## Okanagan Indian Band Renovation Programs Application

## **OKIB Public Works & Housing**

11505 Westside Road, Vernon BC, V1H 2A4

Telephone: (250) 542-3444

Fax: (250) 542-0541



Date Received	Legal Name (Last, First, Initial)			
Address				Status Number
City	Postal Code	_		Email Address
Main Number	Other Number			
On/Off Reserve	Yes No			
	Househo	old Occ	upant	Information
Name		M/F	Age	Status Number
Elderly Disable	d Handicapp	ed	Spo	ecial Needs Single Parent Single

Employment Information						
Full Time	Part Time	Self Employed	Seasonal	Unemployed		
House Condition Information						
Type of House:			571 HOUSE	Interlocal Paradical		
	Detached House	Townhouse	Apartment			
What year was house built?	What year was house built? How Many Bedrooms?		Square Footage of House?			
What is the Condition of you Minor Repairs (Less than \$			ef form	odny/r-M		
			3/1	ZIFI W		
		Santana (1 to feel and				
	Eght of the	1 1994 1197		0.704		
Major Repairs (More Than	10,000 with deficier	ncies noted below)				
divided in the cities of			1811 July 1811			

House Condition Information Continued:			
Health, Safety, or Fire Protection Issues:			
n <sup>10</sup> , 10			
-			
Structure Failure/Mechanical Issues:			
_			
Household F	inance Information		
Are you receiving any funding from the OKIB?	Yes or No		
If yes, amount received:			
Do you have any outstanding debts owed to the OKIB	? Yes or No		
If yes, amount received:			
Monthly Household Income *All Household Members 19 years and older*	Monthly Household Expenses		
Salary Wages:	Utilities:		
Pension:	Heat:		
Social Assistance:	Cable:		
Family Benefits:	Vehicle:		
Investment Dividends:	Internet, Satellite:		
Other:	Telephone:		
(Income of all household members prior to	Credit:		
taxes or expenses) Gross Household Income:	Arrears to OKIB:		
	Arrears to Lenders:		
	number of the second control of persons about the second s		
	Total Monthly Expenses:		

By signing below I/We certify that the information contained herein is true and accurate to the best of our knowledge. I/We hereby give permission for this completed application to be forwarded to the Housing Department for recommendation to Chief and Council.

Applicate Signature	Date
Co-Applicate Signature	Date