

FIRST NATION TENANT PROFILE

For all units for which shelter related items are claimed. ie Shelter Allowance, Electricity, Wood, Oil, Propane or User Fees

First Nation: <u>Calm River First Nation</u>
House Number: <u>112</u>
Road/Street <u>River Road</u>
Electrical Account _____
<input checked="" type="checkbox"/> CMHC House <input type="checkbox"/> Housing Project _____

<u>All Residents at this Address:</u>					
HOH	Treaty Number	Last Name	First Name	Receiving SA	
				Yes	No
<input type="checkbox"/>	23402	Allan	Jennica, Judith	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	023401	Allan	Jessica	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	74801	Ford	Gary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	019993	Johnson	Justin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	019992	Johnson	Sally	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	019994	Moose	Jade	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0302	Owen	Caroline	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	03201	Owen	Judah	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	03205	Owen	Justin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	77801	Williams	Lisa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				7	3
Applicant's Percentage (7/10) = 70.0%					

If the applicant has just moved to this address:
Previous Address _____
House Number _____
<input type="checkbox"/> Previous address was a CMHC house (if at same FN)

I have reviewed all of the above information and I attest that it is full and complete.	
I hereby authorize release of information concerning my circumstances (including the names and treaty number of all other individuals with whom i reside) to the Issuing Authority and Department of Indian and Northern Affairs Canada. This will specifically include information regarding claims and payments under Canada Pension, Old Age Security, Employment Insurance Benefits, and other revenues.	
I understand that legal action may be taken against me for making false statements.	
Signature of Householder _____	Date: _____
Signature of Issuing Authority _____	Date: _____

When resident list changes for each unit and any shelter related items are claimed for Social Assistance, a new form will be required.

For those not on Social Assistance, it is their sole responsibility to pay their portion of the Electrical bill each month.