

EMERGENCY REPAIR LOAN APPLICATION

Personal Information	Applicant's Information		Co-Applicants Information	
Name				
Date of Birth				
Band Number				
Social Insurance Number				
Current Address				
Mailing Address (if different)				
Can we contact you by:	Telephone # <input type="checkbox"/>	Cell # <input type="checkbox"/>	Email <input type="checkbox"/>	Telephone # <input type="checkbox"/> Cell # <input type="checkbox"/> Email <input type="checkbox"/>
Telephone Number				
Cell Phone Number				
Email				
Employment Type: (permanent, part-time, retired, seasonal, specify other)				
Job Title				
Employer				
Address				
Phone Number				
Date of Employ				
Number of Years with Employer				
Attach Verification of Total Household Income Statements (example: pay stubs, bank notes, tax returns).				
Pay per month or Annual Salary				
Other (please state source)		\$		\$
Other (please state source)		\$		\$
Other (please state source)		\$		\$
Other (please state source)		\$		\$
Total Income Per Month	\$		\$	
Amount of Funds Being Requested? (max \$5,000.00)		\$		
List Required Repairs				
Repairs Required: Foundation <input type="checkbox"/> Flooring <input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Furnace <input type="checkbox"/> Roof <input type="checkbox"/> Health & Safety <input type="checkbox"/> Environmental <input type="checkbox"/> Siding <input type="checkbox"/> Exterior <input type="checkbox"/> Addition <input type="checkbox"/> Other Items (specify below) <input type="checkbox"/>				
Details of repairs:				

Please list debts and all monthly expenses ex: hydro, car payment, bank loans, credit cards, line of credit.

Name of Institution	Monthly Payment	Total amount Owing

Land Ownership (Leave blank if you do not have a property yet)

Lot No. and Community: # _____ Garden Village Jocko Point Beaucage Yellek Duchesnay

Lot is Registered to: (If jointly owned please list) _____

PRIOR TO SUBMITTING APPLICATION MAKE SURE YOU HAVE ATTACHED/READ THE FOLLOWING:

I/We have attached Verification of Total Household Income Statements (pay stubs, bank notes, tax returns).

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 staff to obtain such further information (i.e. credit check) and from other departments 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)
 Mailing Address: Nipissing First Nation, Housing Department, 36 Semo Road, Garden Village, ON P2B 3K2
 Office Location: 316 Ted Commanda Dr, Garden Village, ON
 Phone: 705.753.6973 | Email: housingdepartment@nfn.ca | Fax: 705.753.6986

THE FOLLOWING TO BE COMPLETED BY NIPISSING FIRST NATION HOUSING DEPARTMENT ONLY

APPLICATION PROCESS

<p>DOCUMENTS RECEIVED: <input type="checkbox"/> APPLICATION <input type="checkbox"/> VERIFICATION OF INCOME <input type="checkbox"/> ESTIMATE/S</p>	<p>RECEIVED BY:</p>
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NOTES: _____

APPROVAL PROCESS

CONFIRMED WITH THE FINANCE DEPARTMENT THAT APPLICANT IS IN GOOD STANDING? YES NO N/A

RECOMMENDATION:

RECOMMEND FOR: TENTATIVE APPROVAL DENIAL ADMINISTRATION (ADMINISTRATION FORWARD APPLICATION TO ADMINISTRATION FOR A FINAL DECISION.)
 NOTE: DENIAL/SMRG/RRAP/REPAIR/RENOVATION UNDER \$25,000.00 ONLY REQUIRES APPROVAL OF RECOMMENDATION TO BE VERIFIED ONLY.

<p>ATTACHED DOCUMENTS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> INCOME VERIFICATION <input type="checkbox"/> TDS/GDS <input type="checkbox"/> CREDIT CHECK <input type="checkbox"/> ESTIMATE/S <input type="checkbox"/> RBC RECOMMENDATION</p>	<p>RECOMMENDATION BY:</p>
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APPROVAL OF RECOMMENDATION

<p>VERIFIED BY:</p>	<p>APPROVED BY:</p>
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