

KITIGAN ZIBI ANISHINABEG CONSTRUCTION DEPARTMENT

HOUSING APPLICATION

DATE: _____

APPLICANT(S): _____ DOB: ____/____/____ KZA REGISTRATION #: _____

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E-Mail: _____ ADDRESS (Requires proof of address): _____

Contact number 1: _____

Contact number 2: _____

MARITAL STATUS: MARRIED COMMON-LAW SEPARATED DIVORCED SINGLE

CHILDREN/DEPENDENTS: _____ DOB: ____/____/____ KZA REGISTRATION #: _____

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Have you ever received a housing grant in the past?	Yes <input type="radio"/>	No <input type="radio"/>	Are you or your dependants disabled?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have any outstanding debts with the band?	Yes <input type="radio"/>	No <input type="radio"/>	Are you starting a new job in the community?	Yes <input type="radio"/>	No <input type="radio"/>
Do you want to move back full-time to the community?	Yes <input type="radio"/>	No <input type="radio"/>	Do you have a house plan?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have the 5% down-payment required?	Yes <input type="radio"/>	No <input type="radio"/>	Do you already own a home?	Yes <input type="radio"/>	No <input type="radio"/>

Down-Payment: All recipients/homeowners are obligated to deposit with the KZA Finance Department a 5% down-payment of the total cost of the home less the allocated subsidy at least a week before the lottery is drawn.

Address: _____

Do you live in or in the immediate vicinity of the community?	Yes <input type="radio"/>	No <input type="radio"/>	Do you have land?	Yes <input type="radio"/>	No <input type="radio"/>
Will you be requesting a band lot?	Yes <input type="radio"/>	No <input type="radio"/>			

FOR KZA PURPOSES ONLY:

CATEGORY: FAMILY SENIOR SINGLE DISABLED OTHER

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