

RENOVATIONS



GEORGINA
ISLAND

Land Renovation Application

DATE OF APPLICATION				
APPLICANT INFORMATION				
SPOUSES NAME:		SPOUSES STATUS NUMBER:		
LAST NAME:		FIRST NAME:		
INDIAN STATUS NUMBER:		DATE OF BIRTH YEAR MONTH DAY		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other		
Current Street Address:				
City:		Province:		Postal Code:
Home Phone:			Cell Phone:	
Work Phone:			Best time to contact you?	
Mailing Address (if different than above):				
Street #				
Contact Name:			Relationship to applicant:	
Phone :				
Reference:			Relationship to applicant:	
Phone:				
List the names of all adults & children that will be living with you. This section must be completed				
Last Name	First Name	Relationship to You	Date of Birth	Status

	YES	NO
Do all family members currently live with you?		
Do you share custody of the children listed in this application?		
Do you have full custody of the children listed in this application?		
Do you own, or are you a co-owner of the home you currently live in?		
Do you or anyone on this application own property in Canada or any other country? If yes what is the estimated value?		
Can you transfer an account in your name? (Hydro is the responsibility of the Tenant)		
Do you smoke? (All Rental Units are Non-Smoking)		
Do you have pets?		
Are you able to acquire contents insurance?		
Do you have any outstanding debts with the Chippewas of Georgina Island? (if any debt is outstanding to the First Nation this application will only be considered once the debt has been repaid)		

I wish to apply for the following size of unit: Bachelor One bedroom Two bedroom
 Three bedroom Four bedroom

The number of bedrooms you are eligible for is determined by the occupancy size standards that apply to your household size. The First Nation will verify if you are eligible for the size of unit you have selected.

What is your current living status Rent Own Other Please specify : _____

Name of your current Landlord: _____
 How long have you lived at present address? _____
 Landlords phone number : _____
 Monthly payment of rent: _____
 What is your reason for moving? _____

If you are selected for a rental unit, payment of the first and last month's rent must be paid prior to moving into the unit. Do you have any problems paying first and last month's rent? Yes No

 Applicant Signature

 Co-Applicant Signature

Signed this _____ day of _____, 20____ at _____

Credit Application

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SIN:	Phone:
Current address:		
City:	Province:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	Province:	Postal Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:

APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY

Account no.:		Address:	
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER DEBTS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description		Amount per month or value	
I authorize Georgina Island First Nation, to verify the information provided on this form as to my credit and employment history.			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

PERSONAL FINANCIAL STATEMENT

Pensions , Allowances and Other Income	Income / Month
Ontario Works (Social Assistance)	
Mother's Allowance	
Family Benefits	
Veteran's Allowance	
Retirement Pension	
Ontario Disability	
Canada Pension	
Old Age Security	
Alimony/ Support Payments	
War Veteran's Allowance	
Employment Insurance	
Training Allowances	
Company Pensions	
Mortgage Income	
OSAP Grants	
Leaving Revenue/ Income	
Self-Employment	
Real Estate Income	
Assets that give you income	
A licence which gives you income	

Assets	Amount in Dollars
Cash - checking accounts	\$ -
Cash - savings accounts	-
Certificates of deposit	-
Securities - stocks / bonds / mutual funds	-
Notes & contracts receivable	-
Life insurance (<i>cash surrender value</i>)	-
Personal property (<i>autos, jewelry, etc.</i>)	-
Retirement Funds (<i>e.g. IRAs, 401k</i>)	-
Real estate (<i>market value</i>)	-
Other assets (<i>specify</i>)	-

Other assets (<i>specify</i>)	-
Total Assets	\$ -

Amount in Dollars

Liabilities

Current Debt (<i>Credit cards, Accounts</i>)	\$ -
Notes payable (<i>describe below</i>)	-
Taxes payable	-
Real estate mortgages (<i>describe</i>)	-
Other liabilities (<i>specify</i>)	-
Other liabilities (<i>specify</i>)	-
Total Liabilities	\$ -
Net Worth	\$ -

Signature:

Date:

**HOUSING RELEASE AND CONSENT
ACKNOWLEDGEMENT AND CONFIDENTIALITY**

I understand and agree to release my personal information and required documents to the Chippewas of Georgina Island, Canada Mortgage and Housing (CMHC), or Aboriginal and Indian Affairs Canada (AANDC) for the purpose of processing my application for subsidized housing assistance, which may include determining:

- My initial and on-going eligibility for subsidized housing assistance;
- The size and type of unit that I may be eligible for;
- Where I am on the waiting list for subsidized housing assistance;
- The amount of subsidized housing assistance I will be required to pay.

Any personal information collected by the Chippewas of Georgina Island about me for the above-mentioned purpose will be hereafter referred to as "my personal information".

I agree to release to the Chippewas of Georgina Island and CMHC information about any bank account, safety deposit box, asset of any nature or kind held by me; or on my behalf, or by or on behalf of any of my dependants or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my initial or ongoing eligibility for subsidized housing assistance.

For the purpose as set out, I allow the Chippewas of Georgina Island to obtain any credit information about me from any credit agency or other source.

I allow the Chippewas of Georgina Island to share my personal information without further notice to me with CMHC, or to any person or organization providing services if it is needed to verify my eligibility for assistance under any housing program offered by the Chippewas of Georgina Island.

I understand that any of my personal information provided by me to the Chippewas of Georgina Island is confidential.

I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.

The personal information contained in this form or any attachments will be used to determine current/on-going eligibility to subsidized housing assistance.

I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact:

Janice Taylor
Band Manager
Chippewas of Georgina Island
Telephone: (705) 437-1337 Ext. 2223

Email: juice.taylor@georginaisland.com

I acknowledge providing the required information and authorize verification of income, debts and loans, off reserve home ownership, membership status and land ownership status in the processing of this application.

I hereby declare the information stated in this application is accurate and complete and that no pertinent information has been fully omitted.

Applicant's signature

Date

Co-Applicant's signature

Date

Witness

Date