

COWESSESS FIRST NATION #73



**HOUSING & INFRASTRUCTURE DEPARTMENT
P.O. BOX 100
COWESSESS, SASK, S0G 5L0
(306) 696.2275
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APPLICATION FOR NEW/VACANT HOUSING UNITS

DATE: _____ TREATY# 361 _____

NAME: _____

MAILING ADDRESS:

PHONE #: _____ (HOME) _____ (OTHER)

MARITAL STATUS: _____

FAMILY HEAD: _____

SPOUSE: _____

NUMBER OF CHILDREN _____

NAME: _____ SEX: _____ DATE OF BIRTH: _____

OTHER: _____

CURRENT HOUSING SITUATION

YOU ARE REQUIRED TO GIVE THE NAMES AND ADDRESSES OF THREE (3) LANDLORD REFERENCES: IF YOU HAVE NEVER RENTED A UNIT, YOU ARE REQUIRED TO GIVE THREE (3) CHARACTER REFERENCES.

1) _____

2) _____

3) _____

NAMES GIVEN WILL BE CONFIRMED.

SOURCE OF INCOME

FAMILY HEAD

EMPLOYER: _____ OCCUPATION: _____

SPOUSE

EMPLOYER: _____ OCCUPATION: _____

COMMENTS OR CONCERNS

APPLICANT'S SIGNATURE: _____

IF YOU HAVE A CHANGE IN FAMILY CIRCUMSTANCES, PLEASE NOTIFY HOUSING IN WRITING AS SOON AS POSSIBLE.

THIS APPLICATION IS VALID FOR ONLY ONE (1) YEAR FROM DATE RECEIVED.

Informed Consent Form

June 2017

Our Commitment to You

We respect the rights and privacy of personal information that you, our customer, provide to us. We have policies, processes and guidelines in place to help protect your personal information. We have controls in place to restrict access to this personal information, according to job requirements and a "need to know" basis.

Reasons for Collecting your Personal Information.

- Required to deliver service to customers
- Invoicing or billing for Services
- Collection of overdue accounts
- Ordinary business communications
- Gathering statistical information such as usage or consumption patterns.

Types of Information Required

- Name
- Mailing Address
- Phone Number(s)
- Service Addresses
- Any two of the five pieces of identification
 - Driver's license
 - Billing account password
 - Treaty number
 - Date of birth
 - Mother's maiden name

Disclosing or Sharing Your Information

This principle makes it clear that we will disclose your personal information only when you authorize its use, when permitted by law or when required by law.

Your Right to Refuse or Revoke Consent

You have the right to refuse or revoke your written consent. Deciding not to give consent will result in SaskPower not releasing your personal and account information to a third party.

Consent to Release Personal Billing/Account Information

Name(s) in

Billing: _____

Account Number: _____

Premise

Address: _____

Please Check the appropriate box:

Ongoing disclosure <input type="checkbox"/>	One-time disclosure only <input type="checkbox"/>
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I authorize _____

Band Income Assistance

to have access to my personal billing and account information.

Customer

Signature: _____

Date: ____/____/____
MM DD YY

SaskPower Signature & Date:

(Customer Service and Billing Services)



Application For Service

Adult Responsible for Billing:

Last Name: _____

First Name _____

Middle Initial: _____

Date of Birth: _____

Income Source (Employed or Not Employed):

Place of Employment: _____

Work Number: _____

Home Phone Number: _____

Cell Number: _____

E-Mail Address: _____

Treaty Number: _____

Sask. Drivers Licence: _____

Mothers Maiden Name: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

On Band Assistance(Yes or No): _____

Band Assistance Worker: _____

Band Assistance Phone: _____

Other Adults Responsible for Billing:

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: _____

Income Source (Employed or Not Employed):

Place of Employment: _____

Work Number: _____

Home Phone Number: _____

Cell Number: _____

E-Mail Address: _____

Treaty Number: _____

Sask. Drivers Licence: _____

Mothers Maiden Name: _____

Band Assistance Fax: _____

Disconnection Date: _____

(Address moving out of)

Previous Address:

Street: _____

City: _____

Postal Code: _____

Mailing Address

PO Box: _____

City: _____

Postal Code: _____

Property Information

Customer Type (Rental or Owned): _____

Landlord Name: _____

Landlord Phone Number: _____

Gas / Electric / Propane Heating: _____

Band Housing Managers Name: _____

Band Housing Managers Signature: _____

1st Applicants Name: _____

1st Applicants Signature: _____

2nd Applicants Name: _____

2nd Applicants Signature: _____

Connection Date: _____

(Address moving into)

New Service Address

Street: _____

City: _____

Postal Code: _____

Meter Read Arrangements:

Dog (Yes or No): _____

Dog Name: _____

Meter Number: _____



Application for SaskEnergy Billing and Consent to Release Account Information

APPLICATION FOR SASKENERGY SERVICE

If two or more adults will be residing at the premise, please complete "2nd Name" field. Both names will appear on the bill, and both will be jointly and severally responsible for payment of all bills.

Name: (First, Middle Initial & Last): _____

2nd Name: (First, Middle Initial & Last): _____

Billing Address (including Lot & Block, Civic Address or House Number): _____

Community: _____

Mailing Address: _____

Phone # (s): _____

Emergency Contact Name: _____ Phone # _____

Equalized Payment Plan: YES NO (bills are divided equally over a 12 months)

Employer Name _____ Phone # _____

On Assistance: Yes Name & phone # of worker: _____

Bills are to be mailed directly to Customer: YES NO

For billing and confirmation purposes SaskEnergy requires at least 2 identifiers of all adults residing in premise. Adult children living at the premise with their parents are excluded.

1st Applicant

2nd Applicant

Driver's License: _____

Date of Birth: _____

Treaty #: _____

Mother's Maiden Name: _____

CONSENT TO RELEASE PERSONAL BILLING/ACCOUNT INFORMATION

Due to privacy requirements, SaskEnergy is unable to disclose specific account information to the Band Office or Assistance Worker in the event of payment problems with the account without prior written consent of the customer(s) whose name(s) appear (s) on the bill. By your signature(s) below you agree to be placed in SaskEnergy billing at the location indicated above, and you grant SaskEnergy permission to share your account information with the Band Office or Assistance Worker as required.

(Applicant's signature)

(Date)

(Applicant's signature)

(Date)