

**Millbrook Housing Committee  
Release of Confidential Information**

I \_\_\_\_\_, give permission to the Millbrook  
Housing Committee to verify the information contained in my Application for Housing.

**This permission and Application will expire March 31<sup>st</sup> of every year.**

Sign: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Application for Housing & Apartment**  
**Millbrook Band**

**All applicants must be 19 years of age to apply:**

(Please print and check all appropriate boxes)

I am applying for:  1. New House/family Unit  2. 2-bedroom Unit

Have you ever applied for Millbrook housing before? YES  NO

If yes, please give the date of original application? Month \_\_\_\_\_ Year \_\_\_\_\_

**Personal Information**

**Applicant's Information:**

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Band Number: \_\_\_\_\_

SIN number: \_\_\_\_\_

Born in Millbrook YES  NO

Raised in Millbrook YES  NO

**Spouse's information:**

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Band Number: \_\_\_\_\_

SIN number: \_\_\_\_\_

Born in Millbrook YES  NO

Raised in Millbrook YES  NO

<b>Present Address</b>		<b>Mailing Address (if different)</b>	
Street		Street	
City & Province		City & Province	
Postal Code		Postal Code	
Phone (Home/cell)		Email address	

**Applicant's Dependents** (Please provide information for all dependents presently living with you.)

Name ( <i>legal minor children 18 yrs &amp; under</i> )	Age	Sex	Registered Indian	Band Number

Are your Dependents subject to a custody arrangement between yourself and a former partner?  
YES  NO

If "YES" Please provide details and supporting documentation along with application.

Are there any special considerations that the Millbrook Housing Committee should be made aware of? (I.E. physically, health or mentally challenged) YES  NO

If "YES" Please provide supporting documentation.

\*Married/Registered

Common Law  Divorced  Separated  Single

How Long \_\_\_\_\_ Starting Date \_\_\_\_\_

\*(Please provide supporting documentation such as Marriage Certificate or confirmation of a Registered Domestic Partnership from the Department of Vital Statistics.)

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**Present Accommodations**

What is the present condition of your accommodations? Please attach appropriate inspection reports (i.e. fire, health, and building if appropriate).

<b><u>Problems</u></b>	<b><u>Description</u></b>

Do you presently own a house? YES  NO  On Reserve  Off Reserve

If "YES" please provide address: \_\_\_\_\_

Do you rent accommodations? YES  NO  On Reserve  Off Reserve

How long have you been living at your present accommodations? \_\_\_\_\_

If you own a house off the reserve do you:

Own it outright? YES  NO

Have a CMHC mortgage? YES  NO

Have another mortgage? YES  NO

Other (explain) \_\_\_\_\_

**Please List Documentation you have attached below:**


Are you/spouse/partner presently employed? YES  NO

If "YES" where? \_\_\_\_\_

If "NO", what is your present means of financial support?

Explain \_\_\_\_\_

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

**I / We declared all information in this application to be truthful and accurate. I/We realize that any false or misleading information will result in the rejection of this Housing Application until the next fiscal year.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
(spouse)