



BIRDTAIL SIOUX DAKOTA NATION

ON-RESERVE HOUSING PROGRAM

APPLICANTS INFORMATION

NAME OF APPLICANT:

First: _____ Last: _____ DOB: _____

Current Address: _____

Contact # (h): _____ (w): _____ (cell/msg): _____

Email: _____

Present rent: _____ # of bdrms.: _____ How long? _____ Notice required: _____

Band: _____ **Band #:** _____

SPOUSE/ROOMMATE:

First: _____ Last: _____ DOB: _____

Number of dependants: _____

_____ Name	_____ DOB	_____ Name	_____ DOB
_____ Name	_____ DOB	_____ Name	_____ DOB
_____ Name	_____ DOB	_____ Name	_____ DOB

SOURCE OF INCOME

APPLICANT

Name of employer/Sponsor/Worker:

Position/Sponsored: _____

Monthly Income: _____

How long? _____

CO-APPLICANT

Name of employer/Sponsor/Worker:

Position/Sponsored: _____

Monthly Income: _____

How Long? _____

Have you ever rented from Birdtail Sioux Housing?

When? _____

Accommodation Required: New: _____ Existing: _____

1 bdrm. _____ 2 bdrm. _____ 3 bdrm. _____ 4 bdrm. _____

Have you had a legal name change in the past five years? YES OR NO

Previous Name: _____

Preferred location (must be close to hydro/water lines): _____

Are there any issues of accessibility? Yes No

If yes, please explain (include a Doctor's Letter explaining your disability):

Is there an additional family or families living with you (list): _____

Do you have any grandparents or Elders living with you (list): _____

PREVIOUS 3 LANDLORD(S):

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

CONSENT: I/We, authorize BTS Housing to investigate and obtain factual information regarding my application.

(ANY FALSE OR MISLEADING INFORMATION WILL BE CAUSE FOR REJECTION OF THIS APPLICATION. Please ensure the application is filled out completely to avoid delay in process.)

DATE: _____ SIGNATURE: _____

Please attach three (3) reference letters from the following:

1. Present landlord 2. Past landlord 3. Character reference

****FIRST TIME RENTERS REQUIRE 3 CHARACTER REFERENCES ATTACHED****

Letters must be included for an application to be considered.

Individual applications without letters are **INCOMPLETE.**

REASONS FOR HOUSING APPLICATION

EMERGENCY CONTACT: Name: _____

Number: _____

YOUR APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 6 MONTHS, AFTER WHICH YOU MUST CONTACT US TO REMAIN ON FILE.

PLEASE CONTACT THE OFFICE TO UPDATE OTHERWISE YOUR APPLICATION WILL BECOME INACTIVE.

PLEASE SUBMIT APPLICATION TO:

BTS Housing
Birdtail Sioux Dakota Nation
Box 22
Beulah, MB R0M 0B0
Ph: 204-568-4540 Fax: 204-568-4687
tanya.eashappie@birdtailsioux.ca