



## DEPARTMENT OF INFRASTRUCTURE, HOUSING & ENVIRONMENT FIRST NATIONS CHILD & FAMILY SERVICES OVERCROWDING PROGRAM

**APPLICATION TIMELINE: April 20 to May 1, 2026**

**PROJECT START DATE: May 11, 2026**

### **Program Description:**

The First Nations Child and Family Services (FNCFS) Overcrowding Program is available to community members with children under the age of 18 living in their home who require additional space to accommodate all family members safely and adequately.

The maximum occupancy for a three-bedroom home is six individuals (two persons per bedroom).

The Department of Infrastructure, Housing and Environment – Housing Sector will administer this program. Funding is available for home additions, with a maximum of \$100,000 per approved application. This amount is repayable. All approved applicants must submit engineered plans for the proposed home addition.

### **Criteria:**

- Applicant must be head of household
- Must be primary residence
- Must be residing in MCA jurisdiction on the Northern portion of Akwesasne
- Must be in good standing with the Department of Infrastructure, Housing & Environment- Housing Sector
- Applicant is responsible for any costs exceeding \$100,000

The goal of the FNCFS Overcrowding Program is to support families in creating adequate living space through home additions. This includes situations where additional family members, such as grandchildren, are residing in the home.

For further information or to apply, send an email to Charmaine Caldwell, Associate Director at [charmaine.caldwell@akwesasne.ca](mailto:charmaine.caldwell@akwesasne.ca); or Gina Jones-Thompson, Housing Services Manager at [gina.thompson@akwesasne.ca](mailto:gina.thompson@akwesasne.ca), at the following telephone number (613) 575-2250 ext. 1051



## DEPARTMENT OF INFRASTRUCTURE, HOUSING & ENVIRONMENT

### APPLICATION FOR FIRST NATIONS CHILD & FAMILY SERVICES OVERCROWDING PROGRAM

Homeowner:	Band #:
Home Address:	
Mailing Address:	
E-Mail Address:	
Phone:	
Children's name & birthdate:	

Are you in Good Standing with MCA Housing Department: YES NO -> If not, please state what is outstanding: \_\_\_\_\_

Reason for assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection Report: \_\_\_\_\_

Contractor: \_\_\_\_\_ Cost: \_\_\_\_\_

\_\_\_\_\_  
**Homeowner Signature** **Date**

<b>OFFICE USE ONLY:</b>	<u>GL ACCOUNT #</u>
Approved by: _____	Date: _____
Denied by: _____	Reason: _____