



FORT WILLIAM FIRST NATION HOUSING DEPARTMENT

APPLICATION FOR REPAIR/MAINTENANCE SUPPORT

Housing Department – 200-90 Anemki Drive, Fort William ON P7J1L3
 Tel. (807) 623-8170 Fax. (807) 622-0165

Complete ALL sections and return to the address noted above. Please PRINT all information in blue/black ink. If you need any assistance in completing this application, please contact the above office.

SECTION 1: APPLICANT INFORMATION

Surname	Name	Middle Name	
Birthdate (mm/dd/yy)	Home Tel.	Cellular	Email
Current Address	City	Prov	Postal Code
Member Status: <input type="checkbox"/> FWFN Band Member <input type="checkbox"/> ON Reserve Homeowner <input type="checkbox"/> OFF Reserve Homeowner			
Status Card No.: _____			

SECTION 2: HOUSEHOLD INCOME INFORMATION

Please note that **only those households with an annual income at \$60,000 or less per year are considered eligible for assistance through any of FWFN's Housing Repair/Maintenance Assistance Programs.*

Household Member	Type of Income	Amount
Homeowner Name:	<input type="checkbox"/> Ontario Works	
	<input type="checkbox"/> ON. Disability Support Program	
	<input type="checkbox"/> Employment Insurance	
	<input type="checkbox"/> Canada Pension	
	<input type="checkbox"/> Old Age Security	
	<input type="checkbox"/> OSAP (Student Loan)	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
	Monthly Total	
Spouse/Common Law Partner Name:	<input type="checkbox"/> Ontario Works	
	<input type="checkbox"/> ON. Disability Support Program	
	<input type="checkbox"/> Employment Insurance	
	<input type="checkbox"/> Canada Pension	
	<input type="checkbox"/> Old Age Security	
	<input type="checkbox"/> OSAP (Student Loan)	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
	Monthly Total	
TOTAL HOUSEHOLD INCOME		

SECTION 3: HOUSING PROGRAMS

I am applying for support under the:

Repair/Maintenance to Privately Owned Residence On or Off Reserve Within the District of Thunder Bay

Repair/Maintenance to Elders Privately Owned Residence On or Off Reserve Within the District of Thunder Bay

- Minor Repair/Maintenance to Privately Owned Residence On or Off Reserve Within the District of Thunder Bay
- Subsidies to Members Building/Renovating Homes On Reserve

Please provide detail of required repair/maintenance item(s) you are asking for assistance with:

Please note: You will be contacted within 5 business days regarding the status of your request to any of the available repair/maintenance support programs.

SECTION 5: HOUSING HISTORY - Any misrepresentation of your housing history may lead to the cancellation of application

Has anyone listed on this received repair/maintenance support from the FWFN Housing Department in the last 2 years? Y N

If yes, please provide detail on the repairs/maintenance provided:

Does anyone on this application owe money to Fort William First Nation for unpaid mortgage or rents? Y N

If yes, do you have a repayment agreement with Fort William First Nation accounts receivable? Y N

PLEASE NOTE: If you or any member of your household has arrears owing to the Fort William First Nation for unpaid rent or mortgage, the Housing Department will require confirmation that the member has entered into a repayment agreement and is in good standing with this agreement for the repayment of the arrears before we can process your application.

SECTION 6: SPECIAL NEEDS/EXCEPTIONAL CIRCUMSTANCES

Do you or any member of your household require accessibility modifications to make the home barrier free? Y N

Please specify: _____

(Documentation confirming necessity required before any modifications can potentially be expensed).

IMPORTANT! PLEASE READ!!

It is important to tell the housing department of any changes to your contact information at any time during the application and/or review process. If we cannot reach you, we will have to disqualify your application for home repair/maintenance support.

It is important for you to tell the housing department of any changes in your household that changes your application eligibility e.g., change in income status, etc.

ACCESS TO HOUSING REPAIR/MAINTENANCE SUPPORT PROGRAMS

Please read carefully, and sign in the space(s) provided.

1. I understand that there are laws that allow the Fort William First Nation to collect personal information about for the purposes associated with this application.
2. I realize that Fort William First Nation will use any information I give them through this application to see if I qualify for the housing program I have applied for.
3. I allow the Fort William First Nation to verify any relevant information with the social services department of Fort William or any other relevant department, provincial or municipal agency for the purposes of verifying the information I have provided on this application.
4. I understand that any information on this form and any attachment given to the Fort William First Nation to any additional department or agency as listed above are confidential and will only be provided in accordance with any associated regulations.
5. I understand that information provided herein is to the best of my knowledge accurate and that this information may be used to determine my eligibility for the applied housing repair/maintenance program.

If you have any questions about the collection and use of personal information, contact Housing Administrator at (807) 623-8170

Personal information contained in this form or in attachments is collected by the Fort William First Nation pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) and is used to determine eligibility for the housing applied to, continuation of housing and may be used for the appropriate low income rental charge.

Homeowner Signature: _____

Date: _____

FOR OFFICE USE ONLY – TO BE COMPLETED BY HOUSING DEPARTMENT FOR REVIEW PURPOSES

Member Applicant resides within the District of Thunder Bay: Y N

Household Income is at or below \$60,000.00 per year: Y N

Is applicant in arrears with repayment agreement in place: Y N

Repair/Maintenance needs are eligible under approved guidelines for support: Y N

Home visit completed to verify repair/maintenance need: Y N

The home visit has been conducted and it was observed that the repair/maintenance request as submitted is not required:

Name (Print) **Signature** **Date**

The home visit has been conducted and it is recommended to proceed with the request as submitted:

Name (Print) **Signature** **Date**

Quotes for approved and recommended materials and labour attached: Y N

Attached quotes as submitted do NOT exceed eligible program funding limits: Y N

If quotes DO exceed eligible program funding limits, please explain:

TOTAL OF APPROVED SUPPORT INCLUDING MATERIALS AND/OR LABOUR: \$ _____

PO Request(s) and/or Cheque Requisition(s) Attached: Y N

Homeowner Repair/Maintenance Application Approved: Y N

Print **Signature** **Date**

*Housing Administrator Approval for expenditures of \$5000 or less

**Director of Lands and Property Approval for expenditures exceeding \$5000 to a maximum of \$10,000.