



OPASIKONIWEW HOUSING AUTHORITY

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

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

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

“2.2.2 OHA Program Criteria To be eligible as a participant Partner in OHA assets, the Applicant must:

- 1. Be a 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. Not be in possession of a home off-Nation land;**
- 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); and**
- 6. Agree to participate in the OHA’s home maintenance training program when next available.**
- 7. Live in the community for a minimum of one year prior to applying.**
- 8. Not have been awarded previous OHA homes.**
- 9. Meet the terms of the OHA application form.”**



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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: _____ FULL STATUS / BILL-C / OTHER _____

CO-APPLICANT INFORMATION

NAME OF CO-APPLICANT: _____

MARITAL STATUS: _____

BOX NUMBER: _____ POSTAL CODE: _____

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: _____

FIRST NATION NAME: _____

TREATY NUMBER: _____ FULL STATUS / BILL-C / OTHER _____

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



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MANDATORY

**PLEASE ATTACH CRIMINAL RECORD
CHECK AND CYIM CHECK
(INTERVENTION CHECK) FOR BOTH
APPLICANTS IF YOU HAVE A CO
APPLICANT**

NOTE:

***THESE DOCUMENTS CAN BE OBTAINED AT THE
RCMP DETACHMENT, BIGSTONE CHILD AND
FAMILY SERVICES DEPARTMENT***

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



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EMPLOYMENT HISTORY

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**



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MONTHLY INCOME IF NOT EMPLOYED

NOTE: RENTAL AMOUNT FOR ANY UNIT BEGINS AT \$357 PER MONTH

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) \$ _____
- Child Support/Alimony/Interest Income/Honorariums \$ _____
- Child Welfare Children in Care Income \$ _____

TOTAL: \$ _____

No Income

Comments: _____

PLEASE PROVIDE PROOF OF UNEMPLOYED INCOME



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FINANCE CONFIRMATION FORM **MANDATORY**

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

TREATY NUMBER: _____ CO-APPLICANT TREATY NUMBER: _____

SECTION A (MAIN ADMINISTRATION FINANCE CLERK)

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
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 (PUBLIC WORKS)

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

(Membership Verification)

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 any home off reserve in any neighboring town of Wabasca Alberta.

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

I _____ and _____ **AGREE AND TO
CONSENT TO THIS BACK ROUND CHECK TO HOMEOWNERSHIP.**

SIGNATURE (APPLICANT)

DATE

SIGNATURE (CO APPLICANT)

DATE



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PROOF OF LOCAL RESIDENCY
MANDATORY

Applicants must be living in the community for a year before they can qualify to apply for any housing program. Utilities, Letters, Paystubs must be in the Applicant's name:

PLEASE CHECK MARK WHICH METHOD YOU ARE USING TO PROVE YOUR RESIDENCY

- Utilities: (Power, Gas, Rent, Water/Sewer) -----:
- Verification letter from any local school: -----:
- Verification letter from Bigstone Health Centre: -----:
- Verification letter from Northern Lake College: -----:
- Verification letter from a local Employer or pay Stubs -----:

MAKE SURE YOUR DOCUMENTS ARE ATTACHED WITH YOUR APPLICATION



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LIVING CONDITIONS

1. Is your home currently overcrowded? _____ How many people live in the home? _____

2. Are you Homeless? _____ If yes, please explain?

3. Disabilities? Explain:

4. Have you received a band home previously? Yes: _____ No: _____

5. Do you reside off reserve? Yes: _____ No: _____

6. Do you have a home off Reserve? Yes: _____ No: _____
(Verification Letter Needed from Applicable City, Town or Hamlet)

7. Is your home Temporary Housing? If yes provide written document. Yes: _____ No: _____

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

9. Is this your first time applying for a home to OHA Program: Yes: _____ No: _____

10. What type of house do you reside in? (Please Check One)

Rental (On/Off Reserve – Non Bigstone): -- _____

Band House: ----- _____

11. Have you ever received any help from the Nation? (Grants, renovations, housing, loans)
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 WAIVER 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