

Reminder: This Program is for emergency use by homeowners on their primary residence only, and **is not a substitute for home insurance**. Information provided in this application is voluntary. To ensure equitable evaluation, please include all information requested within this application and return to the Fort William First Nation's Housing Department. **For assistance completing application, please contact: Housing Coordinator, (807) 623-9543 Ext.223 or BriannaHyslop@fwn.com**

| Section 1 – APPLICANT INFORMATION | | |
|---|---|---|
| Full Name: | | Birthdate (MM/DD/YYYY): |
| Street Address: | | Age: |
| City: | Province: | Postal Code: |
| Telephone: | Cellular: | Email: |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | |
| Member Status: <input type="checkbox"/> FWFN Band Member | | Status Number: |
| <input type="checkbox"/> On Reserve Homeowner <input type="checkbox"/> Off Reserve Homeowner | | Do you have proof of valid home insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section 2 – HOUSEHOLD INCOME INFORMATION | | |
| Only households with an annual income of \$60,000 or less are eligible for assistance through the Repair and Maintenance Program. | | |
| Household Member | Type of Income | Amount |
| Applicant's Name: _____ | <input type="checkbox"/> Ontario Works/Social Service | |
| | <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"/> Education/OSAP (Student Loan) | |
| | <input type="checkbox"/> Employment Income | |
| | <input type="checkbox"/> Other _____ | |
| | Applicant's Monthly Income Total | |
| Applicant's Spouse/Partner's 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"/> Education/OSAP (Student Loan) | |
| | <input type="checkbox"/> Employment Income (Full/Part Time) | |
| | <input type="checkbox"/> Other _____ | |
| | Spouse/Partner's Monthly Total | |
| TOTAL HOUSEHOLD ANNUAL INCOME | | |



Section 3 – HOUSING PROGRAMS

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|---|---|
| I am applying for support under the: | <input type="checkbox"/> Repair and Maintenance Support to Privately-Owned Residence On or Off Reserve (individuals less than or equal to 64 years or age) |
| | <input type="checkbox"/> Repair and Maintenance Support to Elder’s Privately-Owned Residence On or Off Reserve (individuals equal to or greater than 65 years of age). |

**Please provide detail of the required repair and maintenance support item(s) you are asking for assistance with.
You must attach quotes to your application for verification of associated costs being requested.**

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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:

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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, 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:

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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 changes to your contact information during the application and/or review process. If we cannot reach you, your application may be disqualified.

It is important to tell the Housing Department of any changes in your household that changes your application eligibility, (e.g. Change in income status, etc.) or your application may be disqualified.

Section 6 – ACCESS TO HOUSING REPAIR/MAINTENANCE SUPPORT

1. I declare all information provided in this application is truthful, accurate and complete to the best of my knowledge and abilities. I understand my application may be disqualified if it is proven that dishonest, inaccurate or incomplete information is included.
2. 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.
3. 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.
4. I understand this application and the supporting document(s), once received by Fort William First Nation (FWFN), become the sole property of FWFN Housing Department indefinitely for file, reference, verification and selection purposes now and/or in the future.
5. I understand 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.
6. 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.

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 support program applied to.

Questions relative to the collection of information can be directed to: Housing Manager, Fort William First Nation, 100 Little Lake Road – Suite 201, Fort William First Nation, ON, P7J 0L3 (807) 623-9543

Applicant’s Signature: _____ **Date:** _____