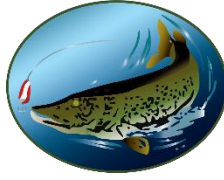


Fishing Lake



First Nation

## Community Development Program Housing/Renovation Application

### APPLICATION INFORMATION

Applicant Name: \_\_\_\_\_

Date of Birth      Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address

Business Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Business \_\_\_\_\_

Fax Number \_\_\_\_\_ Business \_\_\_\_\_

Treaty Number \_\_\_\_\_

(10 digit number)

### A. PROJECT INFORMATION

1. The main purpose of this proposal is to:

Purchase an off reserve home       Pursue Renovation funding for my home

2. Describe the project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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3. Have you ever received financial assistance from the Community Development program for this project?

Yes  No

If you answered yes, please state the date received, amount received and the purpose of the assistance:

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Have any deals or commitments on this proposal been made to date? If so, please provide details:

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What is the proposed date of your project? \_\_\_\_\_

Will this project be located on First Nation reserve land? \_\_\_\_\_

Do you have the personal cash equity/appraised assets to match the financial assistance you are requesting? \_\_\_\_\_ If yes, please provide information

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**B. CONTRACTORS**

Do you have cost estimates provided by a Certified/Journeyman Contractor(s) \_\_\_\_\_

If yes, please provide written estimates from Contractor(s) on a separate piece of paper.

# DECLARATION

**Note: Each applicant must sign and date this application**

To the Chief and Council of the Fishing Lake First Nation Community Development Program:

The statements herein and the attachments hereto reflect an accurate description and estimated cost regarding the intended use of Community Development funds.

I (we) authorize appointed representatives of the Community Development Program to obtain and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined.

I (we) certify that I am a member of the Fishing Lake First Nation and will provide verification by way of copy of any Certificate of Indian Status, if requested.

I (we) authorize duly appointed representatives to perform a credit check.

I (we) understand that the information provided is not an application and that when this information is reviewed, written notifications will be provided to advise of eligibility and to indicate the process involved in submitting a proposal.

I (we) understand that if Program financial assistance is contributed to the intended project, this information can be released to the band membership by way of formal publication.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## For Office Use Only

Application Denied	Application Approved	Date