# SUCKER CREEK FIRST NATION

## OFF-RESERVE RENOVATION PROGRAM APPLICATION

### Fiscal Year 2026-2027

**Housing & Public Works Department**

**Program Funding:** Up to $15,000 per eligible household, subject to available funding and approval.

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# SECTION 1: APPLICANT INFORMATION

**Applicant Name:** _____

**Band Membership Number:** _____

**Date of Birth:** _____

**Mailing Address:** _____

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**Physical Address of Residence:** _____

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**Telephone:** _____

**Email:** _____

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# SECTION 2: ELIGIBILITY DECLARATION

Please check all that apply:

□ I am a registered member of Sucker Creek First Nation.

□ The property identified in this application is my primary residence.

□ The property is located off-reserve.

□ I have not received assistance under this program within the last five (5) years.

□ I understand funding is limited and subject to approval.

□ I understand cosmetic or luxury improvements are not eligible.

□ I declare that all information provided is true and accurate.

Applicant Initials: _____

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# SECTION 3: HOUSEHOLD INFORMATION

| Household Member Category | Number |
|---|---|
| Elders (65+) | |
| Adults | |
| Youth (13-17) | |
| Children (0-12) | |
| Persons with Disabilities | |
| **Total Household Members** | |

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# SECTION 4: PROPERTY INFORMATION

**Do you:**

□ Own the Home

□ Rent the Home

□ Other: _____

Year Home Constructed (if known): _____

How long have you lived in the residence? _____

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# SECTION 5: RENOVATION REQUEST

Describe the repairs or renovations requested:

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# SECTION 6: PROJECT PRIORITY CATEGORY

## Health & Safety

□ Electrical Hazards
□ Plumbing Failures
□ Roof Leaks
□ Water Damage
□ Mould Remediation
□ Unsafe Stairs or Decks
□ Heating System Failure
□ Structural Concerns
□ Other: _____

## Accessibility Improvements

□ Wheelchair Ramp

□ Handrails

□ Accessible Bathroom

□ Widened Doorways

□ Mobility Support Features

□ Other: _____

## Structural Deficiencies

□ Foundation Repairs

□ Exterior Structural Repairs

□ Floor Repairs

□ Other: _____

□ Roofing Repairs

# SECTION 7: COST ESTIMATE

| Description of Work | Contractor Estimate |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |

**Total Project Cost: $_____**

**Amount Requested from SCFN: $_____**

# SECTION 8: CONTRACTOR INFORMATION

Contractor Name: _____

Company Name: _____

Business Phone: _____

Email: _____

Attached Quote(s):

□ Yes

□ No

Number of Quotes Attached: _____

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# SECTION 9: OTHER FUNDING SOURCES

Have you applied for or received funding from another source for these repairs?

□ Yes

□ No

If yes, provide details:

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Amount Received/Requested: $_____

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# SECTION 10: SUPPORTING DOCUMENTATION CHECKLIST

Please attach the following:

□ Proof of Band Membership
□ Government Issued Identification
□ Proof of Residency
□ Property Ownership Documents
□ Lease Agreement
□ Contractor Quote(s)
□ Home Inspection Report
□ Professional Assessment
□ Accessibility Assessment
□ Photographs of Deficiencies
□ Other Supporting Documentation

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# SECTION 11: APPLICANT DECLARATION

I certify that all information contained in this application is true and complete to the best of my knowledge.

I authorize Sucker Creek First Nation Housing & Public Works Department to:

- Verify information supplied in this application;
- Conduct inspections relating to this request;
- Request supporting documentation where necessary; and
- Retain records for program administration purposes.

I understand that providing false information may result in denial of assistance or repayment of funds.

Applicant Signature: _____ Witness Signature: _____

Date: _____ Date: _____

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# HOUSING DEPARTMENT USE ONLY

## Application Information

Date Received: _____

Application Number: _____

Received By: _____

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## Eligibility Review

| Requirement | Yes | No |
|---|---|---|
| Membership Verified | ☐ | ☐ |
| Residency Verified | ☐ | ☐ |
| Supporting Documents Complete | ☐ | ☐ |
| Site Inspection Required | ☐ | ☐ |
| Application Eligible | ☐ | ☐ |

Comments:

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# PRIORITY SCORING MATRIX

| Category | Maximum Score | Score |
|---|---|---|
| Health & Safety Risk | 40 | _____ |
| Accessibility Need | 25 | |
| Household Composition | 20 | _____ |
| Waiting List Time | 15 | |
| **TOTAL** | **100** | |

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## INSPECTION FINDINGS

Inspector: _____

Inspection Date: _____

Summary:

Estimated Eligible Cost: $_____

## RECOMMENDATION

□ Approve

□ Approve with Conditions

□ Wait List

□ Deny

Recommended Funding Amount: $_____

Housing Manager Signature: _____

Date: _____

# CHIEF & COUNCIL APPROVAL

*(Required for awards exceeding $10,000)*

Band Council Resolution #: _____

□ Approved

□ Denied

Authorized Signature: _____

Date: _____

## Privacy Notice

Personal information collected on this form is used solely for the administration of the Sucker Creek First Nation Off-Reserve Renovation Program and will be maintained in accordance with applicable privacy requirements.

This version aligns with the eligibility, application intake, technical assessment, prioritization, approval, and accountability requirements set out in your proposal.