

OFF RESERVE HOME REPAIR APPLICATION

NOTE: Incomplete applications will not be processed.

1 HOMEOWNER INFORMATION

Applicant: _____
(Last Name) (First Name) (Initial)

Date of Birth: _____ Certificate Indian Status No: 047-_____
(yyyyymmdd)

Marital Status: _____ Gender: _____

Co-Applicant: _____
(Last Name) (First Name) (Initial)

Date of Birth: _____ Certificate Indian Status No: 047-_____
(yyyyymmdd)

Marital Status: _____ Gender: _____

Contact Information:

Home: _____ Cell: _____

Email: _____

Address: _____
(Street) (P.O. Box)

(City/Town) (Province) (Postal Code)

1 HOMEOWNER INFORMATION (Continued)

I hereby give consent for the following to make enquiries or act on my behalf regarding this application, and/or any loans which may result from this application.

(Full Name) (Relationship) (Telephone Number)

If a Power of Attorney has been granted, please provide their information:

(Name) (Telephone Number)

This Program is intended to address the most critical issues affecting the property. You are encouraged to identify and prioritize repairs based on necessity rather than preference. Priority should be given to issues that affect your ability to safely remain in your home, such as a leaking roof, over issues that are more cosmetic. If approved, repairs are required to be completed as represented herein.

Age of home? _____ How long have you lived in this home? _____

Please select the repair(s) category you need and carefully answer <u>only</u> the questions related to those repairs. Your answers will help us determine eligibility		Yes	No
☐ Structural	1. Is your foundation cracked or damaged?	☐	☐
	2. Does your home have sloped, sagging or uneven floors?	☐	☐
	3. Does water collect in the basement?	☐	☐
	4. Are the entrance steps/landing rotted and unsafe?	☐	☐
☐ Roof	1. Is your roof in poor condition?	☐	☐
	2. Does the roof leak when it rains or snows?	☐	☐
	3. Have your shingles been replaced in the last 10 years?	☐	☐
	4. Are the eaves showing signs of rot?	☐	☐
☐ Electrical	1. Does your home have a fuse panel?	☐	☐
	2. Is the panel sparking or are breakers tripping?	☐	☐
	3. Are any outlets or wires burned?	☐	☐

☐ Heating	1. What is the home's primary source of heat? ☐ Wood Stove ☐ Wood Furnace ☐ Oil Furnace ☐ Electric Furnace ☐ Electric Baseboard Heaters ☐ Propane Heating System ☐ Ducted Heat Pump System ☐ Mini Split(s)	Yes	No
	2. Is it working?	☐	☐
	3. Is it safe to use?	☐	☐
	4. Do you have a second or back-up heat source? If yes, please specify: _____	☐	☐
☐ Water	1. Do you have running water inside the home?	☐	☐
	2. Are there pipes leaking, rusty or broken?	☐	☐
☐ Septic	1. Is your septic system broken or is sewage coming into the home?	☐	☐
☐ Other	1. Are your windows leaking?	☐	☐
	2. Are your doors leaking?	☐	☐
	3. Is your home drafty or in need of insulation?	☐	☐

ATTESTATION:

I hereby certify that, to the best of my knowledge, the repair(s) identified in this application represents the primary repair needs of the property. I further attest that I am not aware of any additional significant, critical, or major deficiencies affecting the dwelling, including but not limited to structural, electrical, plumbing, heating, roofing, environmental, health, or safety-related issues that would require more substantial repairs than those for which assistance is being requested.

I understand that approval of assistance under this Program is based on the information provided in this application and that any undisclosed major deficiencies identified before, during, or after the completion of the approved work may affect the eligibility of the project for funding. I acknowledge that this Program is not obligated to approve, fund, or complete additional repairs beyond those identified and approved through the application process and approved funds may not be diverted to such purposes. **I understand that MFN reserves the right, as necessary and in its discretion, to conduct an inspection of the property.**

By signing below, I confirm that the information provided is true, complete, and accurate and that any intentional misrepresentation or omission of material information may result in the cancellation of assistance, repayment of funds, or other actions deemed appropriate by the Program.

Signature: _____

Date: _____