OWNED HOUSING ALLOWANCE APPLICATION FORM

SECTION 1: (TO BE COMPLETED BY APPLICANT)

A) DATE: _____

B) NAME OF OFFICER: _____

C) EMPLOYING PROVINCIAL COUNCIL: _____

D) TELEPHONE (W): _____

E) EMPLOYMENT STATUS: (PROVIDE EVIDENCE) _____

F) MARITAL STATUS: MARRIED YES/NO: _____

G) (IF YES) IS SPOUSE A GOVERNMENT EMPLOYEE: _____

H) NAME OF SPOUSE: _____

I) MINISTRY/DEPT SPOUSE ATTACHED TO: _____

J) DOES SPOUSE RECEIVE HOUSING ALLOWANCE: _____

K) DATE YOU ACTUALLY OCCUPIED YOUR OWN HOUSE: _____

SECTION 2: WITNESSES REQUIRED TO CERTIFY OWNERSHIP OF THE PROPERTY, WITNESSES MUST PROVIDE EVIDENCE

A) NAME: _____

ADDRESS: _____ PHONE: _____

OCCUPATION: _____

B) NAME: _____

ADDRESS: _____ PHONE: _____

OCCUPATION: _____

SECTION 3: PLEASE COMPLETE THE FOLLOWING

LOCATION OF THE PROPERTY:

_____

ARE YOU THE TRUE OWNER OF THIS PROPERTY: YES/NO

(IF YES) PROVIDE EVIDENCE:

_____