Application Form (On-Reserve) -

**RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM (RRAP)**

Next

**First Nation-Owned**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR CMHC USE ONLY** |  | | Protected when completed |
| Regular Persons with disabilities | CMHC Account Number | Related CMHC Account Number | |
| Loan Forgiveness Zone | O.R. Area Code | Remote | Yes No |
| Verification of Previous Renovation Reviewer's Initials  Assistance Completed | Verification of Assistance under Sections 26, 27, 61 and 95 Completed | | Reviewer's Initials |
| **1. THE FIRST NATION** | | | |
| Language of correspondence? | English | | French |
| First Nation/Reserve Name | | | |
| Name of First Nation Representative | | | |

Mailing address of the First Nation

|  |  |  |  |
| --- | --- | --- | --- |
| Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable) | | | Apt. |
| City/Municipality | | Province/Territory | Postal Code |
| Work Telephone Number | | Fax Number | |
| Email Address | | | |
| **2. THE PROPERTY WHERE THE WORK WILL BE DONE** | | | |
| Property address | | | Property ID |
| Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable) | | | Apt. |
| City/Municipality | | Province/Territory | Postal Code |
| Since owned by this First Nation, has this house previously received RRAP assistance? Yes\* No  \* If yes, specify  Date Amount Received Account no., if available | | | |
| What is the age of the house?  Years | Check the type of house  Single *(001)* Semi-detached *(002)* Duplex *(003)*  Row *(004)* Mobile Home *(006)* Serial no. Other *(009)* Describe: | | |

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| **3. THE PRINCIPAL OCCUPANTS** | | |
| Client Type  Senior Citizen *(01)* Family*(02)* Single *(06)* | | |
| Name of Principal Occupant | | |
| Last | First | |
| Spouse's or Partner's Name | | |
| Last | First | |
| **ADJUSTED INCOME WORKSHEET** | | |

Total household income is the current year's income (before deductions) of principal occupant and spouse/ partner.

**NOTE:** For households with members with disabilities, the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities may be deducted from the gross income where an application is being made under the RRAP for Persons with Disabilities program.

Complete the chart below to determine TOTAL INCOME.

The First Nation should provide this sheet to the occupant to complete.

|  |  |  |
| --- | --- | --- |
| Source of Income | Principal Occupant (A) | Spouse / Partner (B) |
| Yearly gross salary, wages, commissions, part-time earnings. |  |  |
| Canada Pension Plan, Old Age Pension, Guaranteed Income Supplement, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions. |  |  |
| Employment Insurance income. |  |  |
| Social Assistance, Mother's Allowance, Welfare, Worker's Compensation. |  |  |
| Bank interest, investment and dividend income. |  |  |
| Child Tax Benefit (Provincial/Territorial/Federal/ Supplementary). |  |  |
| Alimony or child support income. |  |  |
| Self-employed or seasonally employed earning (include proof of income for past three years). |  |  |
| Other income: e.g. net room and board from boarders (please specify). |  |  |
| Total income from all sources |  |  |

Total income (A+B) = (C)

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**ADJUSTED INCOME WORKSHEET (cont'd)**

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Complete this portion to determine the ADJUSTED INCOME which will be used to determine eligibility.

|  |  |  |
| --- | --- | --- |
| Deduct from Total Income | $ |  |
| 1. Work Related Earnings of Working Spouse/Partner up to $1,000 |  |
| 2. Income of Single Parent from any source other than Social Assistance payments up to $1,000 |  |
| 3. No. of dependents x $300.00\* |  |
| Total Eligible Deductions |  |  |
| Adjusted Income | = | (C - D) |
| **Forgiveness Income Limit (FIL)**  *(To be provided by CMHC or its representatives)* |  |

**\*NOTE:** Dependent as per Canada Revenue Agency (CRA) requirements, i.e. eligible for dependent deduction.

(D)

(E)

|  |  |  |
| --- | --- | --- |
| **DECLARATION OF OCCUPANT** | | |
| I/We hereby declare that I/we are the principal occupant(s) of the property.  I/We hereby grant permission to CMHC or its representatives to carry out any necessary inquiries for the purpose of determining my/our income.  I/We hereby acknowledge that CMHC reserves the right to request additional information or documents to verify my/our income.  I/We hereby authorize an inspection of this property as required, on the understanding that any inspections conducted by CMHC and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.  I/We hereby certify and declare that all the information contained in this application with regards to my personal information, including income, is true and complete in every respect. | | |
| Name of Occupant (please print) | Signature of Occupant | Date |
| Name of Occupant (please print) | Signature of Occupant | Date |

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# 4. TYPES OF REPAIRS (MODIFICATIONS) REQUIRED

Regular RRAP

Briefly describe the type of urgent repairs that are required.

RRAP for Persons with Disabilities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If a member of the household has a disability, describe the disability and special modifications required. | | Type of Disability Number of Occupant(s) | | | |
| Visual *(01)*  Hearing *(02)*  Cognition *(03)*  Mobility *(04)*  Allergy Related *(05)*  Other *(06)* | |  |  |
|  |
|  |
|  |
|  |
|  |
| **DECLARATION** | | | | | |
| I/We confirm that the First Nation member(s) named on this application is/are the principal occupant(s).  I/We hereby acknowledge that CMHC reserves the right to request additional information or documents to verify the income of the principal occupant(s).  I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by CMHC and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.  I/We hereby authorize an inspection at the unit.  I/We acknowledge that any work carried out before I/we receive written confirmation of RRAP loan approval is NOT eligible.  I/We hereby certify and declare that all the information contained in this application is true and complete in every respect. | | | | | |
| Name First Nation Representative (please print) | Signature | | Date | | |
| Name First Nation Representative (please print) | Signature | | Date | | |
| Name First Nation Representative (please print) | Signature | | Date | | |
| **BEFORE MAILING, HAVE YOU INCLUDED** | | | | | |
| Has the First Nation signed the Declaration?  If the house is a mobile home, the serial or registration number. Has the occupant signed the Declaration? | | | | | |

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# PRIVACY STATEMENT

Please initial that you have read, understand and consent to the following .

The information you provide to CMHC to complete this form, including supporting documentation, is collected under the *National Housing Act* (Section 51) and is protected under the *Privacy Act.* The information will be used to review the application under the requirements of the program. The information will be retained in the Personal Information Bank #CMHC PPU 035. Individuals have a right to access personal information about themselves under the control of CMHC.

Instructions for obtaining personal information are provided in Info Source, which is available on CMHC's website at: <http://www.cmhc.ca/en/corp/about/upload/Info_Source_2013_EN_w_ACC.pdf>