



Appendix 4

**Application for Renovations**

For housing department use only		
Date Received: By hand ____ By mail ____	Recorded:	Processed by:
Application complete?	Yes: No:	Interview completed? Yes Date: No
Application eligible?	Yes: No:	Confirmation letter sent Date:
Chief and Council Review		
Review Date:	File #:	Points Awarded:
Application approved	Yes: No:	Confirmation letter sent Date:

**1. Applicant Information**

Please provide homeowner's information.

*In addition, applicants are required to submit their status card or other evidence of Band Membership and identification confirming their age as part of this application.*

Name (First and Last Name)	Date of Birth	Male or Female	Relationship to Primary Occupant	Band member #
Primary Occupant:				
Secondary Occupant:				
3.				
4.				
5.				
6.				

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Please note whether the applicant or secondary occupant(s) identify as:

Elder       Person with a disability

Please note if this is the first time applying for renovations:

Yes       No

If no, please specify the number of years the applicant has been unsuccessful: \_\_\_\_\_

Please specify other renovation programs the applicant is eligible for:

RRAP      Other: \_\_\_\_\_

### Current Address

Street No. & Name/Box Number/R.R. #:		
City/Municipality:	Province:	Postal Code:

### Mailing Address (if different from Current Address)

Street No. & Name/Box Number/R.R. #:		
City/Municipality:	Province:	Postal Code:

### 2. Applicant's contact information

Home phone #	Work phone #	Cell phone #
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### 3. Name of Person to Contact in Your Absence

Name: _____	Home phone #
Relationship: _____	Work phone #
(e.g., friend, relative)	Cell phone #



4. Description of work to be completed (e.g., electrical, structural, overcrowding, etc). Please explain:

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Please check mark on the types of renovations requested:

Type of Renovation	Housing Renovation Programs					
	Capital Renovations	Capital Mould Renovations	RRAP Home Owner	RRAP Disabled	RRAP Secondary Suites	HASI
Structural						
Electrical						
Plumbing						
Heating						
Fire Safety						
Over Crowding						
Maintenance						
Drywall Repairs						
Flooring						
Moulding						
Siding						
Roof						
Chimney						
Fixtures						
Painting (Interior)						
Painting (Exterior)						

Please specify:

Emergency repair

Major repair

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See Housing Policy for examples.

## 5. Employment History/Source of Income

Name of present employer. If not currently employed, confirm source of income:	
Employment Address:	
City/Town/Reserve:	Postal Code:
Telephone Number:	Occupation:
Length of Employment: _____ years _____ months _____ weeks	

6. Total Annual Household Income (from Appendix 7): \_\_\_\_\_

## 7. Declaration/Financial Disclosure

*All information provided shall be kept confidential and used for the purposes described herein.*

I, \_\_\_\_\_, do solemnly and sincerely declare that:

1. I/we understand that renovations on reserve are made available for Glen Vowell Band members.
2. The Housing Policy has been provided to me and the procedures have been explained to me/us and I/we undertake to abide by them or as they might from time to time be amended by Chief and Council.
3. The undersigned consents to the obtaining of such information as the Glen Vowell Band may deem necessary at any time in connection with the undersigned, in conjunction with the renovations applied for.
4. The undersigned consents to the disclosure of any information concerning the undersigned to any credit reporting agency or person with whom the undersigned has or proposes to have financial relations with.
5. The undersigned warrants that all information presented above is correct. Submission of an incorrect application may result in the application from being excluded for consideration.
6. Neither the primary or secondary occupant is in arrears on any Glen Vowell Band payments, user charges or other debts.

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7. Misrepresentation of income, whether deliberate or as a result of an oversight may result in an approved applicant being required to repay any subsidy amount received, plus interest.
8. I hereby give my consent to share my information in this application with the Band's and/or other non-profit organizations affiliated with the Gitksan Government Commission.

Primary occupant (please print)	
Signed	Date:

Secondary occupant (please print)	
Signed	Date: