



MANITOBA TIPI MITAWA INC.

MANITOBA FIRST NATIONS HOME OWNERSHIP PROGRAM

APPLICATION

Please mail or bring completed application package to:

1873 Inkster Blvd
Winnipeg, Manitoba
R2R 2A6

Dear Applicant:

We need you to complete this application to determine if you qualify for the program. Please complete this application as accurately as possible by printing your answers in the spaces provided. All information you include on this application will be kept confidential.

Applications will be received on a first come, first served basis.

Please see the 'Application Requirements' form for additional documentation required.

1. APPLICANT INFORMATION																																																	
Applicant (Primary Wage Earner)	Co-Applicant																																																
Primary Applicant's Name: _____ Which Manitoba First Nation are you a member of? _____	Co-Applicant's Name: _____ Which Manitoba First Nation are you a member of? _____																																																
Treaty Number: _____ Social Insurance Number: _____ / _____ / _____ Home Phone: (_____) _____ Email: _____ Age: _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Treaty Number: _____ Social Insurance Number: _____ / _____ / _____ Home Phone: (_____) _____ Email: _____ Age: _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)																																																
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Present Address (street, city, province, postal code) <hr/> <hr/> <hr/> <input type="checkbox"/> Rent Number of Years _____	Present Address (street, city, province, postal code) <hr/> <hr/> <hr/> <input type="checkbox"/> Rent Number of Years _____
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I agree to a voluntary credit report:	Applicant:	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
I agree to supply information to be pre-approved for a mortgage, by an approved lender:			
	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
If I am a successful candidate, I agree to participate in a public relations program for Manitoba Tipi Mitawa:			
	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
If I am a successful candidate, I agree to use a registered member firm of the Canadian Association of Home and Property Inspectors, Manitoba (CAHPI-MB) for home inspection purposes:			
	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

IF LIVING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS COMPLETE THE FOLLOWING:	
Previous Address (street, city, province, postal code) <hr/> <hr/> <hr/> <input type="checkbox"/> Rent Number of Years _____	Previous Address (street, city, province, postal code) <hr/> <hr/> <hr/> <input type="checkbox"/> Rent Number of Years _____

2. HOME OWNERSHIP TRAINING			
<p>To be considered for the Manitoba Tipi Mitawa program, you and your family must attend one orientation session that outlines the application eligibility criteria and the home ownership workshops, along with any required educational programs (approximately 40 hours). Failure to complete the orientation session or any of the home ownership educational programs will disqualify the applicant.</p>			
I am willing to attend the required sessions:	Applicant:	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. EMPLOYMENT INFORMATION			
Primary Applicant		Co-Applicant	
Name and Address of Current Employer:	Years on this Job	Name and Address of Current Employer:	Years on this Job
	Monthly(Gross) Wages \$		Monthly(Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name and Address of Last Employer:	Years on this Job	Name and Address of Last Employer:	Years on this Job
	Monthly(Gross) Wages \$		Monthly(Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS																	
Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount												
Base Employment Income	\$	\$	\$	Rent	\$												
Employment and Income Assistance				Utilities													
Disability				Car Payments													
Maintenance				Insurance													
Child Tax Credit				Child Care													
Other				Food & Clothing													
				Other Debt Payments													
				Maintenance/Child Support													
Total	\$	\$	\$	Total	\$												
² Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements. ³ Please attach copies of last month's bills.			² List additional household members over 18 who receive income <table> <thead> <tr> <th>Name</th> <th>Age</th> <th>Monthly</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>			Name	Age	Monthly	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____
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_____	_____	\$ _____															
_____	_____	\$ _____															
_____	_____	\$ _____															

6. SOURCE OF CLOSING COSTS	
<p>Where will you be getting the money to pay the closing costs, and other associated costs (such as land transfer tax plus legal fees & disbursements which will be approximately 2.5% of purchase price, and home inspection costs). If you are borrowing money to pay these costs, explain how the money will be borrowed and from whom.</p>	

7. ASSETS							
List Chequing and Savings Account Below							
Name and Address of Bank or Credit Union:			Name and Address of Bank or Credit Union:				
Account Number:		Balance \$	Account Number:		Balance \$		
Name and Address of Bank or Credit Union:			Name and Address of Bank or Credit Union:				
Account Number:		Balance \$	Account Number:		Balance \$		
Name and address of RRSP			Name and address of RRSP				
Balance \$			Balance \$				
Do you own a:		Yes	No	Do you own a:		Yes	No
Stove		<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)		<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator		<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		_____	
Washer		<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)		<input type="checkbox"/>	<input type="checkbox"/>
Dryer		<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		_____	

8. DEBT

To Whom Do You and the Co-Applicant Owe Money?

Car	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. Left to pay:			Mos. Left to pay:	
Furniture	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. Left to pay:			Mos. Left to pay:	
Credit Card	Monthly Payment \$ _____	Unpaid Balance \$ _____	Maintenance/Child Support	\$ _____ / month	
	Mos. Left to pay:		Job-Related Expenses	\$ _____ / month	
Medical/Dental	Monthly Payment \$ _____	Unpaid Balance \$ _____	(Child Care, Union Dues, etc.)	\$ _____ / month	
	Mos. Left to pay:				
Other	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. Left to pay:			Mos. Left to pay:	
Column 1: Subtotal of Payments:	\$ _____ / month		Column 2: Subtotal of Payments	\$ _____ / month	
			Column 1: Subtotal of Payments	\$ _____ / month	
			Total Monthly Expenses	\$ _____ / month	

9. DECLARATIONS

Please Check the Box that Best Answers the Following Questions for You and the Co-Applicant

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying maintenance or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you have any unpaid collection items? i.e. utility bills, speeding/parking tickets, phone bills, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "Yes" to these questions does not automatically disqualify you. If you answered "Yes" to any question **a** through **f**, however, please explain on a separate sheet of paper.

As per the Application Requirements, have you attached all necessary documents?

10. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Manitoba Tipi Mitawa Inc. to evaluate my actual need for a home, my ability to meet the financial obligations and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal interviews, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a home, I may be disqualified from the program. The original or a copy of this application will be retained by Manitoba Tipi Mitawa Inc. even if the application is not approved.

Primary Applicant Signature	Date	Co-Applicant Signature	Date
X		X	

Please Note: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant.

Primary Applicant's Name: (Print)	Co-Applicant's Name: (Print)
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FOR OFFICE USE ONLY – DO NO WRITE IN THIS SPACE	
Date Reviewed: _____ More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent: _____
Date of Application Completed: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Letter Sent: _____

TO BE COMPLETED ONLY BY THE PERSON REVIEWING THE APPLICATION	
This application was taken by: <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Name (print or type)
	Signature
	Phone Number