

RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM (RRAP)

Application Form (On-Reserve) - First Nation-Owned

FOR CMHC USE ONLY

Protected when completed

<input type="checkbox"/> Regular	<input type="checkbox"/> Persons with disabilities	CMHC Account Number	Related CMHC Account Number
Loan Forgiveness Zone		O.R. Area Code	Remote <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Previous Renovation Assistance Completed	Reviewer's Initials _____	Verification of Assistance under Sections 26, 27, 61 and 95 Completed	Reviewer's Initials _____

1. THE FIRST NATION

Language of correspondence?	<input type="checkbox"/> English	<input type="checkbox"/> French
First Nation/Reserve Name		
Name of First Nation Representative		

Mailing address of the First Nation

Street No.	Street Name/RR# (Include Lot, Concession, Township, if applicable)	Apt.
City/Municipality	Province/Territory	Postal Code
Work Telephone Number	Fax Number	
Email Address		

2. THE PROPERTY WHERE THE WORK WILL BE DONE

Property address		Property ID
Street No.	Street Name/RR# (Include Lot, Concession, Township, if applicable)	Apt.
City/Municipality	Province/Territory	Postal Code
Since owned by this First Nation, has this house previously received RRAP assistance?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes, specify		
Date	Amount Received	Account no., if available
What is the age of the house? _____ Years	Check the type of house	
	<input type="checkbox"/> Single (001) <input type="checkbox"/> Semi-detached (002) <input type="checkbox"/> Duplex (003) <input type="checkbox"/> Row (004) <input type="checkbox"/> Mobile Home (006) Serial no. _____ <input type="checkbox"/> Other (009) Describe: _____	

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Canada

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3. THE PRINCIPAL OCCUPANTS

Client Type

☐ Senior Citizen (01)☐ Family(02)☐ Single (06)

Name of Principal Occupant

Last

First

Spouse's or Partner's Name

Last

First

ADJUSTED INCOME WORKSHEET

Total household income is the current year's income (before deductions) of principal occupant and spouse/partner.

NOTE: For households with members with disabilities, the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities may be deducted from the gross income where an application is being made under the RRAP for Persons with Disabilities program.

Complete the chart below to determine TOTAL INCOME.

The First Nation should provide this sheet to the occupant to complete.

Source of Income	Principal Occupant (A)	Spouse / Partner (B)
Yearly gross salary, wages, commissions, part-time earnings.		
Canada Pension Plan, Old Age Pension, Guaranteed Income Supplement, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions.		
Employment Insurance income.		
Social Assistance, Mother's Allowance, Welfare, Worker's Compensation.		
Bank interest, investment and dividend income.		
Child Tax Benefit (Provincial/Territorial/Federal/Supplementary).		
Alimony or child support income.		
Self-employed or seasonally employed earning (include proof of income for past three years).		
Other income: e.g. net room and board from boarders (please specify).		
Total income from all sources		

Total income (A+B) = (C)

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ADJUSTED INCOME WORKSHEET (cont'd)

Complete this portion to determine the ADJUSTED INCOME which will be used to determine eligibility.

Deduct from Total Income	\$	
1. Work Related Earnings of Working Spouse/Partner up to \$1,000		
2. Income of Single Parent from any source other than Social Assistance payments up to \$1,000		
3. No. of dependents _____ x \$300.00*		
Total Eligible Deductions		(D)
Adjusted Income		(C - D) (E)
Forgiveness Income Limit (FIL) (To be provided by CMHC or its representatives)		

*NOTE: Dependent as per Canada Revenue Agency (CRA) requirements, i.e. eligible for dependent deduction.

DECLARATION OF OCCUPANT

I/We hereby declare that I/we are the principal occupant(s) of the property.

I/We hereby grant permission to CMHC or its representatives to carry out any necessary inquiries for the purpose of determining my/our income.

I/We hereby acknowledge that CMHC reserves the right to request additional information or documents to verify my/our income.

I/We hereby authorize an inspection of this property as required, on the understanding that any inspections conducted by CMHC and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I/We hereby certify and declare that all the information contained in this application with regards to my personal information, including income, is true and complete in every respect.

Name of Occupant (please print)	Signature of Occupant	Date
Name of Occupant (please print)	Signature of Occupant	Date

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4. TYPES OF REPAIRS (MODIFICATIONS) REQUIRED

Regular RRAP

Briefly describe the type of urgent repairs that are required.

RRAP for Persons with Disabilities

If a member of the household has a disability, describe the disability and special modifications required.

Type of Disability

Number of Occupant(s)

- ☐ Visual (01)
- ☐ Hearing (02)
- ☐ Cognition (03)
- ☐ Mobility (04)
- ☐ Allergy Related (05)
- ☐ Other (06)

DECLARATION

I/We confirm that the First Nation member(s) named on this application is/are the principal occupant(s).

I/We hereby acknowledge that CMHC reserves the right to request additional information or documents to verify the income of the principal occupant(s).

I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by CMHC and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I/We hereby authorize an inspection at the unit.

I/We acknowledge that any work carried out before I/we receive written confirmation of RRAP loan approval is NOT eligible.

I/We hereby certify and declare that all the information contained in this application is true and complete in every respect.

Name First Nation Representative (please print)	Signature	Date
Name First Nation Representative (please print)	Signature	Date
Name First Nation Representative (please print)	Signature	Date

BEFORE MAILING, HAVE YOU INCLUDED

- ☐ Has the First Nation signed the Declaration?
- ☐ If the house is a mobile home, the serial or registration number.
- ☐ Has the occupant signed the Declaration?

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PRIVACY STATEMENT

Please initial that you have read, understand and consent to the following _____.

The information you provide to CMHC to complete this form, including supporting documentation, is collected under the *National Housing Act* (Section 51) and is protected under the *Privacy Act*. The information will be used to review the application under the requirements of the program. The information will be retained in the Personal Information Bank #CMHC PPU 035. Individuals have a right to access personal information about themselves under the control of CMHC.

Instructions for obtaining personal information are provided in Info Source, which is available on CMHC's website at:

http://www.cmhc.ca/en/corp/about/upload/Info_Source_2013_EN_w_ACC.pdf