



MANITOBA TIPI MITAWA INC.

MANITOBA FIRST NATIONS HOME OWNERSHIP PROGRAM

APPLICATION

Please mail or bring completed application package to:

2nd Floor - 1240 Portage Ave
Winnipeg, Manitoba
R3G 0T6

Dear Applicant:

We need you to complete this application to determine if you qualify for the program. Please complete this application as accurately as possible by printing your answers in the spaces provided. All information you include on this application will be kept confidential. **Applications will be received until 4:30 p.m., Friday March 7, 2008.**

1. APPLICANT INFORMATION	
Applicant (Primary Wage Earner)	Co-Applicant

Primary Applicant's Name: _____

Co-Applicant's Name: _____

Which Manitoba First Nation are you a member of?

Which Manitoba First Nation are you a member of?

Social Insurance Number: _____ / _____ / _____

Social Insurance Number: _____ / _____ / _____

Home Phone: (____) _____

Home Phone: (____) _____

Age: _____

Age: _____

Married Separated Unmarried (incl. single, divorce, widow)

Married Separated Unmarried (incl. single, divorce, widow)

Dependents and others who will live with you, please indicate your relationship (not listed by co-applicant)

Dependents and others who will live with you, please indicate your relationship (not listed by primary applicant)

Name (Relationship)	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name (Relationship)	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Present Address (street, city, province, postal code)

Present Address (street, city, province, postal code)

Rent Number of Years _____

Rent Number of Years _____

IF LIVING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS COMPLETE THE FOLLOWING:

Previous Address (street, city, province, postal code)

Previous Address (street, city, province, postal code)

Rent Number of Years _____

Rent Number of Years _____

2. HOME OWNERSHIP TRAINING

To be considered for the Manitoba First Nations Home ownership program, you and your family must complete the home orientation session or any of the home ownership educational programs (~ 40 hrs). Failure to complete will disqualify the applicant.

I AM WILLING TO ATTEND THE REQUIRED SESSIONS:

Applicant:

Co-Applicant:

Yes No

3. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room

Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ / month

(Please supply a copy of your lease or cancelled rent cheque).

Name, Address and phone number of current landlord:

In the space below, describe the condition of the house or apartment where you live. Why do you need a Manitoba Tipi Mitawa house? (use separate paper if required)

4. EMPLOYMENT INFORMATION			
Primary Applicant		Co-Applicant	
Name and Address of Current Employer:	Years on this Job	Name and Address of Current Employer:	Years on this Job
	Monthly(Gross) Wages \$		Monthly(Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name and Address of Last Employer:	Years on this Job	Name and Address of Last Employer:	Years on this Job
	Monthly(Gross) Wages \$		Monthly(Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS																	
Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount												
Base Employment Income	\$	\$	\$	Rent	\$												
Employment and Income Assistance				Utilities													
Disability				Car Payments													
Maintenance				Insurance													
Child Tax Credit				Child Care													
Other				Food & Clothing													
				Other Debt Payments													
				Maintenance/Child Support													
Total	\$	\$	\$	Total	\$												
² Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements. ³ Please attach copies of last month's bills.			² List additional household members over 18 who receive income <table border="0"> <tr> <td>Name</td> <td>Age</td> <td>Monthly Wages</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </table>			Name	Age	Monthly Wages	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____
Name	Age	Monthly Wages															
_____	_____	\$ _____															
_____	_____	\$ _____															
_____	_____	\$ _____															

6. SOURCE OF CLOSING COSTS

Where will you be getting the money to pay the closing costs (Such as Land Transfer Tax, Legal Fees & Disbursements, Approx. 2.5% of purchase price) If you are borrowing money to pay these costs, explain how and from whom.

7. ASSETS

List Chequing and Savings Account Below

Name and Address of Bank or Credit Union:	Name and Address of Bank ,or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank or Credit Union:	Name and Address of Bank or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and address of RRSP	Name and address of RRSP
Balance \$	Balance \$
Do you own a: Yes No	Do you own a: Yes No
Stove <input type="checkbox"/> <input type="checkbox"/>	Car (#1) <input type="checkbox"/> <input type="checkbox"/>
Refrigerator <input type="checkbox"/> <input type="checkbox"/>	Make and Year _____
Washer <input type="checkbox"/> <input type="checkbox"/>	Car (#2) <input type="checkbox"/> <input type="checkbox"/>
Dryer <input type="checkbox"/> <input type="checkbox"/>	Make and Year _____

8. DEBT					
To Whom Do You and the Co-Applicant Owe Money?					
Car	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. Left to pay:			Mos. Left to pay:	
Furniture	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. Left to pay:			Mos. Left to pay:	
Credit Card	Monthly Payment \$ _____	Unpaid Balance \$ _____	Maintenance/Child Support	\$ _____ / month	
	Mos. Left to pay:		Job-Related Expenses	\$ _____ / month	
			(Child Care, Union Dues, etc.)	\$ _____ / month	
Medical/Dental	Monthly Payment \$ _____	Unpaid Balance \$ _____	Other; _____	\$ _____ / month	
	Mos. Left to pay:				
Column 1: Subtotal of Payments:	\$ _____ / month		Column 2: Subtotal of Payments	\$ _____ / month	
			Column 1: Subtotal of Payments	\$ _____ / month	
			Total Monthly Expenses	\$ _____ / month	

9. DECLARATIONS		
Please Check the Box that Best Answers the Following Questions for You and the Co-Applicant		
	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying maintenance or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Answering "Yes" to these questions does not automatically disqualify you. If you answered "Yes" to any question a through e, however, please explain on a separate sheet of paper.</p>		

10. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Manitoba Tipi Mitawa Inc. to evaluate my actual need for a home, my ability to meet the financial obligations and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal interviews, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a home, I may be disqualified from the program. The original or a copy of this application will be retained by Manitoba Tipi Mitawa Inc. even if the application is not approved.

Primary Applicant Signature	Date	Co-Applicant Signature	Date
X		X	
Please Note: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant.			
Primary Applicant's Name: (Print)		Co-Applicant's Name: (Print)	

FOR OFFICE USE ONLY – DO NO WRITE IN THIS SPACE

Date Reviewed: _____ More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent: _____
Date of Application Completed: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Letter Sent: _____

TO BE COMPLETED ONLY BY THE PERSON REVIEWING APPLICATION

This application was taken by: <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Name (print or type)
	Signature
	Phone Number