



FEDERATION OF NEWFOUNDLAND INDIANS HOME REPAIR PROGRAM

Privacy section: _____ is subject to the *Access to Information and Protection Privacy Act*. Applicants/clients have a right of access to the existence, use and disclosure of their personal information.

Return to:
Federation of Newfoundland Indians, Home Repair Program
P.O. Box 460
St. George's, NL A0N 1Z0

1 APPLICANT INFORMATION

Please complete all details in this section

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

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

Telephone: (Home) [][][][][][][][][] (Work) [][][][][][][][][] (Cell) [][][][][][][][][]

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

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

Email Address: _____

Do you own your home: Yes No

Currently, I live in: Semi-detached Row housing Apartment Single Dwelling

Number of bedrooms in current dwelling: One Two Three or more

Of what aboriginal organization are you a member? _____

I hereby give consent for _____, _____ to make enquiries or act on my behalf regarding this application

(Name) (Relationship)

(Home) (Work) [][][][][][][][][]

2 HOUSEHOLD OCCUPANTS

1. _____ <small>(Applicant)</small>	2. _____ <small>(Co-Applicant)</small>	3. _____	4. _____	Name	Relationship to Applicant +	Marital Status*	Gender (M or F)	Date of Birth			Social Insurance Number
								D	M	Y	
								[][][][][][][][][]	[][][][][][][][][]		
								[][][][][][][][][]	[][][][][][][][][]		
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* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common Law
 + Relationship to Applicant can be either: Spouse, Child, Other Relative, or Not Related

3 INCOME INFORMATION

Proof of current income for applicant and co-applicant must be attached before the application will be processed. You must provide a copy of your last "Option C" printout. This can be obtained from Canada Revenue Agency by calling 1-800-959-8281.

TOTAL INCOME (Your annual income before tax deductions)

Occupation/Student	Earnings		Social Assistance HRLE	Employment Insurance	Pensions (private, CPP, ect.)	Old age Security (OAS)	Alimony or Family Support	Investment Income	Other
	Employment	Self-Employment							
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Are you a Department of Human Resources Labour and Employment client? Yes No

DHRLE District Office: _____ Telephone: [][][][][][][][][] DHRLE File No. _____

4 OCCUPANT INFORMATION

Is there a person requiring change/modification to assist in daily living? Yes No

Please state nature of disability _____

If you are seeking assistance for a disabled occupant, we require a referral outlining the house modifications.

Referral Agency: _____ Contact: _____ Telephone: _____

Please notify in case of your absence or to act on your behalf:

(Full Name) (Relationship)

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(Telephone)

5 HOUSEHOLD INFORMATION

Proof of home ownership must be attached before the application will be processed. Adequate proof can be a purchase deed or mortgage deed.

What year was your house built? _____

How long have you lived in your home? _____

What type of repairs does your home require: _____

Please attach any supporting documentation for the repairs your home requires. If possible include photographs, cost estimates, inspection reports, referral agency assessment, ect.

6 DECLARATION

- 1) I/We declare the above information provided in this application to be complete and true.
- 2) I/We understand that the information provided in this application is being collected for the purpose of administering FNIORAHRP programs. This information will only be disclosed to Federation of Newfoundland Indians personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on Housing programs will be reported to the provincial/regional level and will not personally identify individuals.
- 3) I/We hereby grant FNI/NLHC and/or its agents permission to carry out an inspection of my/our property.
- 4) I/We authorize Federation of Newfoundland Indians to investigate any or all of the statements made herein, being fully aware that discovery of any false statements will cancel this application. I/We further agree that such action by Federation of Newfoundland Indians will be without penalty or liability for damages.
- 5) I/We understand that this application does not constitute an agreement by Federation of Newfoundland Indians or its representatives to provide housing assistance.
- 6) I/We further acknowledge the right of Federation of Newfoundland Indians or its agent(s), at any time prior to the execution and delivery to me/us for housing hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.
- 7) I certify that I am a member of an aboriginal organization.

Applicant (Relationship)

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(Telephone)

Co-Applicant