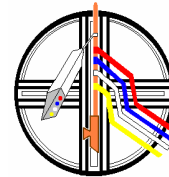


FROG LAKE FIRST NATIONS # 121 & # 122  
 HOUSING DEPARTMENT  
 GENERAL DELIVERY, FROG LAKE, ALBERTA T0A 1M0  
 BUSINESS 1-780-943-3739 FAX 1-780-943-2932



NEW HOUSING APPLICATION FORM

Name of Applicant \_\_\_\_\_ Phone No \_\_\_\_\_  
 (Last Name) (Given Name) (Initial)

Mailing Address \_\_\_\_\_ Treaty No/Band \_\_\_\_\_

Marital Status Single  Married  Divorced  Other  \_\_\_\_\_  
 Current Land Location

Spouses Name \_\_\_\_\_ Treaty No/Band \_\_\_\_\_

Are you employed? Yes  No  On Social Assistance Yes  No

Would you be financially fit to pay a user fee and/or rent? Yes  No

Children's names and ages:

_____	_____
_____	_____
_____	_____
_____	_____

Current Housing Unit  Trailer  House  Other

Year of Make of House  1950-1960  1961-1970  1971-1980  1981-1990  1990 + up

Type of Accommodation Received in the Past  1-10 years  11-20 years  21yrs + up  None

Type of Dwelling you are Inquiring to receive?  Band House  Trailer  CMHC No of Rooms \_\_\_\_\_

Specify Land Location of where you would like your new accommodation to be at \_\_\_\_\_

Other than you and your immediate family, would there be any one else residing with you? Yes  No

What are the conditions of your current home that the Housing Department should be aware of?

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Additional comments/Personal Comments:

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_