





### 1. APPLICANT INFORMATION

Primary Appli	cant:						DATE OF BIRTH	4
First Name		Initial	Surname			/ Day	Month	/ Year
Street Address		City	Province			Postal C		
Mailing address in	f different than above (R.R. #, B	ox#, etc.)						
Primary Phone	Work I	Phone	Mobile Phone					
Email Address			Add	to MN-S email li	st? O YES	O NO		
Marital Status:	O Single O Married	O Common Law	Separated	O Divorced	O Widowed	O Othe	ر	
Métis Status (Plea	ase check one): O Métis Ci	tizenship Card O	Métis Citizenship A	Application subm	nitted awaiting co	onfirmation	1	
Gender:	O Male O Female							
Secondary Conta (OTHER THAN THOS	ct # - Name: E LISTED ON THIS APPLICATION)		Primar	ry Phone				
CO-APPLICAN	T (IF ANY):						DATE OF BIRTH	Н
First Name	Initial		Surname			Day	Month	/ Year
Street Address		City	Province			Postal C	.ode	
Mailing address in	f different than above (R.R. #, B	ox#, etc.)						
Primary Phone	Work I	Phone	Mobile Phone					
Email Address			Add	to MN-S email li	st? O YES	O NO		
Marital Status:	○ Single ○ Married	O Common Law	√ ○ Separated	O Divorced	O Widowed	O Othe	r	
Métis Status (Plea	ase check one): O Métis Ci	tizenship Card O	Métis Citizenship A	Application - sub	mitted awaiting c	onfirmatio	on	
Gender:	○ Male ○ Female							







## 2. HOUSEHOLD COMPOSITION, EXCLUDING APPLICANT(S)

Name	DOB DD/MM/YYYY	Male/Female	Relationship to Applicant For each household check the approp		
	partner, spouse e		partner, spouse etc.)	Métis	Non-Indigenous
1.					
2.					
3.					
4.					
Do all of the people listed live with you full If no, provide the name of the person(s) & I			ou.		
Name	# of Days/Week		Reason for not living with	you full time	
1.					
2.					

3.	COMBINED	GROSS	HOUSEHOLD	INCOME	& NET	WORTH
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What is your combined Gross Household Income \$	
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**Please submit the following proof of income (copies) with this request:** Two years CRA Notice of Assessment and Notice of Reassessment (if applicable). Note: Copies of income tax returns may be required, two years T4 slip(s), and two current pay stubs from source(s) of income.

For **self-employed applicants**, Two years CRA Notice of Assessments and/or Accountant Prepared Financial Statements/Statement of Business Activities will be required.

For this application, self-employment income will be reduced by all deductions allowed by the Canada Revenue Agency, except for the following:

- 1. Capital Cost allowances for the depreciation of assets;
- 2. Rent paid by the individual, where the individual operates the business from their residence;
- 3. Childcare expenses.







#### Please complete the following table detailing the combined personal net worth of all applicants:

Please identify which if any of the following Program Priorities apply (Check all that apply):

Assets	Value	Liabilities	Balance Owing	Monthly Payment
Cash on hand		Student loan		
Cash in the bank		Line of credit		
RRSP & savings		Bank overdraft		
Auto & truck		Bank loan		
Model / year		Credit cards (itemize)		
Model /year		Credit cards (itemize)		
Investments		Credit cards (itemize)		
Recreation vehicles		TOTAL LIABILITIES	\$	\$
Other assets		TOTAL NET WORTH	\$	\$
TOTAL ASSETS	\$	(Assets minus Liabilities)		_

#### 4. PROGRAM PRIORITIES

Residing in social housing	Escaping situations of violence
Briefly explain:	







# 5. OTHER CONCERNS

Will homeownershi	p address any of the follo	wing needs or concerns? (	(Check all that apply):	
Overcrowding	O Health and Safety	Accessibility need	O Family reunification	
Briefly explain:				
				_
				-
				_
6. PRESEN	T ACCOMMOD	ATIONS		
At present, do you:				
O Rent or O L	Live with parents or a fam	ily member Other,	r, explain	
If you are a current	tenant, please provide na	me and phone number of	of landlord or the Social Housing provider:	
Name:		Primary F	Phone:	_
Amount of monthly	/ rent (if any) \$	Are utiliti	ties included? O Yes O No	
Have you or any oth	ner applicant ever owned	a home, or have ownershi	nip in any home or any other real estate including cottages or undeveloped land?	
○ Yes ○ No				
If yes, provide reaso	on(s) below			
				_
				_
				_
				_
				_







### 7. ADDITIONAL INFORMATION

Have you signed an Agreement or Offer of Purchase and/or Sale? O Yes O No							
	*If you require MN-S First-Time Home Buyers funds for a home purchase, please do not make an offer on a home unless you have received written confirmation that your MN-S First-Time Home Buyers Application has been approved.						
Do you ha	ave a Lawyer?						
O Yes	○ Yes ○ No If Yes, Contact Info:						
Do you ha	ave a Realtor?						
○ Yes	○ No	If Yes, Contact Info:					
Name of	your Financial Inst	itution & Contact Information:					
			ployer(s) name, address and/or other sources of inc one year please list previous Employer as well.	ome.			
	Applicant Name	Employer Name	Employer Address	Length of Employment			
1.							
2.							
3.							
4.							
8. RESIDENCE HISTORY							
	Please provide you	ur residence history (addresses) for the last thre	ee (3) Years: Period of residen	cy (DD/MM/YYYY) to (DD/MM/YYYY)			

1.

2.

3.







# 9. HOW DID YOU HEAR ABOUT THE MN-S FIRST-TIME HOME BUYERS PROGRAM?

Please choose all that apply:				
O MN-S Social media	O MN-S Website	O MN-S Local	○ SMEDCO	
O MN-S Regional Office	O Information Session	O MN-S Affiliate		
O Word of Mouth	Other			

#### 10. MN-S FIRST-TIME HOME BUYERS PROGRAM TERMS

SaskMétis Economic Development Corporation, the administrator for the FTHBP will enter into a forgivable loan agreement (FLA) with each successful Métis applicant prior to advancing funds and will ensure that the terms of the FLA include a covenant by the Métis applicant to repay all or part of the advanced funds to SMEDCO if the terms of the FTHBP are not fulfilled ie. The property ceases to be the applicant's primary residence or the Métis applicant obtains their Bill C-31 First Nation Status under the Indian Act within ten (10) years following the date of possession. This forgivable loan agreement will be registered as a Mortgage against the title to your home property until such time as our commitment under the FTHBP and FLA has been fulfilled. The mortgage represents the security & commitment to the FTHBP in the event of a default in the mortgage or terms of the FLA.

If successful, funds will be advanced to the solicitor acting for the purchaser to be held in trust pending completion of the sale. No funds will be advanced to any other party. The funds advanced are subject to the trust condition that the funds will be returned to SMEDCO if the transaction is not completed for any reason. If funds are returned to SMEDCO and the applicant wants to re-apply for the funding, the applicant must re-submit their application and meet the eligibility requirements.

All applicants who give personal information to SMEDCO shall be required to consent to the release of that information to the MN-S in order to comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) and Freedom of Information and Protection of Privacy Act (FIPPA). The information provided on this application will be used for the purpose of determining eligibility and potential successful selection for the MN-S FTHBP Assisted Homeownership program.







The undersigned consents to the release of information in this application form and the attached documents if required by law. Any questions regarding the collection or release of this information should be directed to:

#### **First-Time Home Buyers Program**

C/O SaskMétis Economic Development Corporation Suite 101-1630 Quebec Avenue, Saskatoon, Saskatchewan S7K 1V7 Fax: 306 373-2512 Local: 306 477-4350 Email: smedco@smedco.ca

\*Please be advised that completion and submission of the MN-S First-Time Home Buyers Program Application Form does not guarantee application approval.

#### 11. APPLICANT DECLARATION

The undersigned hereby understands, agrees, and declares that:

- The information provided on this request will be used for the purpose of determining preliminary eligibility for the MN-S First-Time Home Buyers Program (FTHBP)
- A final written confirmation of eligibility for program funding will be issued after all other program requirements are met and prior to any forgivable loan agreement being signed;

I/we consent to the sharing of my/our information with SMEDCO or MN-S strategic partners.

I/we, certify that the information provided in this application is true, complete and accurate to the best of my/our knowledge. I/we acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of this application for the MN-S First-Time Home Buyers Program. I/we understand the terms and conditions for compliance re at the sole discretion of the Métis Nation Saskatchewan and/or the Program Administrator, SaskMétis Economic Development Corporation (SMEDCO). Furthermore it is understood and I/we are agreeable to SMEDCO conducting a full credit investigation including pulling an Equifax/Credit Bureau Report on us. I/we have read, understand and agree to the programs terms and conditions.

Before submitting this application, the signature(s) MUST be witnessed & dated using the space provided below:

Primary Applicant Name (required) (please print)	Primary Applicant Signature	Date				
Co-Applicant Name (if applicable) (please print)	Co-Applicant Signature	Date				
Witness Name (required) (please print)	Witness Signature	Date				
For assistance with this application or questions regarding your submission, please contact:						
First-Time Home Buyers Program						

C/O SaskMétis Economic Development Corporation Suite 101-1630 Quebec Avenue, Saskatoon, Saskatchewan S7K 1V7 Fax: 306 373-2512 Local: 306 477-4350 Email: smedco@smedco.ca