

SPECIAL PROVISION APPLICATION

SIX NATIONS HOUSING
67 Bicentennial Trail
P.O. Box 62
OHSWEKEN, Ontario
NOA 1M0

PHONE (519) 445-2235

FAX (519) 445-2778

PART A – APPLICANT INFORMATION

NAME (first, middle, last) _____ BAND & BAND NUMBER _____

ADDRESS _____ POSTAL CODE _____ 911 (Blue Flag #) _____

TELEPHONE NUMBER _____ ALTERNATE NUMBER _____

SOCIAL INSURANCE NUMBER _____

DATE OF BIRTH _____

PART B – CO-APPLICANT INFORMATION

NAME (first, middle, last) _____ BAND & BAND NUMBER _____

ADDRESS _____ POSTAL CODE _____ 911 (Blue Flag #) _____

TELEPHONE NUMBER _____ ALTERNATE NUMBER _____

SOCIAL INSURANCE NUMBER _____

DATE OF BIRTH _____

PART C – DETAILS OF THE LOAN REQUESTED

TOTAL LOAN/EMERGENCY/GRANT ASSISTANCE REQUESTED \$ _____

This assistance is requested for: ((please check the following applicable item(s))

New Construction _____

Purchase existing home _____

Repairs _____

Emergency Assistance (See Page 2, Item No. 2 of the enclosed Appendix "A") _____

Grant (wheelchair ramp, widening of doorways, grab bars) _____

PART D – CURRENT HOUSING

(1.) Do you RENT or OWN your current dwelling? _____

(2.) Do you have an existing Housing Loan? _____

(3.) If you answered, yes, to #2, what is your monthly rent/mortgage payment. \$ _____

(4.) Have you had a loan through Six Nations Housing in the past? _____

(5.) If you answered, yes, to #4, what was the amount of the loan? \$ _____

PART E – LAND OWNERSHIP

NOTE: Minors cannot be included on Land Registration for Security purposes.

LOT: _____ CONCESSION: _____ TOWNSHIP _____

Only one acre is required to be registered to the Band if loan is \$5,001.00 dollars or over. See bottom of Page 3 - LAND REQUIRED - of the enclosed Appendix "A" for more details.

PART F – HEALTH CONCERNS (if applicable)

Please describe the nature of your health and/or disability condition: _____

PART G – EMPLOYMENT INFORMATION

Income:

Please provide a copy of your income along with the submission of the Special Provision application, ie: payment stub, copy of bank book showing the deposit, etc.

Please check the following which apply:

DESCRIPTION	AMOUNT PER MONTH
Employment _____	\$ _____
Spouse's Employment _____	\$ _____
Family Benefits _____	\$ _____
Social Services _____	\$ _____
Lease Money _____	\$ _____
Unemployment _____	\$ _____
Retirement/Widows/Seniors Pension _____	\$ _____
Disability Pension/Benefit _____	\$ _____
Long Term Worker's Compensation Benefits _____	\$ _____
Annuities (insurance claims) _____	\$ _____
Other (please state source) _____	\$ _____

If on a Disability Pension/Benefit, please provide the following:

Name of Social Worker _____ Phone # () _____

Address: (Please include postal code) _____

PART H – RENOVATION LOAN or NEW CONSTRUCTION LOAN

Program will be provided to Borrower on an interest free loan basis, only while occupied by the Senior or Disabled person. Non-occupancy, should the Senior or Disabled cease to reside in the home for any reason, including death, will result in the agreement being terminated. The person to inherit or the person who will continue to reside, will be required to enter into a new agreement for payment of the balance which will be written under regular loan conditions including the 7% interest rate.

DECLARATION

I/We declare that all information that has been provided to Six Nations Housing is true and correct;

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 Representatives thereof;

and that, I/WE have read and understand the conditions contained in the enclosed (Appendix A), and all material has been provided to assess my application;

and that, if granted a Special Provision Loan/Grant through Six Nations Housing, I/We will comply in accordance to all current or future Six Nations Housing Policies as set by the Housing Committee and Six Nations Council.

Applicant Signature

Date

Co-applicant Signature

Date