

DATE APPLICATION RECEIVED

____/____/____



MOHAWK COUNCIL OF AKWESASNE DEPARTMENT OF HOUSING

APPLICATION FOR RENT TO OWN SECTION 95 HOUSING

All Sections must be filled in.

Applicant Information:

Name: _____ Band # _____

Date of Birth: _____ SIN: _____ Phone: _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly Rent: _____ How long? _____

Previous Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly Rent: _____ How Long? _____

Employment Information:

Current Employer: _____

Employer Address: _____ How Long? _____

Phone: _____ Email: _____ Fax: _____

City: _____ Province _____ Postal: _____ Phone: _____

Position: _____ Hourly _____ Salary _____ (Please Circle) Annual Income: \$ _____

Co-Applicant Information:

Name: _____ Band # _____

Date of Birth: _____ SIN: _____ Phone: _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly Rent: _____ How long? _____

Previous Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly Rent: _____ How Long? _____

Co-Applicant Employment Information:

Current Employer: _____

Employer Address: _____ How Long? _____

Phone: _____ Email: _____ Fax: _____

City: _____ Province _____ Postal: _____ Phone: _____

Position: _____ Hourly _____ Salary _____ (Please Circle _____ Annual Income: \$ _____

Combined Income:

Employment Income (Gross) \$ _____

Social Assistance: \$ _____ If receiving Social Assistance, please provide the following information:

Provincial Family Benefits: \$ _____ Name of Worker: _____

Old Age Pension/Other Pensions: \$ _____ Address: _____

Total Combined Income \$ _____

Assets:

Do you presently or have ever owned property? Yes or No (circle one) _____

Do you own a vehicle? Yes or No (Please circle one) _____ If yes, give type, market value and location: _____

Total Debt Service Disclosure:

The Total Debt Service Ratio (TDSR) is the percentage of gross annual income required to cover payments associated with housing and all other debts and obligations, such as payments on a car and or other loans.

Do you presently have any outstanding debts to the Mohawk Council of Akwesasne? Yes or No (circle one)

If yes, how much are you in arrears to the Mohawk Council of Akwesasne? \$ (enter amount in dollars)

Do you presently have any other outstanding debts to other creditors? Yes or No (please circle one)	AMOUNT OWING
If Yes, how much do you owe: (enter amount in dollars)	(MONTHLY PAYMENT)
Credit Card(s)	\$
Vehicle (Car/Truck) Loan(s)	\$
Telephone/Utility Company(ies)	\$
Satellite/Cable T.V	\$
Boat and or motor	\$
Skidoo	\$
ATV	\$
Sports Utility Vehicle	\$
Other Debt (please describe)	\$
Other Debt (please describe)	\$
Other Debt (please describe)	\$

GOOD STANDING:

Have you ever had an account with Mohawk Council of Akwesasne? YES / NO

If Yes, Type: _____

RENT: _____ LOAN: _____ Is this account up to date? YES / NO

Paid in Full? _____ Date Paid: _____

If you are in arrears (behind in payment), explain: _____

Reason for Seeking Accommodation (State reason below for applying)

Proposed Occupancy Details:

Names	Age	Names	Age
1.		4.	
2.		5.	
3.		6.	

Any health problems or conditions? (Please state below):

REFERENCE FROM PREVIOUS LANDLORD, If more than one, fill in.

1.Name: _____ Phone : _____

Address: _____

2.Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

4. Name: _____ Phone: _____

Address: _____

REFERENCES:

Please provide names of two (2) Firms or Persons who can attest to your reliability. Include phone number. (**Please Do Not include family members**)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

ACKNOWLEDGEMENT

I acknowledge providing the above information and authorize verification of all information provided for purposes of processing the application. "I realize that providing false information will automatically disqualify my application."

Applicant's Signature Date

Co-Applicant's Signature Date

Please be advised that all information received on the above application will remain confidential and will be used solely for the purpose of processing this application for the Department of Housing.

DISCLAIMER: SECTION 95 PROGRAM INFORMATION SUBJECT TO CHANGE WITHOUT NOTIFICATION.

*** IMPORTANT: APPLICATIONS MUST BE RENEWED ON A YEARLY BASIS.**

Mohawks of Akwesasne Housing Program
**MEMBERSHIP/RESIDENCY
CONFIRMATION**

To be completed by the applicant(s)

Name Applicant: _____
Date of Birth: _____
Indian Registry #: _____
Name of Co-Applicant (Spouse): _____
Date of Birth: _____
Indian Registry #: _____

I have applied for a Section 95 Housing to the Mohawks of Akwesasne Housing Program. The program will need additional membership information before the application can be processed. By signing this form I give permission for the Office of Vital Statistics to release this information to the MCA Housing Authority. Please return this form to the Admin Assistant at the MCA Housing office.

Signature Applicant: _____

Signature Co-Applicant (Spouse): _____

Date: _____

***To be completed by the Office
of Vital Statistics***

	<u>Applicant</u>	<u>Co-Applicant (Spouse)</u>
Membership Under Akwesasne Membership Code:	YES / NO	YES / NO
Probationary Member under the code:	YES / NO	YES / NO
Expiration Date of Probationary Period:	_____	_____
Possession of Valid Residency Permit:	YES / NO	YES / NO
Not a Member Under Akwesasne Membership Code:	YES / NO	YES / NO
Office of Vital Statistics Signature:	_____	
Date:	_____	

MOHAWKS OF AKWESASNE HOUSING PROGRAM
LAND VERIFICATION FORM

To be completed by the applicant(s)

Name Applicant: _____

Date of Birth: _____ Registry #: _____

Lot Location: _____ Lot #: _____

Name of Co-Applicant (Spouse): _____

Date of Birth: _____ Registry #: _____

Lot Location: _____ Lot #: _____

I have applied for Section 95 Housing to the Mohawks of Akwesasne Housing Program. The program will need additional land ownership information before the application can be processed. By signing this form I give permission for the Office of Vital Statistics to release this information to the MCA Housing Authority. Please return this form to the Admin Assistant at the MCA Housing office.

Signature Applicant: _____

Signature Co-Applicant (Spouse): _____

Date: _____

To be completed by the Office of Vital Statistics

	<u>Applicant</u>	<u>Co-Applicant (Spouse)</u>	<u>Comments:</u>
Applicant has Land in his/her name:	YES / NO	YES / NO	
Co-Applicant has Land in his/her name:	YES / NO	YES / NO	
CLSR/RSO:	YES / NO	YES / NO	
Survey Done:	YES / NO	YES / NO	
Survey Required:	YES / NO	YES / NO	

I verify that all the above information has been checked and the land is not in dispute and the applicant(s) has/has not or will have the land. To be signed only by authorized OVS personnel.

Office of Vital Statistics Signature: _____

Date: _____

A Proper Survey Must Be Conducted.

Mohawk Council of Akwesasne

Good Standing Policy

Policy and Procedures
&
Attachment "A"

MCR 2006/2007 - #04
April 18, 2006

MCA has created a Good Standing Policy (See attachments: MCR, Policy & Procedures and attachment "A") effective April 18, 2006.

ONLY APPLICATIONS WITH A GOOD STANDING RATING WILL BE ELIGIBLE FOR SECTION 95 HOUSING.

MOHAWK COUNCIL OF AKWESASNE
Good Standing Policy

Policy and Procedures

1 INTRODUCTION

- 1.1 The Mohawk Council of Akwesasne consists of 10 departments that offer a variety of programs and services to members of the Mohawk of Akwesasne. Community members access these programs and services as a privilege and they are designed to often take the form of loans, grants, contributions while others are on a fee for service basis. In addition to this, the Akwesasne Mohawk Court provides for the safety of the community and may issue fines for breach of established community laws. Over the years Mohawk Council has experienced non-payment of loans, rent, fines and other types of accounts owed by individuals and therefore the purpose of this policy is to address these situations.
- 1.2 In order to rectify this situation all departments are required to work together under this policy. By developing this policy we will in essence reduce the number of debts owed to the Mohawk Council and allow our programs to run more efficiently and effectively.
- 1.3 In order to facilitate collection of financial obligations the Mohawk Council has determined that individuals who are to benefit from discretionary programs and services must be up to date and in good standing in regards to their financial obligations to the Mohawk Council.
- 1.4 Currently, the Mohawk Council does not have a mechanism in place to ensure other accounts within the organization are paid. This policy will allow departments to verify if the applicant(s) have an outstanding account(s) owed to the MCA. Collecting outstanding debts and or arrears can be done with a combined effort from all departments. This will reduce delinquent accounts and improve the financial well being of the programs and services offered by the Mohawk Council of Akwesasne.

2 MISSION STATEMENT

- 2.1 The mission of the Good Standing Policy is to facilitate collection of financial obligations due to the Mohawk Council who has received conditional approval to access a discretionary program or service.
- 2.2 The Good Standing Policy will provide an objective and fair process that is consistent and uniform in its application.

3 PROCEDURES AND APPLICATIONS

- 3.1 All departments of the Mohawk Council of Akwesasne will be required to amend existing applications to include the “Confirmation of MCA Accounts, Current and in Good Standing” policy as part of their application process.
- 3.2 Each department will be required to develop a standard for what is considered to be in good standing.
- 3.3 Each department will be required to verify in writing the community member’s good standing within that department’s record within 5 business days.
- 3.4 The Access to Information and Protection of Personal Privacy Regulation (ATIPP) shall not be compromised.
- 3.5 The format that will be utilized in terms of verifying debts will be in a “yes” or “no” response. In the event the status is “yes”, the staff person (the requestor) may deny the application as it stands and to refer the application(s) to appropriate departments to settle their outstanding account and or arrears. When the department with the outstanding account provides the requestor verification the account is current and in good standing, the applicant can proceed.
- 3.6 Care should be taken that programs and services are not unreasonably withheld.

4 AMENDMENTS

- 4.1 Any changes to this Policy will be made by Resolution of the Mohawk Council of Akwesasne and will take effect on the date of the Resolution or such date as specified in the Resolution.

Attachment "A"

MOHAWK COUNCIL OF AKWESASNE

CONFIRMATION OF MCA ACCOUNTS CURRENT AND IN GOOD STANDING

Please check if you have any of the following accounts and specify if your account is current and in good standing:

Departments Programs and Services	✓ Yes	✓ No	✓ N/A
Akwesasne Mohawk Board of Education			
▪ Hot Lunch Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Akwesasne Mohawk Court			
▪ Mohawk Court fines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Mohawk Court Ordered Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Central Resource Services			
Computer Services			
▪ Employee Purchase Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Economic Development			
▪ Peace Tree Trade Centre Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Stanley Island Cabin Rent (OVS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other Rental Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Non-compliance of Economic Development Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Anowara:kowa Arena (Ice Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Finance			
▪ Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Housing			
▪ Housing Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Rental Units (Arrears)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Social			
▪ Day Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department of Technical Services

- Contract for Construction, Snow Removal

Department of Health

- Iakhihsohtha
- Tsiionkwanonhso:te

The undersigned applicant hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned applicant understands and gives irrevocable authority to the above identified department, programs or services to release any and all information pertaining to me, that you may release the information to the **Department of Housing** to verify that all accounts identified above are current and in good standing when determining my financial eligibility and evaluating programs offered by the Mohawk Council of Akwesasne.

In so doing, I understand furthermore release you from all manner of actions, cause of actions or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of such information.

I/we also understand by making a false claim my/our application may be denied.

Signed in the presence of a witness this:

Applicants Signature

Date

Co-Applicants Signature

Date

Witness Signature

Date