

**Residential Rehabilitation Assistance Program (2005)  
Information Sheet for Waiting List**

NAME: \_\_\_\_\_

BAND & NUMBER (10 Digit): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL INSURANCE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BLUE EMERGENCY NUMBER & ROAD: \_\_\_\_\_

LOT & CONCESSION NUMBER: \_\_\_\_\_

IS THERE A GAS WELL LOCATED ON PROPERTY:  YES  NO

INCOME – TOTAL HOUSEHOLD INCOME – STATE AMOUNT:

Employment:	_____ / per month	_____ /yearly
Spouse's Employment:	_____ / per month	_____ /yearly
Retirement Pension:	_____ / per month	_____ /yearly
Family Benefits:	_____ / per month	_____ /yearly
Social Services:	_____ / per month	_____ /yearly
Lease Money:	_____ / per month	_____ /yearly
Unemployment:	_____ / per month	_____ /yearly
Disability Pension:	_____ / per month	_____ /yearly
Other: (State Source):	_____ / per month	_____ /yearly

**\*\*REQUIRE PROOF SUBMITTED\*\***

LIST ALL OCCUPANTS AND AGES:

\_\_\_\_\_

AGE OF HOME: \_\_\_\_\_ NO. OF YEARS OWNED AND OCCUPIED: \_\_\_\_\_

PERMANENT DISABILITY (IF APPLICABLE): \_\_\_\_\_

LIST OF EMERGENCY REPAIRS REQUIRED:

\_\_\_\_\_

**\*\*NOTE: Six Nations of the Grand River Indian – By-law #1986/87-1, Section 2, states: "ONLY A REGISTERED BAND MEMBER OF THE SIX NATIONS OF THE GRAND RIVER INDIAN SHALL BE ENTITLED TO RESIDE ON THE SIX NATIONS OF THE GRAND RIVER INDIAN LANDS."**

**DECLARATION:**

I/We declare that all information that has been provided to Six Nations Housing is true and correct. I/we therefore authorize the Six Nations Housing to obtain and/or make inquiries as deemed necessary for the evaluation of my credit worthiness; and that I/we authorize any person, corporation or agency having information or knowledge of my credit history to release all such information to Six Nations Housing or representative of; and that if granted credit through Six Nations Housing, I/we will comply in accordance to all current or future Six Nations Housing Policy as set by the Housing Committee and Six Nations Council. And that I/we acknowledge CMHC's program requirements that the house must be five years old or more and the home and property must be owned and occupied by the applicant.

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Date