



# KLUANE FIRST NATION HOUSING REQUEST

PO BOX 20 Burwash Landing, YT Y0B 1V0

Ph: 867-841-4274 Fx: 867-841-5900 [Firstname.Lastname@kfn.ca](mailto:Firstname.Lastname@kfn.ca)

**FAILURE TO COMPLETE ALL SECTIONS OF THIS APPLICATION MAY RESULT IN A DELAY OF ALLOCATION.**

**PERSONAL INFORMATION:**

NAME		REGISTRY NUMBER	
ADDRESS		PHONE NUMBER	
STREET		FAX NUMBER	
COMMUNITY		EMAIL ADDRESS	

**DEPENDANT INFORMATION:**

NAME	AGE	M/F	RELATIONSHIP

**PWMS MAKES THEIR DECISIONS ON ALLOCATIONS BASED ON PRIORITIES. PWMS WILL NOT MAKE ANY DECISIONS BASED ON ASSUMPTIONS.**

Please check off all items that apply to your current situation:

- In an emergency situation
- Kluane First Nation Citizen
- Kluane First Nation Full-Time Staff
- Kluane First Nation Part-time Staff
- Status First Nation Person
- Non-Status First Nation Person
- An Elder OR Disabled
- A Family
- A Couple OR Single
- Living in Burwash more than 6 months
- Living in Burwash less than 6 months
- Not currently residing in Burwash

**REQUEST FOR: (PLEASE CHECK ONE)**

- New Home Ownership
- Existing Home Ownership
- Lease/Rent KFN Unit
- Sweat Equity Built Home

**PREFERRED LOCATION:**

- Village of Burwash Landing
- Burwash Heights Subdivision
- Copper Joe Subdivision
- Destruction Bay
- On KFN Settlement Land
- Off KFN Settlement Land

**DATE OF REQUEST:** \_\_\_\_\_

**DATE HOUSING IS REQUIRED:** \_\_\_\_\_



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Supporting information to your request: (attach additional paper if necessary)


### APPLICANT

Signature: \_\_\_\_\_

Witness:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name:

\_\_\_\_\_

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

Date:

\_\_\_\_\_

### CO-APPLICANT

Signature: \_\_\_\_\_

Witness:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name:

\_\_\_\_\_

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

Date:

\_\_\_\_\_