



?AKISQ'NUK FIRST NATION

File # _____

AFN HOME GRANT APPLICATION FORM

Application Date:

This application is for home renovations to the applicant's residence OR for a down payment of a member's primary home (place of residence)

The application requests a financial grant to a maximum of \$8,000 that match the applicant's contribution. If application is approved, AFN will provide the funding once proof of applicant's contribution (minimum of 50% of total project cost) has been provided.

The program is intended to either upgrade homes related to health and safety items OR for the down payment of a primary home. The program is not intended to address basic cosmetic issues or damages related to wilful damage.

The total cost of the project is \$ _

The amount requested is \$ _maximum \$8,000)

Personal contribution is \$ _____ (minimum 50% of project)

Up to 50% of the applicant's contribution may in kind. Please describe in detail how you will provide your contribution to this project.

Personal Information

Applicants Surname: _____

Applicants Given Name: _____

Applicants Birth Date: _____

Applicants Band Number: _____

Applicants Contact Information: _____



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A- RENOVATION REQUEST

(if applying for down payment, proceed to section B)

HOUSE LOCATION:

Mailing Address: _____

Daytime phone number: _____ Alternate number: _____

Who will be doing the renovations?

Describe needed renovation

Describe why you want to renovate your home

Please provide two quotes for your renovation project, including contractor's contact information

Total Request from AFN:



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B- FIRST HOME DOWNPAYMENT REQUEST
(if applying for renovation grant proceed to section C)

Describe your current living arrangements:

Have you ever owned a home before? If yes, when?

Address of intended house:

Who will be living at the house? Please provide full names, ages, and employment status.

Total house cost (attach listing) _____

Minimum down payment (attach "offer in principle" document) _____

AFN is committed to supporting members to obtain and maintaining housing. For the purposes of application assessment and appropriate housing support we require you complete the following questionnaire

Number of consecutive years' in full time employment during the past 5 years	
What will be your monthly mortgage payment?	
What percentage that represents of your total house income	
Number of people with disabilities living in the home	
Is there any social support you could use to enhance your housing success?	
Is there any education support you could use to enhance your housing success?	

If approved for this grant, you will be required to meet with the housing manager to discuss your housing situation and plans. This may include discussion regarding credit history, employment history, home accessibility, physical and mental health, and support systems. Meeting can take anywhere from 20 minutes to 3 hours. Funds will only be released once this meeting has taken place. Do you agree with this condition? _____



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C- Agreement

I, _____, confirm that all the information provided for this application is true to the best of my knowledge. Further, I acknowledge that should any information be found incorrect can lead to the application being declined.

I do not have a delinquent account, nor do I have any arrears, with the Akisqnuq First Nation.

I understand that I must provide all proof of my contribution to the project with the application in order for the application to be considered.

I have read and understood the policy on this grant, and I am committed to full compliance of all its items.

I understand that I must submit all receipts demonstrating the full use of grant on its approved purpose. Failure to provide the receipts within 60 days of the grant being issued will result in funds being due back to the Band. I am aware that in the case of non-compliance with receipts, grant amount may be deducted from any future payments owed me by the Band.

I acknowledge that Akisqnuq First Nation is merely a financial contributor in this matter and holds no liability on any damage or losses that may result from the use of this grant. It is my sole responsibility to practice due diligence to ensure that any work in my home is up to relevant building code standards and to ensure down payment and contractors' fee investments are legitimate.

Signature

Date

For office use only		
Received by:		
Received on:		
Review Process		
Review Personnel	Date	Status
Housing Manager		
Housing Committee		
Chief and Council		