**HOME ADAPTATIONS FOR SENIORS' INDEPENDENCE**

Application Form (On-Reserve) - **First Nation-Owned**

Next

**THIS APPLICATION MUST BE COMPLETED BY AUTHORIZED FIRST NATION REPRESENTATIVE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CMHC USE ONLY** | |  | |  | | | Protected when completed |
| Office Code | | | CMHC Account Number | | Related CMHC Account Number | | |
| Loan forgiveness zone | OR Area code | | | Remote  Yes No | | Income Threshold | |
| Verification of Previous Renovation Assistance Completed | | Reviewer's Initials | | Verification of Assistance under Sections 26, 27, 61 and 95 Completed | | | Reviewer's Initials |
| Tenure: Tenant Occupied (08) | | | | | | | |
| **1. THE FIRST NATION (OWNER)** | | | | | | | |
| Language of correspondence? | |  | | English | | | French |
| First Nation Name | | | | | | | |

Contact

First Name

Last Name

Mailing address of the First Nation

|  |  |  |
| --- | --- | --- |
| Street No. and Street Name/RR# (Include Lot, Concession, Township, if applicable) | | Apt. |
| City/Municipality | Province/Territory | Postal Code |
| Work Telephone Number | Fax Number | |
| Email | | |
| **2. THE PROPERTY WHERE THE ADAPTATIONS WILL BE DONE** | | |
| Property address | | Property ID |
| Street No. and Street Name/RR# (Include Lot, Concession, Township, if applicable) | | Apt. |
| City/Municipality | Province/Territory | Postal Code |
| Since owned by the First Nation has this property previously Yes\* No received CMHC renovation assistance?  \* If yes, specify the program, date or account number (if known). | | |
| Number of years owned/occupied | | |

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Page 1 of 5

CMHC-controlled information about themselves. Disponible en français - 67173



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. THE OCCUPANT/SENIOR FOR WHOM ADAPTATIONS ARE BEING DONE** | | | | |
| Senior's Date of Birth (yyyy/mm/dd) | Senior's name | | | |
| Last Name | | First Name | |
| Which of the following best describes the current living arrangements of the senior's household? | | | | CMHC USE |
| Living alone *(05)* One of a couple *(07)*  Sharing with one or more unrelated seniors *(08)* Living with family members *(02)*  Other *(99)*  Describe: | | | | |
| In total, how many people live in the senior's household? | | | | |
| What will be the total gross income this year for all the members of the senior's household? (See Income Worksheet.) Income Worksheet $ | | | | |
| **4. THE DIFFICULTIES ENCOUNTERED** | | | | |
| Please indicate the category (or categories) where the senior has difficulty.  Limited in ability to walk *(04)*  Limited in ability to bend, reach or use fingers to grasp or handle small objects *(07)*  Limited in ability to carry things or stand for long periods *(08)* Limited in ability to see in conditions other than bright light *(01)* Limited in ability to hear *(02)*  Other (e.g. for personal safety) *(06)* | | | | CMHC USE |
| Describe: | | | | |
| **5. COMPLETING THIS APPLICATION** | | | | |
| Did anyone provide assistance filling out this application form or the worksheets? Yes No | | | | |
| If yes, please check the box that describes the person who primarily provided assistance. | | | | CMHC USE |
| Medical Professional *(02)* Social Worker *(03)*  Volunteer *(04)* Family, friend or neighbour *(05)*  Other (99)  Describe: | | | | |
| Contact information for person who provided assistance (in case clarification is needed). | | | | |
| Name | | | | |
| Telephone Number | | Email Address | | |

**INCOME WORKSHEET**

**How to determine the total gross household income?**

Total household income is the current year's gross income (before taxes and other deductions) of all people living in the dwelling including the principal occupant; the spouse or partner; child/dependents; and, any other persons who live in the same dwelling, aged 16 years and over.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Income | Principal Occupant | Spouse/ Partner | Children/ Dependents | Other Household Members |
| 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 | (A) | (B) | (C) | (D) |

Total gross household income (A+B+C+D) = $

If applicable, for households with disabled members, deduct the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities, of the previous year.

**-** (E) $

Total gross household income (A+B+C+D-E) = $

Return to Section 3

**NOTE:** As noted in the Terms and Conditions if a false declaration is knowingly made, CMHC shall have

the right to cancel the approval and recover any paid funds (plus interest).

|  |  |  |
| --- | --- | --- |
| **DECLARATION OF OCCUPANT/SENIOR** | | |
| CMHC and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form.  I/We hereby confirm that to the best of my/our knowledge the information provided, including my/our income, is complete and accurate in every respect.  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. | | |
| Name (please print) | Signature | Date |

|  |  |  |
| --- | --- | --- |
| **TERMS AND CONDITIONS OF APPROVAL** | | |
| I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if assistance is approved, to any subsequent loan:   1. CMHC and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form. 2. Any work carried out before written confirmation of approval from CMHC is not eligible for assistance. 3. The amount of the forgivable loan is based on the cost of the CMHC approved home adaptations. 4. The entire amount of the forgivable loan, if approved, may only be used to finance the CMHC approved home adaptations in the dwelling identified in this application form. 5. The forgivable loan will be subject to the terms and conditions set out in the final loan commitment letter and any loan related documentation (e.g. promissory note). 6. In the event that any terms and conditions of the forgivable loan are not met, or that a false declaration is knowingly made, CMHC shall have the right to cancel the approval and recover any paid funds (plus interest). | | |
| **DECLARATION** | | |
| I/We hereby confirm that to the best of my/our knowledge the information provided is complete and accurate in every respect.  I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is an owner.  I/We hereby authorize a property review as required, on the understanding that any reviews 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 have read, understood and agree to the terms and conditions listed above. | | |
| Name First Nation Representative (please print) | Signature | Date |
| Name First Nation Representative (please print) | Signature | Date |
| Name First Nation Representative (please print) | Signature | Date |

# This application form will be considered valid for six months as of the last date indicated above.

**Consent of applicant(s) for CMHC to contact person who provided assistance with application.**

No

Yes

Please initial

I/We, the applicant(s), hereby authorize CMHC and/or its authorized representatives to contact the person (identified in Section 5) who provided assistance in completing this form should clarification be necessary.

**BEFORE MAILING, HAVE YOU INCLUDED**

**PRIVACY STATEMENT**

Completed application form with all of the required signatures. Please note:

Persons with authorized signatory for the First Nation must sign the application form

Both the First Nation and the member (occupant/senior) must sign the application form (where designated).

Completed Income Worksheet (occupant/senior).

Completed Self-assessment Worksheet (occupant/senior). Cost Estimates for Adaptations

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>