



AFN's Off-Reserve Housing Support Program

Month Day Year

Band Member Name: _____			
Band Number:	0 1 8 _____		
Are you a Senior (65 and up)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the Registered Home Owner _____ Renter _____ Occupant _____		
Employment Status:	Employed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Unemployed: <input type="checkbox"/> Other: <input type="checkbox"/> Specify _____ _____

Civic Address: _____	
Province: _____	Postal Code: _____

Mailing Address (if different from above): _____	
Province: _____	Postal Code: _____

Phone number: _____	Email Address: _____
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Property/Lease Information:

Name/s of Title Holder/Lease: _____

Address of Home if different than above : _____

Description of the home (single, condo, semi-detached, apartment): _____

Name(s) of other occupants in the home?: _____

Are any occupants band members of AFN other than yourself? Yes No

Is the mortgage/rent paid up to date? Yes No

Are there any environmental considerations in the home or where the home is located? _____

If yes, please specify: _____

Has anyone listed on this application or in the home received off reserve housing support in the last 3 years from AFN?

Yes No

If Yes, please specify: _____

Do you have problems with (Check all that apply):

Improper surface drainage and/or grading _____

Electrical wiring _____

Roof (leakage, mold, shingles) _____

Heating or furnace systems _____

Plumbing or water systems _____

Structural (foundation, walls, floor etc.) _____

Exterior (windows, doors, exterior walls) _____

Ventilation (HVAC, mold, insulation) _____

Other (Please specify)

Description of Request (be as specific as possible- use separate sheet if necessary):

Total Estimated Cost: _____ **Quote Provided:** Yes No

As funds are limited, not all applications can be approved. Priority will be given to those who demonstrate financial need. Please provide any additional information that you would like us to consider in evaluating your request: (use separate sheet if necessary)

Access to Housing Repair / Maintenance Support Disclosure

IMPORTANT: It is important to notify the Band Administration (frontdesk@acadiaband.ca) 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 off-reserve home repair/maintenance support. It is important for you to notify the Band Administration of any changes in your household that changes your application eligibility. (Change in income status, etc.)

1. I understand that there are laws that allow Acadia First Nation to collect personal information about myself for the purposes associated with this application.
2. I understand that my application will be entered into a pool and reviewed by Chief and Council of Acadia First Nation. Not all applications are approved due to limitation of funds. Priority will be given to those who demonstrate financial need. Please attach any additional information that you would like AFN to consider in evaluating your request.
3. I realize that Acadia First Nation will use any information I give them through this application to determine if I qualify for the Off-Reserve Housing Support Program I have applied for.
4. I understand that any information on this form and any attachment given to Acadia 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.
6. I understand that the Off-Reserve Housing Support Program has a limited amount of funds eligible to Band Member whom resides off-reserve.
7. I understand I need approval first by AFN Chief and Council to receive funds and the amount is determined by financial need and available funds. Funds currently have a maximum allotment up to a maximum of \$1000 and can only be accessed once every three years.

I agree and understand the above disclosure:

Please Print Name:

Signature: