



**CHIPPEWAS OF GEORGINA ISLAND**

**HOUSING**

**RENOVATION/REPAIR**

**APPLICATION**

\_\_\_\_\_
Date of Application

SECTION ONE

Family Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Certificate of Indian Status Number \_\_\_\_\_ Telephone No: \_\_\_\_\_

Other Household Members:

Table with 4 columns: Name, Status or Non-Status, Date of Birth, Relationship to You. Includes 5 rows of blank lines for data entry.

SECTION TWO

Current Housing Situation

1. Do you rent or own your present housing? Own \_\_\_\_\_ Rent \_\_\_\_\_

If renting, who is the owner? \_\_\_\_\_T

Type of housing currently living in?

- Single dwelling \_\_\_\_\_
Semi-detached \_\_\_\_\_
Shared housing \_\_\_\_\_
Other \_\_\_\_\_

2. The age of your house is:
- Less than 5 years     \_\_\_
  - 6 – 10 years         \_\_\_
  - 11 – 20 years        \_\_\_
  - More than 20 years   \_\_\_

3. Do you require improvements to your house to meet minimum health and safety or energy efficiency standards or general wear and tear (ie: heating, wiring, and plumbing)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify in as much detail as you can provide on exactly what needs renovated or repaired and why:

Electrical

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Plumbing

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Heating

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Structural (Interior and Exterior)

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Other

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**SECTION THREE**

**Income/Funding Information**

1. Are you willing to provide a financial contribution towards the costs of repairing or renovating your home? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you willing to provide "Sweat Equity" towards repairs, at no cost to Georgina Island? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you received a grant/subsidy from Georgina Island housing within the past ten years? Yes \_\_\_\_ No \_\_\_\_  
If Yes, when? \_\_\_\_\_ for what amount? \$ \_\_\_\_\_ and for what purpose? \_\_\_\_\_

**Employment Information**

4. Are you employed Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who are you employed by?  
\_\_\_\_\_  
Employer name and phone number  
\_\_\_\_\_  
For how long have you been with this employer? \_\_\_\_\_  
What is your average salary per month \$ \_\_\_\_\_  
Co-Applicant's employment  
\_\_\_\_\_  
Co-Applicant average salary per month \$ \_\_\_\_\_  
Employer name and phone number  
\_\_\_\_\_

5. Are you receiving benefits from any of the following:  

	Yes	No
Social Assistance (Welfare)	_____	_____
Mother's Allowance	_____	_____
Veteran's Allowance	_____	_____
Other (explain) _____		

6. Do you maintain home/fire/liability insurance?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

**SECTION FOUR**

**Acknowledgement and Confidentiality**

Please be informed that all information received within the application will remain confidential and will be used solely for the purpose of processing this application for assistance.

\_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Witness