



KIASHKE ZAAGING ANISHINAABEK

GULL BAY FIRST NATION
Social Services
General Delivery
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Board and Lodging Confirmation Form

Name of Applicant: _____

For the purpose of verifying Board and Lodging situations, this form must be completed by the home owner providing Board and Lodging to a tenant.

Landlord Information

Full Name: _____

Address: _____

Home Phone: _____

Please check off all that applies:

- I am the owner of the home
- I am purchasing and preparing all meals for the tenant
- The tenant will purchase all food and will prepare their own meals

I am charging \$_____ on a monthly basis.

Landlord signature: _____

TO BE COMPLETED BY ADMINISTRATOR:

- Board and Lodging: Applicant will be provided a Board and Lodging Allowance
- Rental: Applicant will be provided a shelter allowance

Amount: \$_____