



MOHAWKS OF THE BAY OF QUINTE EMERGENCY HOME REPAIR INCENTIVE APPLICATION FORM

LOAN AND INCENTIVE INCENTIVE ONLY LOAN ONLY

Client Name (Last Name, First Name)	MBO Registered Member: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, status number: _____ CP Holder/Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Service Address: (911 Civic Address) _____	Contact Numbers: Please circle primary number H: _____ C: _____
Mailing Address, if different from above:	Email Address:

TOTAL FAMILY INCOME (Attach a complete Monthly Income Statement)

Source of Income	GROSS MONTHLY INCOME (Before Deductions)		
	Applicant	Spouse	Other Family Member
Employment (From all Employers)			
Pension Income			
Social Assistance			
Ontario Disability Support Program			
Old Age Security			
Other (specify)			

PROMISSORY NOTE PAYMENT INFORMATION

Amount requested for Promissory Note: \$ _____
 Payment Options are: Pre-authorized Payment only, which will be set up upon establishing promissory note.

DESCRIPTION OF PROPOSED REPAIR (Attach separate sheet, if necessary)

DECLARATION

I give my consent and authorization to the Mohawks of the Bay of Quinte:

1. To make any inquiries that it deems necessary to verify the information given in this Form and I authorize any person, corporation or any health agency having knowledge of any such required information to release the information to the Mohawks of the Bay of Quinte.
2. I agree to provide any supporting material the Mohawks of the Bay of Quinte may require.
3. I solemnly swear that the information provided is a true statement and I understand that any false information will void my application.

Applicant's Signature: _____

OFFICE USE ONLY

Did Applicant submit inspection report outlining health and safety issues: Yes No

DECISION

Recommend proposed repair for CAO approval: Yes No _____ (Director of Housing Initials)

Chief Administrative Officer decision: Approved Declined

Signature Chief Administrative Officer: _____

If approved: Cheque Payable to: _____ Amount: _____ Cheque #: _____