

HOUSING 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 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? (min \$25,000.00 max \$300,000.00)			\$
Details of Construction:	New Construction <input type="checkbox"/>	Purchase <input type="checkbox"/>	Renovation/Repair <input type="checkbox"/>
Other (specify):			Increase Request <input type="checkbox"/>
Complete for Increase Request - Balance owing on Current Mortgage/Loan			\$
Brief Explanation for Increase Request:			

--

List all debts and monthly expenses ex: hydro, car payment, bank loans, credit cards, line of credit. (continued on next page)

Name of Institution	Monthly Payment	Total amount Owing

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).
- I/We have been made aware that prior to final approval verification of 5% down payment must be submitted.

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: 36 Semo Rd Garden Village, ON
Housing Administrator 705.753.2050 ext. 1259
Email: housingdepartment@nfn.ca

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

APPLICATION PROCESS

DOCUMENTS RECEIVED: <input type="checkbox"/> APPLICATION <input type="checkbox"/> VERIFICATION OF INCOME <input type="checkbox"/> VERIFICATION OF 5% DOWNPAYMENT	RECEIVED BY:
NOTES:	

APPROVAL PROCESS

CONFIRMED WITH THE FINANCE DEPARTMENT THAT APPLICANT IS IN GOOD STANDING? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
RECOMMENDATION:	
RECOMMEND FOR: <input type="checkbox"/> TENTATIVE APPROVAL <input type="checkbox"/> DENIAL <input type="checkbox"/> ADMINISTRATION (ADMINISTRATION FORWARD APPLICATION TO ADMINISTRATION FOR A FINAL DECISION.) NOTE: DENIAL/SMRG/RRAP/REPAIR/RENOVATION UNDER \$25,000.00 ONLY REQUIRES <u>APPROVAL OF RECOMMENDATION</u> TO BE VERIFIED ONLY.	
ATTACHED DOCUMENTS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> VERIFICATION OF INCOME <input type="checkbox"/> TDS/GDS <input type="checkbox"/> CREDIT CHECK <input type="checkbox"/> ESTIMATE/S <input type="checkbox"/> RBC RECOMMENDATION	RECOMMENDATION BY:

APPROVAL OF RECOMMENDATION

VERIFIED BY:	APPROVED BY:
---------------------	---------------------