OFF RESERVE HOUSING EMERGENCY FUND

Please be advised The Bear River First Nation will immediately start accepting applications for its off Reserve Housing Emergency Fund. Review of applications will take place at the end of August. Only the successful applicants will be notified.

This is the second year The Bear River Chief and Council will be delivering the "Off Reserve Housing Emergency Fund" to its off reserve Band Members. The program consists of a total of \$5,000.00 open to Bear River Band members who can apply for a maximum grant of \$1,000.00 once per fiscal year. Applications will be taken until the fund is depleted.

The program allows Bear River First Nation Band Members who reside off reserve and are 19 years of age and older the opportunity to receive a yearly grant to a maximum of \$1,000.00 for emergency assistance. Emergency assistance includes emergency home repairs that are required so band members can continue to live safely in off reserve homes. This could include costs for:

- Heating and electrical systems
- · Chimneys
- · Doors and windows
- Foundations
- · Roofs, walls, floors and ceilings
- · Plumbing,
- · Septic tanks and wells

Cosmetic repairs will not be considered:

Emergency situations could also include financial assistance to prevent the loss of a home. I.e. Assistance with late mortgage or rent payments in emergency situations (sickness disability, lay off, loss of job etc.). Or assistance with utilities that maintain the home in good working order and prevents loss and damage to the home (i.e. electric bills, wood, oil, water bills) in emergency situations. Please be sure to include all important documentation pertaining to your request, ie. Copy of Powerbill.

General Information on the Program:

In order to qualify for the grant:

- You must be 19 years of age or older;
- You must be a registered Bear River First Nation Band Member;
- You must own a home off reserve (sole owner, co-owners or are in a lease to own or rent arrangement is acceptable). Proof of ownership must be provided.
- You MUST NOT own multiple homes or properties on or off reserve.
- You MUST NOT reside in a home on reserve.
- You must be facing an EMERGENCY SITUATION.

Priority will be given to low-income households. Any applications received after the \$5,000 fund has been exhausted cannot be considered.

BEAR RIVER FIRST NATION OFF RESREVE HOUSING EMERGECY FUND

			PART 1: AP	PLICANT INFORMATION	
First Name:				Last Name:	
Date of Birth:	Day	Month	Year	Band Number:	
Mailing Address:				Province:	Postal Code:
Home Phone Number:				Mobile Phone Number:	
Email Add	dress:				
		PART 2:	OFF RESE	RVE PROPERTY INFRORM	IATION
ronowing	property	(les). Prop	erty includes	nt owner (include a rent to ow s land, houses, cottages, townh nore space or have more than o	ouses condominiums eta
Property 1 Location (address)				☐ Sole-owner ☐ Co-owner. If you are a co-owner please list names and relationship to application of other owners.	
		VA-54-1		Name Co-owner	Relationship to Applicant:
4004111.0001111111111111111111111111111			PART 3: 0	N RSERVE PROPERTY	
PLEASE C	CHECK A	ALL THAT	MAY APPL		
□ I cu	rrently o	ccupy a hou	ise on reserve	e land.	
□ I ha	ve a cert	ificate of po	ssession for	land on reserve.	
			nent for land		
			PART 4: EN	MERGENCY SITUATION	
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Please provide details on the emergency situation you are facing and what the money you are requesting will be used for. Attach a separate sheet if there is not enough room. If you are requesting money for late mortgage payments, power bills etc., please provide copies of bills.

Emergency situation continued:			
PART 4: HOUSEHOLD INC	OME*		
FOR ALL PERSONS OVER THE AGE OF 18 WHO RESIDE IN YOUR	D HOUSEHOLD (INC. VDV) C TTT		
AFFLICANT). PLEASE ATTATCH A COPY OF YOUR MOST RECE	ENT TAX RETURNS AS PROOF OF		
N.			
Name Income			
Name Income			
e Income			
DADT 5. CERTIFICATION			
PART 5: CERTIFICATIO)N		
I certify that the information provided on this form is true and opprovide any false or misleading information my application will required to immediately represent the contract of the contr	correct. I clearly understand that if I		
required to immediately repay any funds paid to me and I may be	be subject to prosecution		
Applicant Signature:	Date:		
	Bute.		
DADT 6. DDEN LICE ONL	*7		
PART 6: BRFN USE ONL Date Received:			
	Initials:		
Date Reviewed:	Initials:		
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