



Odanak Band Council Housing Application

Identification of applicant and dependants									
Name of applicant:									
Civil status:	<input type="checkbox"/> Single <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married								
Band number:									
Occupation:	Job title: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____								
Annual salary:									
Source of income:	<input type="checkbox"/> Salary <input type="checkbox"/> Emp. Insurance <input type="checkbox"/> Income security <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____								
Name and address of employer:	_____ _____ _____								
Name and age of your dependants:	<table><tr><th>Name</th><th>Age</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Name	Age						
Name	Age								

Identification of spouse and dependants									
Name of spouse:									
Occupation:	Job title: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____								
Annual salary:									
Source of income:	<input type="checkbox"/> Salary <input type="checkbox"/> Emp. Insurance <input type="checkbox"/> Income security <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____								
Name and address of employer:	_____ _____ _____								
Name and age of spouse's dependants:	<table><tr><th>Name</th><th>Age</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Name	Age						
Name	Age								

Type of housing unit requested (number of rooms)			
3 ½ <input type="checkbox"/>	4 ½ <input type="checkbox"/>	5 ½ <input type="checkbox"/>	6 ½ <input type="checkbox"/>
Current residence			
Address: _____			
Ville: _____ Code postal _____			
Home telephone: _____			



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Work telephone: _____
Type of housing: <input type="checkbox"/> Rented apartment <input type="checkbox"/> Rented house <input type="checkbox"/> Your property <input type="checkbox"/> At parents' home
How long have you been living at this place? _____

Mandatory references from a former landlord
Name of landlord: _____
Address: _____
Telephone no: _____
Start of rent date: _____ End of rent date: _____

Do you or your spouse owe a debt to one of the departments of the Abenakis of Odanak council?

☐ Yes ☐ No

Important: Make sure you have answered all the abovementioned questions and enclosed all the requested documents. If not, your application will not be processed:

☐ *(Enclose your tax return(s)/ or any other supporting document of family income)*

☐ *(Enclose copy or copies of Indian card)*

_____ Signature of applicant	_____ Date
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Reserved for administration
Date of acknowledgement of reception:
Pre-selected application: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____ _____
_____ Signature of housing officer Date

You have to submit your application to the administrative office of the Odanak Band Council located at 104, rue Sibosis, Odanak, Québec J0G 1H0