



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](mailto:housingdepartment@nfn.ca) | Fax: 705.753.0207

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

**APPLICATION PROCESS**

<p><b>DOCUMENTS RECEIVED:</b></p> <p><input type="checkbox"/> APPLICATION   <input type="checkbox"/> VERIFICATION OF INCOME</p>	<p><b>RECEIVED BY:</b></p>
<p><b>CONFIRMED WITH THE FINANCE DEPARTMENT THAT APPLICANT IS IN GOOD STANDING?   YES <input type="checkbox"/>   NO <input type="checkbox"/>   N/A <input type="checkbox"/></b></p>	

**RRAP GRANT ONLY**

<p><b>DOCUMENTS REQUIRED BY CMHC</b></p> <p><input type="checkbox"/> CMHC APPLICATION</p> <p><input type="checkbox"/> VERIFICATION OF INCOME</p> <p><input type="checkbox"/> CERTIFICATE OF POSSESSION OR GRANT OF ENTITLEMENT</p> <p><input type="checkbox"/> ESTIMATE</p>	<p>DATE SUBMITTED:</p> <p>INSPECTION DATE:</p> <p>WORK DESCRIPTION: 3 BLANK COPIES GIVEN TO CLIENT: <input type="checkbox"/></p> <p>DATE ESTIMATE SUBMITTED:</p> <p>RRAP APPROVAL LETTER DATE:</p>	<p>APPROVED: <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>APPROVED: <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>APPROVED: <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>
<p>NOTES:</p>		

**APPROVAL PROCESS**

<p><b>SENIORS MINOR REPAIR GRANT (SMRG) ONLY</b></p>	
<p><b>RECOMMENDATION:</b></p>	
<p><b>RECOMMEND FOR:</b>   <input type="checkbox"/> TENTATIVE APPROVAL   <input type="checkbox"/> DENIAL   <input type="checkbox"/> ADMINISTRATION (ADMINISTRATION FORWARD APPLICATION TO ADMINISTRATION FOR A FINAL DECISION.)</p> <p><small>NOTE: DENIAL/SMRG/RRAP/REPAIR/RENOVATION UNDER \$25,000.00 REQUIRES ONE APPROVED SIGNATURE.</small></p>	
<p><b>ATTACHED DOCUMENTS:</b></p> <p><input type="checkbox"/> APPLICATION</p> <p><input type="checkbox"/> VERIFICATION OF INCOME</p> <p><input type="checkbox"/> ESTIMATE</p>	<p><b>RECOMMENDATION BY:</b></p>

**APPROVAL OF RECOMMENDATION**

<p><b>APPROVED BY:</b></p>	<p><b>APPROVED BY:</b></p>
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