**2017 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 starting the middle of August. Only the successful applicants will be notified.

This is the third 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 Power Bill.

**General Information on the Program**:

In order to qualify for the 2017 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 **2017 OFF RESREVE HOUSING EMERGECY FUND** Please send completed applications to: Bear River First Nation, 130 Reservation Road, PO Box 210, Bear River, Nova Scotia. Phone: 902 467-3802/3803. Fax: 902 467-4143. |
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| **PART 1: Applicant 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 Address: |
| **PART 2: OFF RESERVE PROPERTY INFORMATION** |
| I herby certify that I am the sole owner, joint owner (include a rent to own arrangement) of the following property (ies). Property includes land, houses, cottages, townhouses, condominiums etc. Please attach a separate sheet if you need more space or have more than one property.  |
| Property 1Location (address) | * Sole-owner
* Co-owner. If you are a co-owner please list names and relationship to application of other owners.
 |
|  | Name Co-owner  | Relationship to Applicant: |

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| **part 3: oN rESERVE PROPERTY**  |
| PLEASE CHECK ALL THAT MAY APPLY TO YOU: |
| * I currently occupy a house on reserve land.
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| * I have a certificate of possession for land on reserve.
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| * I have a veteran’s allotment for land on reserve.
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| **PART 4: emergency situation** |
| 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:  |

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| **Part 5: Household income****For all persons over the age of 18 who reside in your household (including the applicant). Please ATTATCH A COPY OF YOUR MOST RECENT TAX RETURNs AS PROOF OF INCOME.** |
| Name  | Income  |
| Name  | Income  |
| Name  | Income  |

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| **PART 6: CERTIFICATION** |
| I certify that the information provided on this form is true and correct. I clearly understand that if I provide any false or misleading information my application will be immediately rejected, I will be required to immediately repay any funds paid to me and I may be subject to prosecution.  |
| Applicant Signature: | Date: |

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| **PART 7: 2017 BRFN USE ONLY** |
| Date Received: | Initials: |
| Date Reviewed: | Initials: |