



KEKINOW NATIVE HOUSING SOCIETY

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VERIFICATION OF STUDENT BAND FUNDING / SPONSORSHIP OR TRAINING ALLOWANCE

TO BE COMPLETED AND SIGNED BY YOUR SPONSOR:

The following Verification of Income is provided to BC Housing Management Commission and Kekinow Native Housing Society in strict confidence, as requested by the recipient(s) to support their assistance under the National Housing Act.

I, _____, do hereby authorize the release of the following requested information to Kekinow Native Housing Society and/or BC Housing Management Commission.

RECIPIENT INFORMATION:

Recipients Name: _____ DOB: _____

Mailing Address: _____

Phone: _____ Cell: _____

SPONSOR / BAND:

Name of Sponsor/Band: _____

Mailing Address: _____

Phone: _____ Fax: _____

TYPE OF SPONSORSHIP:

Will the recipient be receiving an allowance? If so, please specify the type of allowance (EI, Living Allowance, Travel Allowance, etc.): _____

Date Sponsorship Begins: _____ End Date: _____

Will recipient be receiving the allowance weekly/monthly/other (specify): _____

How much will recipient be receiving: \$ _____

Additional Comments: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

NAME (Print Clearly)	TITLE	SIGNATURE	DATE