HOUSING SPECIAL PROJECTS APPLICATION

Applicant Name:

Housing Special Projects: Metal Roof Project 2024-2025

The following information <u>must</u> be attached to your completed Housing Special Projects Application:

Application	Please ensure you signed and dated this application.
Owner / Landlord Consent	If applicable: Letter from owner/landlord consent to metal roof installation and/or roof repairs.

PLEASE NOTE:

- WE CANNOT PROCESS YOUR APPLICATION IF REQUIRED DOCUMENTATION IS MISSING.
- IF YOU ARE UNSUCCESSFUL IN THE SELECTION PROCESS, THIS DOCUMENT ٠ WILL BE DESTROYED.

SECTION ONE(1):

	Applicant Personal History:			
1.1	Are you the?			
	Homeowner? Renter?	Yes [] Yes []		
	If Renter, please complete the following sections: 1.3 & 1.4			
1.3	Landlord's Name:	Print		Signature
1.4	Landlord's Telephone:	() Home		() Business
1.5	Household Information:			
	# of adults living in the home:			
	# of children living in the home (17 and under):			
SECTION TWO (2):				

	Primary Applicant	t: (must be bar	nd member)	
2.1	Full Name:			
2.2	Band No.:		-	
2.5	Home Phone:	()		
2.6	Messages:	()	-	
2.7	Living Location:			
2.8	Mailing Address:	Street; P.O. Box; R.R.#		
		City, Town	Prov/State	Postal Code/Zip
2.9	Email (If available):			

SECTION THREE (3): Property Information

Please fill out the following information on the property:

1. What year was your house built:						
2. Has	s your roof every been replaced or r	epaired:	YES	or	No	
	s your roof every been replaced or re eplace on:	epaired:	YES	or	No	
Re	eplaced for:					
	epaired on:					
Re	epaired for:					
	5. Is there any trees/vegetation around your house? YES or No					
	ere is your septic located:				<u> </u>	
7. Wo	uld there be anything preventing th	is work to	move forwar	d, if successfi	1? Please describe:	
8. Plea	ase identify which of the following I	Program Pi	riorities apply	v (check all th	at apply)	
	Roof is missing some shingles:	If so, h	ow long:			
	Which part of the house:	Front/2	Back:			
	Shingles are starting to curl:	If so, h	ow long:			
	Which part of the house:	Front/2	Back:			
	Roof is leaking	If so, h	ow long:			
	Which part of the house:	Front/2	Back:			
Program Priorities Continued:						
	Roof has a tarp on it	If so, h	ow long:			
	Which part of the house:	Front/2	Back:			
9. Did y	you request additional funds from a	nother sou	rce. Yes	or No		
- 0						

10. If so, from which department, when and how much:

11. Is there additional information that would like to add regarding your roof:

<u>Note</u>: Housing will be sending out a representative. This individual will be looking at the condition of the roof and depending on condition of roof and shingles, will be prioritizing from urgent to less urgent.

SECTION FOUR (4):

Declaration:

a) Not hold the Band liable, for personal or property damage during installation.

Applicant Name	Signature	Date		
Witness (is needed only when someone is signing with an X)	Signature	Date		
For Housing Department Use Only				
Date Received: By hand By mail	Recorded:	Processed by:		
Application complete? Yes 🗖 No		Interview completed?		
Details:		Yes Date:		
		No		
Application eligible? Yes 🗖 No	o 🗖	Confirmation letter sent		
Details:		Date:		
Selection Committee Review				
Review Date:	File #:	Application Assessment Rating:		
Application approved? Yes 🗖 N	o 🗖	Confirmation letter sent		
Details:		Date:		