

PIIKANI HOUSING AUTHORITY

WORKING WITH THE COMMUNITY TO IMPROVE LIVING CONDITIONS

BOX 70 – BROCKET, AB – T0K 0H0

TELEPHONE: (403) 965-3940 – FAX: (403) 965-2214

Website: www.piikanination.com Email: ea.ceo@piikanination.com

Rental Application

Applicant's Full Name: _____ Treaty No. _____

Mailing Address: _____

Marital Status: Single Married Common Law Divorced Separated Widow

Spouse's Full Name: _____ Treaty No. _____

Mailing Address: _____

Phone Numbers: Work: _____ Home: _____ Cell: _____

***Must provide a contact number to which you can be reached at.**

Dependants

Name	DOB	M/F

Other People Residing in the Home

Name	DOB	M/F

Pension Monthly
Income: _____
Please provide a copy of your Pension Assessment.

AISH Monthly
Income: _____
Please Provide a copy of your AISH Assessment

Student Monthly
Income: _____
Please provide last three pay stubs.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND ALL QUESTIONS ARE ANSWERED TO THE BEST OF MY ABILITY. I HEREBY AUTHORIZE MEMBERS OF THE HOUSING AUTHORITY AND COMMITTEE TO MAKE ANY INQUIRIES OF INSPECTIONS THAT THEY DEEM NECESSARY IN ORDER TO MAKE A DECISION.

Applicant's Signature

Date