Opasikoniwew Housing Authority

Is accepting applications for one Tiny Home in Calling Lake

- Applications can be picked up at the OHA office or the Calling Lake sub-office.
- This unit is for Members who are 50 +
- Deadline for applications is August 31, 2026

Members will not be eligible for any housing program until any outstanding balance owed to any department within Bigstone Cree Nation is paid in full. No exceptions.

Opasikoniwew Housing Authority
P.O. Box 510
Wabasca, AB T0G 2K0
Phone: (780) 891-2072
Email: kevin.yellowknee@bigstone.ca or
cheryl.young@bigstone.ca

August 11, 2026

OPASIKONIWEW HOUSING AUTHORITY

P.O. BOX 510
WABASCA, AB TOG-2K0
Phone: (780) 891-2072

June 6, 2025

All information provided will be used in a point system by the Selections Committee. Chief & Council or OHA Housing Manager are not a part of the selections committee

APPLICANT NAME(S): _____ DATE: _____

What Program are you applying for? _____

1. **OHA Program Criteria: ----------: _____**
2. **Cover Letter (MANDATORY) ----------: _____**
3. **Applicant Information: (MANDATORY) ----------: _____**
4. **Employment History: (MANDATORY)----------: _____**
5. **Current Pay Stubs: (MANDATORY IF 4. APPLIES) ----------: _____**
6. **Monthly Income Form: (MANDATORY IF NOT EMPLOYED) ----------: _____**
7. **Finance Confirmation Form: (MANDATORY) ----------: _____**
8. **Membership Form (MANDATORY) ----------: _____**
9. **Bigstone Residency Consent Form ----------: _____**
10. **Home Ownership Consent Form (MANDATORY) ----------: _____**
11. **Living Conditions: ----------: _____**
12. **Rental History: ----------: _____**
13. **Credit Score Report ----------: _____**
14. **Home Maintenance Program Consent Form: ----------: _____**
15. **Criminal Record Check: ----------: _____**

_____ _____
BIGSTONE HOUSING DEPARTMENT STAFF DATE

We will not accept the application if mandatory items are not complete.

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Criteria is from the OHA policy

To be eligible as a participant Partner in OHA assets, the Applicant must:

1. Be a Bigstone Cree Nation member (or Affiliate Member);

2. Be at least 18 years of age;

3. Provide proof of income sufficient to pay applicable rent/mortgage and utility fees;

4. Must not own a property off reserve;

5. Be in good financial standing with the OHA (i.e., not in rental arrears and does not owe monies to any BCN department or entity for any reason);

6. Agree to participate in the OHA's Home Maintenance training program;

7. Not have been awarded previous OHA homes;

8. Meet the terms of the OHA application form.

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COVER LETTER

OPASIKONIWEW HOUSING AUTHORITY

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APPLICANT INFORMATION

MANDATORY

APPLICANT INFORMATION

NAME OF APPLICANT: _____

CURRENT ADDRESS: _____

HOW LONG LIVING AT CURRENT ADDRESS: _____

BOX NUMBER: _____ **POSTAL CODE: _____**

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

FIRST NATION NAME: _____

TREATY NUMBER: _____

CO-APPLICANT INFORMATION

NAME OF CO-APPLICANT: _____

MARITAL STATUS: _____

BOX NUMBER: _____ **POSTAL CODE: _____**

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

FIRST NATION NAME: _____

TREATY NUMBER: _____

Spouses must be included if in relationship as co-applicant.
If you are not single, don't apply single.

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EMPLOYMENT HISTORY – (If not employed, skip to page 7)

APPLICANT'S EMPLOYMENT (CURRENT)	**PRIOR EMPLOYMENT**
Employer:	**Employer:**
Business Address	**Business Address**
Business Telephone	**Business Telephone**
Position Held	**Position Held**
Length of employment	**Length of employment**
Name of Supervisor	**Name of Supervisor**
Current Salary Range: Bi Weekly or Monthly	**Salary Range: Bi weekly or Monthly**
CO-APPLICANT'S EMPLOYMENT (CURRENT)	**CO-APPLICANT'S EMPLOYMENT**
Employer:	**Employer:**
Business Address	**Business Address**
Business Telephone	**Business Telephone**
Position Held	**Position Held**
Length of employment	**Length of employment**
Name of Supervisor	**Name of Supervisor**
Current Salary Range: Bi Weekly or Monthly	**Salary Range: Bi Weekly or Monthly**

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MANDATORY

- **PLEASE ATTACH COPIES OF THE TWO MOST RECENT PAY STUBS FOR EMPLOYMENT VERIFICATION.**

- **IF ON SOCIAL ASSISTANCE, PLEASE PROVIDE LETTER FROM YOUR INTAKE WORKER.**

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MONTHLY INCOME IF NOT EMPLOYED

APPLICANT'S NAME: _____

CO APPLICANT NAME: _____

Applicant(s): (select one): **Monthly Income**

☐ Assistance from Social Services $ _____

☐ Receives Employment Insurance (E.I) $_____

☐ Worker's Compensation (WCB) $_____

☐ Pensions (OAS, GIS, CPP, ASB) $_____

☐ Long Term Disability (AISH) $_____

☐ Alimony/Interest Income/Honorariums $_____

☐ Child Welfare Children in Care Income $_____

TOTAL: $_____

☐ No Income

Comments: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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FINANCE CONFIRMATION FORM

MANDATORY

APPLICANT'S NAME: _____ CO-APPLICANT NAME: _____

TREATY NUMBER: _____ CO-APPLICANT TREATY NUMBER: _____

SECTION A (TO BE SIGNED BY THE BCN FINANCE CLERK)

	APPLICANT	CO-APPLICANT
1) CAPITAL (Housing – Misc.)	$ _____	AND $_____
2) BIGSTONE RENTAL UNITS (Section 95, etc.)	$ _____	AND $_____
3) OTHER:	$ _____	AND $_____
4) ECONOMIC DEVELOPMENT (Loan, etc.)	$ _____	AND $_____
TOTAL AMOUNT OWING: …….	$ _____	AND $_____

_____ _____

ADMINISTRATION FINANCE CLERK **DATE**

SECTION B (TO BE SIGNED BY THE BCN PUBLIC WORKS CLERK)

5) PUBLIC WORKS (Equipment Rental, etc.)	$ _____	AND $_____
6) WATER SERVICES	$ _____	AND $_____
TOTAL AMOUNT OWING: …….	$ _____	AND $_____

_____ _____

PUBLIC WORKS UTILITIES CLERK **DATE**

IF YOU OWE ANY MONEY TO ANY DEPARTMENT WITHIN BIGSTONE CREE NATION YOU WILL NOT BE ELIGIBLE FOR ANY HOUSING UNTIL MONEY OWING TO THE NATION IS PAID IN FULL. NO EXCEPTIONS!!!

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BIGSTONE MEMBERSHIP FORM

MANDATORY

APPLICANT

FULL NAME: _____

DATE OF BIRTH: _____

REGISTRY NUMBER: _____

MEMBER / BILL C-31 / Other _____ (circle one) as of _____
(DATE)

CO-APPLICANT

FULL NAME: _____

DATE OF BIRTH: _____

REGISTRY NUMBER: _____

MEMBER / BILL C-31 / Other _____ (circle one) as of _____
(DATE)

I _____ can confirm the
(Print Name Membership Clerk)

following applicant(s) are registered under Bigstone Cree Nation.

_____ _____
BIGSTONE MEMBERSHIP CLERK **DATE**

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DEPENDANTS UNDER THE AGE OF 18

1. **FULL NAME: _____**

   DATE OF BIRTH: _____

   REGISTRY NUMBER:_____

   MEMBER / BILL C-31 / Other _____ (circle one) as of _____

2. **FULL NAME: _____**

   DATE OF BIRTH: _____

   REGISTRY NUMBER: _____

   MEMBER / BILL C-31 / Other _____ (circle one) as of _____

3. **FULL NAME: _____**

   DATE OF BIRTH:_____

   REGISTRY NUMBER: _____

   MEMBER / BILL C-31 / Other _____ (circle one) as of _____

4. **FULL NAME: _____**

   DATE OF BIRTH: _____

   REGISTRY NUMBER:_____

   MEMBER / BILL C-31 / Other _____ (circle one) as of _____

This is to confirm that the above-named person(s) is/are registered under Bigstone Cree Nation with the registry number stated as above and that this person is an Indian as within the meaning of the **INDIAN ACT.**

_____ _____

BIGSTONE MEMBERSHIP CLERK **DATE**

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BIGSTONE RESIDENCY CONSENT FORM

FOR A NON-MEMBER TO RESIDE ON A
BIGSTONE CREE NATION RESERVE

MANDATORY

Note: Approval should be granted first before this Application is accepted:

CO-APPLICANT (NON-MEMBER)

FULL NAME: _____

BIRTH DATE_____

DEPENDANTS UNDER THE AGE OF 18 (NON-MEMBER)

1. **Full Name:** _____

   Birth Date: _____

2. **Full Name:** _____

   Birth Date: _____

3. **Full Name:** _____

   Birth Date: _____

4. **Full Name:** _____

   Birth Date: _____

_____ _____

BIGSTONE LANDS DEPARTMENT **DATE**

FILL OUT ONLY IF CO-APPLICANT IS NOT A BCN MEMBER.

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HOME OWNERSHIP (OFF-RESERVE) CONSENT FORM

MANDATORY

Both Applicants:

This is to confirm that I, _____ and _____ agree to give permission to OHA staff to check and verify if we have a home off reserve.

This form will be faxed, or emailed to any City, Town, Hamlet, when needed to verify the applicant's eligibility to Criteria as per Housing Policy.

I _____ and _____AGREE AND

CONSENT TO THIS HOME OWNERSHIP BACKGROUND CHECK.

_____ _____

SIGNATURE (APPLICANT) **DATE**

_____ _____

SIGNATURE (CO APPLICANT) **DATE**

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LIVING CONDITIONS

Where do you currently reside?

Rental _____ Is the home on or off reserve? _____

Band Home _____

Do you own your own home on reserve? Yes: _____ No: ___

Other (Explain)_____

Are you homeless? _____ If yes, please explain

_____
_____
_____

Is your home temporary housing? If yes, provide written documentation.

Yes: _____ No: _____

What is the age of the home where you reside? _____

Is your home a Trailer or stick built? _____

How long have you lived in the home? _____

Is your home currently overcrowded? ___ How many people live in the home? ____

Are there any Disabilities / Accessibility Issues?
Explain_____
_____
_____
_____

Is there mold present in the home? Yes: _____ (Must attach pictures) No:_____

What structural issues does the home have, if any:

Roof _____

Siding _____ _____

Crawl space _____

Skirting _____

Releveling _____

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Floor _____

Bathroom _____

Other _____

Have you had problems with your furnace? Has it been replaced?_____
_____

Have you had any electrical problems? If so, please explain:
_____
_____
_____

Have you had any major water/sewer or plumbing problems? If so, please explain:
_____
_____
_____

What repairs have you done on the home?
_____
_____
_____

Is this your first time applying for any OHA Program: Yes: _____ No: _____

Have you ever received a band home? Yes: _____ No: _____

Do you own a home off reserve? Yes: _____ No: _____

Have you ever received any help from the Nation? (Grants, renovations, housing, loans etc.)
If so, please explain.
_____
_____
_____

IF THERE IS ANY SUPPORT DOCUMENTS SUCH AS GUARDIANSHIP, CHILD & FAMILY SERVICES LETTERS OR HEALTH CANADA REPORTS

PLEASE ATTACH TO APPLICATION

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RENTAL HISTORY

****Reference letters recommended from previous landlords if available****

Rental Name: _____ Landlord Contact: _____

Rental Period From: _____ To: _____

What City/Town: _____

Reason For Leaving:

_____
_____
_____
_____

Rental Name: _____ Landlord Contact: _____

Rental Period From: _____ To: _____

What City/Town:_____

Reason For Leaving:

_____
_____
_____
_____

Rental Name: _____ Landlord Contact: _____

Rental Period From: _____ To: _____

What City/Town: _____

Reason For Leaving:

_____
_____
_____
_____

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CREDIT SCORE

NOT A MANDATORY ITEM BUT PROVIDING CREDIT SCORE CAN HELP WITH SCORING POINTS ON THE APPLICATION.

PLEASE ATTACH CREDIT REPORT IF YOU SO CHOOSE.

EXAMPLES OF CREDIT SCORE REPORTS ARE

1. ***CREDIT KARMA***
2. ***EQUAFAX***
3. ***TRANSUNION***

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HOME MAINTENANCE PROGRAM CONSENT FORM

Both Applicants:

This is to confirm that I, _____ and _____ agree to attend the Home Maintenance Program offered to me by Bigstone Housing Department when available.

Bigstone Housing Department will inform me of when the program will take place and all the information pertaining to it and importance of attending.

I AGREE AND UNDERSTAND WHAT IS EXPECTED OF ME IN REGARD TO THIS HOME MAINTENANCE PROGRAM.

_____ _____
SIGNATURE (APPLICANT) **DATE**

_____ _____
SIGNATURE (CO-APPLICANT) **DATE**

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IF SUCCESSFUL,

ALL APPLICANTS MUST PROVIDE A CRIMINAL RECORD CHECK WITHIN 2 WEEKS

NOTE:
THESE DOCUMENTS CAN BE OBTAINED AT THE RCMP DETACHMENT

MUST PROVIDE THE DECLARE FORM FOR YOUR CRIMINAL CHECK IF POSSIBLE/POSITIVE MATCH.