

Millbrook Housing Department Release of Confidential Information

I _____, give permission to the Millbrook Housing

Department to verify the information contained in my Application for Housing.

This permission and Application will not expire; the applicant is required to provide a new application if any information changes.

Sign: _____

Witness: _____

Date: _____



TEL: (902) 897-9199 FAX: (902) 843-4785 Toll Free: 1-800-693-3112

Application for Housing

All applicants must be 19 years of age to apply: (Please print and check all appropriate boxes) Have you ever applied for Millbrook housing before? YES NO If yes, please give the date of original application? Month______ Year _____ Location(s) desired: Millbrook Cole Harbour Beaver Dam Sheet Harbour Personal Information Applicant's Information: Given Name: _______ Date of Birth: ______ Band Number: ________

	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 🗌

Born in Millbrook: YES NO

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

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

Name (legal minor children 18 yrs & under)	Date of Birth	Sex	Registered Indian	Band Number

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

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

Are there any special considerations that the Millbrook Housing D	epartme	nt should be
made aware of? (I.E. physically, health or mentally challenged)	YES	NO 🗌
If "YES" Please provide supporting documentation.		

*Married/Regi	stered
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Common Law		Divorced 🗌] Separated		Single		
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How Long ______ Starting Date _____

SIN number: _____

*(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).

<u>Problems</u>	Description		
Do you presently ov	vn a house? YES NO On Reserve Off Reserve		
If "YES" please prov	ide address:		
Do you rent accomr	nodations? YES NO On Reserve Off Reserve		
How long have you	been living at your present accommodations?		
Own it outrig Have a CMH Have another Other (explai	off the reserve do you: ght? YES NO C C mortgage? YES NO C r mortgage? YES NO C n) ntation you have attached below:		
Are you/spouse/part	ner presently employed? YES NO		
If "YES" where? If "NO", what is you Explain	Ir present means of financial support?		
I/We realize that an	information in this application to be truthful and accurate. By false or misleading information will result in the rejection of ation until the next fiscal year. The applicant is required to		
provide a new appli	cation if any information changes.		
Date	Signature		

Signature ______(spouse)