**emergency repair program (erp)**

Application Form (On-Reserve) - **Occupant-Owned**

Next

|  |
| --- |
| **FOR CMHC USE ONLY** Protected when completed |
| CMHC Account Number | Related CMHC Account Number |
| Loan Forgiveness Zone | O.R. Area Code | RemoteYes No |
| Verification of Previous Renovation Reviewer's Initials Assistance Completed | Verification of Assistance under Reviewer's Initials Sections 26, 27, 61 and 95 Completed |
| **1. THE OWNER-OCCUPANT** |
| Language of correspondence?English French | Proof of Certificate of Posession Yes NoOwnership Other (Specify) Yes No |
| First Nation/Reserve Name |
| Name of Applicant |
| First Name | Last Name |
| Name of Co-applicant |
| First Name | Last Name |
| Client Type Senior Citizen *(01)* Family*(02)* Single *(06)* |

Mailing address

|  |  |
| --- | --- |
| Street No. 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 WORK WILL BE DONE** |
| Property address (if different from above) | Property ID |
| Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable) | Apt. |
| City/Municipality | Province/Territory | Postal Code |
| Since you have been the owner, has this house previously received RRAP assistance? No Yes\*\* If yes, specifyDate Amount Received Account no., if available |
| What is the age of the house?Years | Check the type of house you live inSingle *(001)* Semi-detached *(002)* Duplex *(003)* Row *(004)*Mobile Home *(006)* Serial no. Other *(009)* Describe: |

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**ADJUSTED INCOME WORKSHEET**

Total income is the gross 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.

|  |  |  |
| --- | --- | --- |
| 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)

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

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)

Briefly describe the type of urgent repairs that are required.

Structural

Foundation/Walls/Floors and Ceilings: Systems

Plumbing:

Heating: Electrical: Fire Safety:

Other:

**4. TYPES OF REPAIRS (MODIFICATIONS) REQUIRED**

Application - emergency repair program (erp)

 Previous

|  |
| --- |
| **DECLARATION** |
| I/We confirm that I am/we are the owner(s) of this house and no other person is an owner.I/We acknowledge that eligible work will be completed within 90 days of a commitment decision.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 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 acknowledge that any work carried out before I/we receive written confirmation of ERP contribution approval is NOT eligible.I/We hereby certify and declare that all the information contained in this application, including income, is true and complete in every respect. |
| Name of Applicant (please print) | Signature of Applicant | Date |
| Name of Co-applicant (please print) | Signature of Co-applicant | Date |

If the house is a mobile home, the serial or registration number. Have you signed the Declaration?

**BEFORE MAILING, HAVE YOU INCLUDED**

# PRIVACY STATEMENT

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

The information you provide to the authorized First Nation representation and/or 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>