



# ERMINESKIN PROPERTY MANAGEMENT

BOX 219, MASKWACIS, AB T0C 1N0

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## New Unit or Subdivision Unit

### Application Checklist

**\*Please note all incomplete applications will be screened out\***

	Photo ID , Status Card, Birth Certificate or Alberta Health Care Card for yourself and spouse (if applicable)
	Photo ID, Status Card, Birth Certificate or Alberta Health Care Card of all dependants who will be residing with you
	Verification of Employment letter
	Verification of Income Support Caseworker or AISH Worker
	Reference letter from previous landlord
	Reference letter of previous Lawful Occupant, family member you last lived with
	Personal reference letter from family, friend, coworkers etc.
	Attached letter to further explain your housing needs
	<b>Band Council Resolution (BCR) to verify your land approval</b>
	Criminal Record Check (Please Note: this is not required at this time, if approved for a home, it will be mandatory)

# Housing Application Form

Please select one:         New Unit                           Subdivision Unit

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**Personal Information**

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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Full 10 Digit Treaty #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Present Physical Address: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Marital Status:      Single      Common Law      Married      Separated

Where is your spouse from? \_\_\_\_\_

Please list your dependents and/or all individuals who will be living with you. If more room is required please use a separate sheet.

Full Name	Age	Band Name	Full 10 Digit Treaty Number	Relationship to Applicant

Do the above listed children currently live with you **Full Time**    Yes    No

If no, explain \_\_\_\_\_

Do any of your dependents or individuals residing with you require handicap accessibility? Yes    No

If yes, please be specific of what is all needed: \_\_\_\_\_

Have you completed the Basic Home Maintenance Workshop?    Yes    No

If selected for a Neyaskweyak Subdivision Unit, how will you contribute to the safety and wellbeing of our community? Please Explain.

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Please explain why you need a new unit or subdivision unit. If more room is needed please attach your letter.

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I, \_\_\_\_\_ declare the above information to be present, true and to the best of my knowledge.

Received by EPM staff member: \_\_\_\_\_

Stamp date received

Date Reviewed: \_\_\_\_\_ Comments:

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