



APPENDIX 1
Xaxli'p Administration
PO Box 1330
Lillooet, BC V0K 1V0

Phone: (250)256-4800 Fax: (250)256-4803

Housing Application

Applicant Information

Name: _____ Phone# _____

Address: _____

Band # _____ Present Marital Status _____

Do you own CP land? _____ Is this that land where you wish to build? _____

Is this land serviced? Yes No Water _____ Hydro _____ Road _____

(attach a copy of CP and Map)

Employer: _____ Phone# _____

Address: _____

Monthly Income: _____ Length of current employment _____

Debts

Rent Payments \$ _____ Car Loan \$ _____ Credit Cards \$ _____

Bank Loans \$ _____ Other payments \$ _____ \$ _____

Total Monthly Payments \$ _____

Previous Employer if less than 2 years

Name: _____ Phone# _____

Address: _____

How long were you employed with previous employer? _____

Spouse Information

Name: _____ Phone# _____

Employer: _____ Phone# _____

Address: _____

Monthly Income: _____ Length of current employment _____

Who else would reside in this home?

Name	Age	Male/Female	Relationship

Current Landlord

Name: _____ Phone# _____

Address: _____

How long have you lived at this current location? _____

Previous Landlord if less than 2 years

Name: _____ Phone# _____

Address: _____

How long did you lived at this previous location? _____

Type of Housing Applying for:

_____ Canada Mortgage and Housing _____ Individual/Section10

References:

Name:

Phone #

Previous Landlord _____

Employer _____

Personal _____

Declaration

I declare and give my consent and authorize Xaxli'p;

1. To make any inquires (previous landlord, employer) that it deems necessary to verify the information given in this form is correct. I authorize any person corporation or social agency having knowledge of any such required information pertaining to this form to release the information to Xaxli'p. I agree to provide any supporting material Xaxli'p may require.
2. I solemnly swear that the information I have provided is true and I understand that any false information will void my application.

Applicant Signature

Date of Application

Received by

Date Received