

PRELIMINARY REQUEST FORM FOR HOUSING SERVICES

<u>INSTRUCTIONS:</u> Applicants for any housing service must complete this form that determines your eligibility for housing services. Please select <u>one</u> in <u>A</u> if you are applying for a loan. Select <u>B</u> if you are applying for a community housing rental program. Select <u>C</u> if you are applying for the Rent-To-Equity (RTE) Program.

Please provide all requested information below in all sections as it applies to you. This preliminary form must be completed in full for an application to move forward. A copy of your band card, both sides is required to be given in with this form. Note that this Preliminary Form is the first step for Housing services. You will be contacted once the form is reviewed and advised to get an application for your selection.

A.	Are you applying for a loan for an existing home upgrade, renovation, or home construction? Select <u>one</u> of the options below with a check mark.
	New home construction: Revolving Loan Fund (RLF).
	On Reserve Loan Guarantee Program (ORLG). new home construction. home purchase. existing home renovation.
	House Repair Loan Program (HRLP).
	CMHC (Canada Mortgage and housing Corporation) Programs.
	ISC (Indigenous Service Canada) Programs.
	Other :
В.	Are you applying for community housing rental? Select below with a check mark.
	Community housing rental program (based on unit availability).
C.	Are you applying for the Rent-To-Equity Program (RTE)? Select below with a check mark.
	Rent-To-Equity Program to build a mortgage loan down payment.

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FOR THE APPLICANT: The following sections must be completed by the applicant.

SECTION 1: APPLICANT INFORMATION

Print full name				
Full band number				
Box # Other Phone Number Other Phone Number				
DATE OF BIRTH:/ I AM:				
E-MAIL ADDRESS:				
Check what applies to you:				
☐ MARRIED ☐ MARRIED and living apart ☐ COMMON LAW				
□ DIVORCED (Certificate May Be Required) □ WIDOWED				
□ SINGLE no children				
□ SINGLE PARENT – FULL CUSTODY OF CHILDREN Number of children:				
☐ SINGLE PARENT – SHARED CUSTODY OF CHILDREN Number of children:				
\square I currently have a physical limitation that can affect my ability to use stairs.				
Comment:				

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SECTION 2: APPLICANT INFORMATION

Number of adults: (Including Adult Children 18 Years and Over).						
Number of dependent children: (Under 18 Years Old).						
☐ I am expecting a child. Comments:						
SECTION 3: APPLICANT INFORMATION						
Do you currently own a house?	□ YES □ NO					
Have you previously owned a house?	□ YES □ NO					
Have you previously received housing services from the MCK?	□ YES □ NO					
If you selected <u>yes</u> , what MCK Housing Services did you receive? Please select with a check mark:						
☐ New Construction Loan ☐ House Repair Loan Progra	☐ New Construction Loan ☐ House Repair Loan Program					
☐ Other program – please describe:						
Have you inherited a house?	☐ YES ☐ NO ☐ Not Applicable					
If you inherited a home, please answer the following:						
Date of construction of a home: I have owned this house (inherited or constructed) for	number o	of years				
Thave owned this house (inherited of constructed) for		i years.				

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Do you have private land in your name? ☐ YES ☐ NO Lot number:	□ NO because I have an ongoing mortgage					
I have a land allotment, and the lot number assigned is						
If you do not have a land allotment, check what applies to you: ☐ I have not applied for land allotment ☐ I have applied for land allotment ☐ I have been approved to proceed with selection of a land allotment.						
For new construction, a half-acre is required if a well/septic system is needed. If your property is larger than the required half-acre, has the land been sub-divided?						
Comments:						
CECTION E. ADDUCANT INFORMATION						
This section is completed if you are applying for the <u>Rent-To-Equity (RTE) Program</u> . To apply for RTE Program and to complete the application, a house plan design for home construction estimate is required. Note a land allotment or use of your private land is necessary by year two of the RTE Program.						
This section is not applicable (N/A) to me.	□ N/A					
Do you have a house plan design?	☐ YES ☐ NO					
Do you have a certified contractor estimate for home construction?	☐ YES ☐ NO					
Comments:						

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<u>CO-APPLICANT</u>: The following sections must be completed by the co-applicant. If there is not a co-applicant, this section is not completed. Use a check mark below:

☐ There is not a co-applicant

SECTION 6: CO-APPLICANT INFORMATION				
Print full name				
Full band number				
Box # Other Phone Number				
DATE OF BIRTH:/ I AM:				
E-MAIL ADDRESS:				
Check what applies to you:				
☐ MARRIED ☐ MARRIED and living apart ☐ COMMON LAW				
□ DIVORCED (Certificate May Be Required) □ WIDOWED				
□ SINGLE no children				
□ SINGLE PARENT – FULL CUSTODY OF CHILDREN Number of children:				
☐ SINGLE PARENT – SHARED CUSTODY OF CHILDREN Number of children:				
\Box I currently have a physical limitation that can affect my ability to use stairs.				
Comment:				

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SECTION 7: CO-APPLICANT INFORMATION					
Number of adults: (Including Adult Children 18 Years and Over).					
Number of dependent children: (Under 18 Years Old).					
☐ I am expecting a child.					
Comments:					
SECTION 8: CO-APPLICANT INFORMATION					
Do you currently own a house?	☐ YES ☐ NO				
Have you previously owned a house?	☐ YES ☐ NO				
Have you previously received housing services from the MCK?	☐ YES ☐ NO				
If you selected <u>yes</u> , what MCK Housing Services did you receive? Please select with a check mark:					
ii you selected <u>yes</u> , what were flousing services and your	receive: Flease select with a theth mark.				
☐ New Construction Loan ☐ House Repair Loan Program					
☐ Other program – please describe:					
Have you inherited a house?	☐ YES ☐ NO ☐ Not Applicable				
·	Pr.				
If you inherited a home, please answer the following: Date of construction of a home:					
I have owned this house (inherited or constructed) for					

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Comments:

Mohawk Council of Kahnawà:ke Kanónhsa Aorihwà:ke Ronterihwatsterístha (Housing Unit)

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SECTION 9: CO-APPLICANT INFORMATION Do you have private land in your name? ☐ YES ☐ NO Lot number: _____ I have a land allotment and the lot number assigned is If you do not have a land allotment, check what applies to you: ☐ I have not applied for land allotment ☐ I have applied for land allotment \square I have been approved to proceed with selection of a land allotment. For new construction, a half-acre is required if a well/septic system is needed. If your property is larger than the required half-acre, has the land been sub-divided? ☐ YES ☐ NO Comments: SECTION 10: CO-APPLICANT INFORMATION This section is completed if you are applying for the Rent-To-Equity (RTE) Program. To apply for RTE Program and to complete the application, a house plan design for home construction estimate is required. Note a land allotment or use of your private land is necessary by year two of the RTE Program. ☐ YES ☐ NO Do you have a house plan design? Do you have a certified contractor estimate for home construction? \Box YES \Box NO

Should you have any questions regarding filling out this form, please call at 450-638-2672 for assistance. This form, along with all required documents must be returned to the Housing Unit. Niawenhkówa.

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I/We confirm that all the information contained in this form is true, exact & complete in every respect. I/We also declare that I/We have not misrepresented any information which could affect my/our file. I/We further understand that if the information provided proves to be false, my/our file will be automatically disqualified from the process.					
SIGNATURE OF APPLICANT DA	ATE (YYYY-MM-DD)				
SIGNATURE OF CO-APPLICANT D	PATE (YYYY-MM-DD)				
Housing Unit Only					
Housing Onit Only					
Date this Preliminary Form was Received://	_				
YYYY MM DD					
Received by (Employee Title):					
Is the form fully completed? \square YES \square NO This form is reviewed by Housing Unit designated employees. \square YES \square NO					
This is determined to move forward.					
Date determined to move forward					
Designated employee(s) who reviewed this application (Employee Title): Employee: Employee: Comment:					

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