60 years of age or older Own your home Your House is located on Nij Household Income is "Less" Attached Verification of Inco If you answered no to any o Please note: Form must be for	than \$42,5 ome (exam f the above	500.00 ple: pay stubs, ban e unfortunately you eted and verification	u do not qualify for nof income is requi	the program. red prior to inspe		
	Applicant's Information			Co-Applicants Information		
Name						
Date of Birth						
Band Number						
Current Address						
Mailing Address (if different)						
Can we contact you by:	Telepho	ne #□ Cell ‡	#□ Email□	Telephone	#□ Cell#	□ Email□
Telephone Number						
Cell Phone Number						
Email						
Employment Type: (permanent, part-time, retired, seasonal, specify other)						
Employer & Job Title						
Attach Verification of Total Household Income (example: pay stubs, bank notes, tax returns, etc.)						
Annual Income	\$			\$		
Other (please state source)			\$			\$
Other (please state source)			\$			\$
Other (please state source)			\$		\$	
Other (please state source)			\$			\$
Total Income Per Month	\$			\$		
About Your Home						
Since you have been the owner, has this house previously received RRAP assistance? \(\subseteq \text{Yes*} \subseteq \text{No} \\ *If yes, specify date: \(\subseteq \text{Amount Received \$ \subseteq \text{Amount Received } \)						
Type of Repairs and/or Renovations re	equired:	Repairs &/or Re	enovation Details:		<u> </u>	
Foundation						
☐ Flooring ☐ Doors &/or Windows						
Electrical / Plumbing						
Furnace						
Roof / Shingles						
Environmental / Health / Safety						
☐ Siding / Exterior ☐ Over Crowding						
Other:						
Other:						
Other:						
Other:						
Other:						
Other:						

APPROVED BY:

All the statements in the foregoing application are true to the best of my knowledge, and each of the undersigned hereby authorizes the Nipissing First Nation Housing Department staff to obtain such further information from other internal and external departments and agencies as it may reasonably require. All information given in this application will be held in strict confidence. This information will be used only for the purposes for which it was given. Signature of applicant: _____ Date: ____ Signature of co-applicant: Date: Submit Applications & Verification of Income by: (Mail, Deliver to Housing Office, Email, Fax) Please clearly mark on the envelope the name of the recipient. Address: Nipissing First Nation, Housing Department, 36 Semo Road, Garden Village, ON P2B 3K2 Phone: 705.753.6973 | Email: housingdepartment@nfn.ca | Fax: 705.753.0207 THE FOLLOWING TO BE COMPLETED BY NIPISSING FIRST NATION HOUSING DEPARTMENT ONLY APPLICATION PROCESS DOCUMENTS RECEIVED: **RECEIVED BY:** □APPLICATION □VERIFICATION OF INCOME CONFIRMED WITH THE FINANCE DEPARTMENT THAT APPLICANT IS IN GOOD STANDING? YES □ NO 🗆 N/A **RRAP GRANT ONLY** DOCUMENTS REQUIRED BY CMHC APPROVED: □YES □NO DATE SUBMITTED: ☐ CMHC APPLICATION INSPECTION DATE: APPROVED: □YES □NO ☐ VERIFICATION OF INCOME WORK DESCRIPTION: 3 BLANK COPIES GIVEN TO CLIENT: □ ☐ CERTIFICATE OF POSSESSION OR GRANT OF ENTITLEMENT DATE ESTIMATE SUBMITTED: APPROVED: □YES □NO ☐ ESTIMATE RRAP APPROVAL LETTER DATE: NOTES: **APPROVAL PROCESS** SENIORS MINOR REPAIR GRANT (SMRG) ONLY RECOMMENDATION: RECOMMEND FOR: TENTATIVE APPROVAL DENIAL DADMINISTRATION (ADMINISTRATION FORWARD APPLICATION TO ADMINISTRATION FOR A FINAL DECISION.) NOTE: DENIAL/SMRG/RRAP/REPAIR/RENOVATION UNDER \$25,000.00 REQUIRES ONE APPROVED SIGNATURE. **RECOMMENDATION BY:** ATTACHED DOCUMENTS: ☐ APPLICATION ☐ VERIFICATION OF INCOME \square ESTIMATE APPROVAL OF RECOMMENDATION

APPROVED BY: