



**GEORGINA
ISLAND**

CHIPPEWAS OF GEORGINA ISLAND FIRST NATION Renovation Application Form

Please print clearly. Applicant Information (The Applicant (S) must be a member of the Chippewas of Georgina Island First Nation), Applicant must reside on the First Nation of Georgina Island.

Name of Applicant: _____

Applicant Information		
Band Number:		
Property Address:		
Home Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Story's	Year of Home:
Date of last renovation funding received?		
Source of Income:		
Current employer:		
Employer address:	How long?	
Phone:	Fax:	E-mail:
City:	Province :	Postal Code:
Position:		Annual income:

Co-applicant Information, if Married, Common Law or Other

Name:		
Date of birth:	Phone:	
Current address:		
City:	Province:	Postal Code:

Co-applicant Employment Information

Source of Income:		
Current employer:		
Employer address:		How long?
Phone:	Fax:	E-mail:
City:	Province:	Postal Code:
Position:		Annual income:

DESCRIPTION OF RENOVATION REQUEST

If your renovation request is not listed in the categories below please attach additional page or letter with details that describe your request.
LARGER PROJECTS PLEASE PROVIDE ADDITIONAL INFORMATION

PLUMBING-

ELECTRICAL-

ROOFING OR EXTERIOR WORK-

SPECIFIC ROOM RENOVATION-

EXIT OR ENTRY DOORS-

LANDINGS, STEPS OR DECK REPAIRS-

WINDOWS-

INSULATION OR DRYWALL-

H-VAC HEATING OR MECHANICAL REPAIRS-

ADDITIONAL WORK REQUEST NOT LISTED-

WATER DAMAGE OR HEALTH & SAFETY CONCERNS-

SEPTIC SYSTEM

Date Received By Housing Authority:

Signature of applicant:

Date:

Signature of co-applicant:

Date:

Office use only

Date Application Received By Housing Authority:

Initial:

Office use only

Date Application Updated By Housing Authority:

Initial:

