

Sipekne'katik First Nations



Housing Application 2024

Sipekne'katik Band Housing Department

520 Church Street

Indian Brook, Nova Scotia, B0N 2H0

902-236-3025

Please Print Clearly, Use Only Blue Or Black Ink Pen

Date Of Application: _____

- Are You Applying For:
- House
- Apartment
- Single Unit

Applicant Information:

Applicant Name: _____

First Middle Last

Date Of Birth: _____

Month Day Year

Band Name: _____

Band Number: _____

- Phone Number(s):
- Home (____) ____-____
- Work (____) ____-____
- Cell (____) ____-____

Please Check Off Your Primary Contact Number.

- E-mail Address: Primary _____
- Alternate _____
- I do not have an e-mail address at this time

Are You An Elder (Age 50+): Yes No

Are You A Senior (60+): Yes No

Do You Require Wheelchair Accessibility?: Yes No

If Yes, Please Specify Mobility Needs: _____

Do You Have Any Allergies Yes No

If Yes, Please Specify: _____

Sipekne'katik First Nations

Do You Have A Visual Impairment?: Yes No

Do You Have A Hearing Impairment?: Yes No

Marital Status: Married Single Separated

Divorced Common Law Widow

Spousal Information:

Spouse / Partner Name: _____

First Middle Last

Date Of Birth: _____

Month Day Year

Is Your Spouse / Partner A Band Member?: Yes No

If Yes, Please Specify:

Band Name: _____

Band Number: _____

Does Your Spouse / Partner Require Any Special Needs?: _____

Dependant Information:

Full Name	Relationship	D.O.B.	Age	Band	Band No.

Do any of your dependants require any special needs?: _____

Are there any special considerations that the Sipekne'katik First Nations Housing Committee should be made aware of with this application? _____

Sipekne'katik First Nations

Housing Information:

Do You Presently Own A House?: Yes No

If Yes, Is It: On-Reserve Off-Reserve

Do You Rent Or Board Accommodations?: Yes No

Type Of Unit: House Apartment

Number Of Bedrooms In Unit: _____

Current Address: _____

Street Number

City / Town

Province

Postal Code

How Long Have You Lived In Current Address: ____ Years ____ Months

Employment Information:

Are You Presently Employed?: Yes No

If Yes, Where? _____

Starting Date: _____

Month

Day

Year

If No, What Is Your Present Means Of Financial Support?

Social Assistance: Yes No

Disability Assistance: Yes No

Pension: Yes No

Employment Insurance: Yes No

Other: Yes No

Is Your Spouse Presently Employed?: Yes No

If Yes, Where? _____

Starting Date: _____

Month

Day

Year

Please Note:

Read and review the application before submitting. Incomplete applications and or false information **will not** be considered or accepted.

Sipekne'katik First Nations

Supporting Documents:

The Sipekne'katik First Nations Housing Committee may require any or all of the following documents to be submitted:

Marriage Certificate	<input type="radio"/>	Yes	<input type="radio"/>	No
Divorce Decree	<input type="radio"/>	Yes	<input type="radio"/>	No
Custody Order	<input type="radio"/>	Yes	<input type="radio"/>	No
Adoption Certificate	<input type="radio"/>	Yes	<input type="radio"/>	No
Medical Notes For Disabilities	<input type="radio"/>	Yes	<input type="radio"/>	No
Building Inspection Certificate	<input type="radio"/>	Yes	<input type="radio"/>	No
Fire Inspection Certificate	<input type="radio"/>	Yes	<input type="radio"/>	No
Health Inspection Certificate	<input type="radio"/>	Yes	<input type="radio"/>	No
Have You Applied Before?:	<input type="radio"/>	Yes	<input type="radio"/>	No
If Yes, How Many Times:	<input type="radio"/>	First time	<input type="radio"/>	2-5
	<input type="radio"/>	6-10	<input type="radio"/>	10+

The Sipekne'katik First Nations Housing Committee does not and shall not discriminate the applicant on the basis of race, colour, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, employment status, social status, or military status, in the application process.

I / We declare that all information in this application to be accurate and up-to-date. I do realize that any false or misleading information may jeopardize the success of my application and may hinder the application process. False or misleading information may result in the rejection of the application, whereas I / We will have to restart the application process.

Applicant Name (Please Print): _____

Applicant Signature: _____

Date Signed: _____

Spouse / Partner Name (Please Print): _____

Spouse / Partner Signature: _____

Date Signed: _____