b) Are you fully employed? Yes _____ No _____
4. How many will live with you?
 - a) Adults (18 years and over) _____
 - b) Children (17 years and under) _____
5. Are you:
 - a) Married/Common-law with dependents _____
 - b) Single with dependents _____
 - c) Elder – with/without dependents _____
 - d) Handicapped with/without dependents _____
 - e) Married/Common-Law/Single – No Dependents _____
6. Current Residence (if applicable)
 - a) How many people live with you _____
 - b) How old is your house _____
7. Current Services (if applicable)
 - a) Indoor Plumbing _____ Cistern _____ Well _____
 - b) Electricity _____
 - c) Heat: Electric _____ Wood _____ Natural Gas _____ Propane _____ Oil _____
8. Concern or Requirements: _____

