

# Ditidaht First Nation

P.O. Box 340 Port Alberni, BC V9Y 7M8 Phone: (250) 745-3333 Fax: (250) 745-3332

## Housing Department

Application Deadline Date: March 8<sup>th</sup>, 2012



### Rental Housing Application

(Please complete this form and return it to the BAND OFFICE by the posted deadline)

**Date:**

**Current Address / Phone #:**

**To: Housing Committee**

**From:** \_\_\_\_\_

(Your Name)

**Band Registration #**

Phone: (\_\_\_\_) \_\_\_\_\_

1) Where are you currently living? How long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) List 3 references from previous residences:

- i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

3) Please list the number of people in *your* family below:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you lived in Nitinat before? If yes, when and how long?

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4) Are you currently employed? If yes, where & how long?

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5) Are you willing to participate in an interview with the Housing Committee?  
(Check one below)

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_

6) How long do you plan on living in the Ditidaht community?

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7) Are you bringing any pets?

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8) If accepted, do you understand that you have to sign a Residential Tenancy Agreement?

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9) Do you have any further information or questions you would like to add?

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**Please return this form to the BAND OFFICE**