

Complete ALL sections and return to the Fort William First Nation Band Office, address below. Please print all required information legibly. If you need any assistance in completing this application, please contact the Fort William First Nation Housing Department at (807) 623-9543. Only complete applications will be accepted.

Section 1 – APPLICANT INFORMATION

| | | |
|----------------|---|--|
| Full Name: | | Birthdate (MM/DD/YYYY): |
| Address: | | |
| City: | Province: | Postal Code: |
| Telephone: | Cellular: | Email: |
| Member Status: | <input type="checkbox"/> FWFN Band Member | Status Number: |
| | <input type="checkbox"/> On Reserve Homeowner | <input type="checkbox"/> Off Reserve Homeowner |

Section 2 – HOUSEHOLD INCOME INFORMATION

*PLEASE NOTE: **Only those households with an annual income of \$60,000 or less are considered eligible** for assistance through any of Fort William First Nation's Housing Repair/Maintenance Programs.*

| Household Member | Type of Income | Amount |
|------------------|--|--------|
| Name: _____ | <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario 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 | |
| Name: _____ | <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario 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 the required repair/maintenance item(s) that you are asking for assistance with. Quotes may be attached to the application to verify the associated costs for the repair/maintenance being requested:

PLEASE NOTE: You will be contacted by letter regarding the status of your request to any of the repair/maintenance support programs.

Section 4 – HOUSING HISTORY

PLEASE NOTE: Any misrepresentation of your housing history may lead to cancellation of your application.

Has anyone listed on this application received support from the FWFN Housing Department in the last 2 years?

Yes

No

If yes please provide details on the repair/maintenance provided:

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

Yes

No

If yes, do you have a repayment agreement with Fort William First Nation Accounts Receivable?

Yes

No

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 5 – SPECIAL NEEDS/EXCEPTIONAL CIRCUMSTANCES

Do you or any member(s) of your household require accessibility modifications to make the home barrier free?

Yes

No

If yes, please provide detail on the required accessibility modifications you require:

PLEASE NOTE: Documentation confirming necessity is required before any modifications can potentially be expensed.

IMPORTANT: PLEASE READ THE INFORMATION BELOW

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. (Change in income status, etc.)

Section 6 – ACCESS TO HOUSING REPAIR/MAINTENANCE SUPPORT

1. I understand that there are laws that allow the Fort William First Nation to collect personal information about myself 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 determine if I qualify for the Housing Support 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 Fort William First Nation or any other 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 the Housing Administrator at (807) 623-9543.

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: _____