



HAISLA ELDERS ASSISTANCE PROGRAM APPLICATION

Date of Application	Restricted When Completed	
Full Legal Name		
Physical Address		
Contact Information	Name	
	Position	
	Phone #	
	Email Address	
Eligibility Criteria	<input type="checkbox"/> Registered Haisla member <input type="checkbox"/> Haisla elder aged 55 years or older <input type="checkbox"/> Homeowner and living in the home <input type="checkbox"/> Only one application per household	
Type of Request	<input type="checkbox"/> Housing renovation (Haisla, Kitimat, or Terrace) <input type="checkbox"/> Housing renovation (non-local) <input type="checkbox"/> Material and supplies purchase <input type="checkbox"/> Appliance purchase	
Supporting documentation (if applicable)	<input type="checkbox"/> Proof of homeownership <input type="checkbox"/> Quotes from contractors <input type="checkbox"/> Quotes from suppliers	
List details of renovations requested		

To the best of my knowledge, the above statements within this application are true to the best of my knowledge.

Signature: _____
Applicant

All completed applications and supporting documentation must be submitted to:

Haisla Nation
 Attention: Housing Coordinator
 500 Gitksan Ave, Kitimaat Village, BC V0T 2B0
 Email: ESTewart@haisla.ca



For Office Use Only:

Date Received	
Eligible (Yes / No)	
Accessed HEAP Previously (Yes / No)	
Amount Eligible For	
Contractor Selected	