



# COTE FIRST NATION #366

## BAND RENOVATION APPLICATION

DATE: \_\_\_\_\_ UNIT #: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LIST ALL PEOPLE LIVING IN THE HOME: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE THE PRESENT CONDITION OF THE HOME: \_\_\_\_\_

\_\_\_\_\_

WHAT NEEDS TO BE RENOVATED AND WHY? \_\_\_\_\_

\_\_\_\_\_

WHEN WAS IT LAST RENOVATED? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? IF YES, WHERE \_\_\_\_\_

ARE YOU WILLING TO CONTRIBUTE TO IMPROVEMENTS? YES NO

ADDITIONAL INFORMATION OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY** \_\_\_\_\_

\_\_\_\_\_



**Cote First Nation Housing  
Maintenance Work Order**

Unit # \_\_\_\_\_ Name Of Occupants: \_\_\_\_\_

Phone # \_\_\_\_\_

Number of Occupants? \_\_\_\_\_

Number of Years Occupied in Unit ? \_\_\_\_\_

Number of Bedrooms? \_\_\_\_\_ # OF PEOPLE PER ROOM \_\_\_\_\_

ELECTRICAL : YES OR NO

PLUMBING : YES OR NO

WHAT WORK DO YOU NEED IN YOUR HOME ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE- TENANT CONFIRMING WORK

\_\_\_\_\_  
DATE

.....  
**FOR OFFICE USE ONLY**

**ACTION TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK COMPLETED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_ **ESTIMATED TIME** \_\_\_\_\_

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

Tenants Name: \_\_\_\_\_

Phase: \_\_\_\_\_

House Unit: \_\_\_\_\_

**RE: ADDENDUM TO ANNUAL AGREEMENT**

Dear Tenant:

This is to inform you that the previously signed lease of (date) \_\_\_\_\_ remains in effect and your rent has been calculated at \$ \_\_\_\_\_ new level is in effect from April 1, 200\_. The rental rates is 25% of your total income less utilities.

**Calculations of Monthly Income:**

Yearly income \_\_\_\_\_

Monthly income \_\_\_\_\_

Market rent \_\_\_\_\_

Rent to income scale \_\_\_\_\_

Less utilities \_\_\_\_\_

Monthly rent \_\_\_\_\_

\_\_\_\_\_  
Housing Co-ordinator

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



Application for SaskEnergy Billing and Consent to Release Account Information

First Nations Desk
firstnations@saskenergy.com
Toll Free 1-844-281-3711
Fax: (306) 446-6062

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 # \_\_\_\_\_

Budget Billing: YES [ ] NO [ ] (bills are divided equally over a 12 months)

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

On Social 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)



**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: \_\_\_\_\_

**Connection Date:** \_\_\_\_\_

(Address moving into)

**New Service 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: \_\_\_\_\_

**Meter Read Arrangements:**

Dog (Yes or No): \_\_\_\_\_

Dog Name: \_\_\_\_\_

Meter Number: \_\_\_\_\_

Band Housing Managers Name: \_\_\_\_\_

Band Housing Managers Signature: \_\_\_\_\_

1<sup>st</sup> Applicants Name: \_\_\_\_\_

1<sup>st</sup> Applicants Signature: \_\_\_\_\_

2<sup>nd</sup> Applicants Name: \_\_\_\_\_

2<sup>nd</sup> Applicants Signature: \_\_\_\_\_