



Financial Aid Application
Purchase of existing house

Identification of applicant	
Name of applicant:	
Civil status:	<input type="checkbox"/> Single <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married
Band number:	
Occupation:	Job title: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____
Annual salary:	
Source of income:	<input type="checkbox"/> Salary <input type="checkbox"/> Emp. Insurance <input type="checkbox"/> Income security <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____
Name and address of employer:	_____ _____ _____

Identification of spouse and dependants									
Name of spouse:									
Occupation:	Job title: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____								
Annual salary:									
Source of income:	<input type="checkbox"/> Salary <input type="checkbox"/> Emp. Insurance <input type="checkbox"/> Income security <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____								
Name and address of employer:	_____ _____ _____								
Name and age of dependants:	<table><tr><th>Name</th><th>Age</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Name	Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age								
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								

Current residence	
Address: _____ City: _____	
Home telephone: _____ Work telephone: _____	
Type of housing: <input type="checkbox"/> Rented apartment <input type="checkbox"/> Rented house <input type="checkbox"/> Your property <input type="checkbox"/> At parents' home	



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Description of construction project													
<u>House model:</u> <input type="checkbox"/> Individual <input type="checkbox"/> Semi-detached <input type="checkbox"/> Duplex <input type="checkbox"/> Row housing <input type="checkbox"/> Mobile <input type="checkbox"/> Other: Dimensions of house: _____													
<u>Description of the house:</u> Adresse _____ Actually owner : _____ <input type="checkbox"/> Lot belonging to the band <input type="checkbox"/> Lot belonging to the applicant <input type="checkbox"/> Lot bought from a community member													
<u>Funding source of the construction project:</u> <table border="0"><tr><td><input type="checkbox"/> Loan/ Ministerial guarantee</td><td>Amount: _____</td></tr><tr><td><input type="checkbox"/> Band Council grant</td><td>Amount: _____</td></tr><tr><td><input type="checkbox"/> Down payment</td><td>Amount: _____</td></tr><tr><td><input type="checkbox"/> Other: _____</td><td>Amount: _____</td></tr><tr><td></td><td>Amount: _____</td></tr><tr><td></td><td>Total: _____</td></tr></table>		<input type="checkbox"/> Loan/ Ministerial guarantee	Amount: _____	<input type="checkbox"/> Band Council grant	Amount: _____	<input type="checkbox"/> Down payment	Amount: _____	<input type="checkbox"/> Other: _____	Amount: _____		Amount: _____		Total: _____
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<input type="checkbox"/> Band Council grant	Amount: _____												
<input type="checkbox"/> Down payment	Amount: _____												
<input type="checkbox"/> Other: _____	Amount: _____												
	Amount: _____												
	Total: _____												

Important: Make sure you have answered all the abovementioned questions and enclosed all the following documents with your application:

- ☐ *(Enclose your tax return(s)/ or any other supporting document of family income)*
- ☐ *(Enclose copy or copies of Indian card)*
- ☐ *(Personal review)*

_____	_____
Signature of applicant	Date

Reserved for administration	
Date of acknowledgement of reception:	
Pre-selected application:	<input type="checkbox"/> Yes <input type="checkbox"/> Site inspection requested <input type="checkbox"/> No
Comments: _____ _____ _____ _____	
_____	_____
Signature of housing officer	Date

**Submit your application to the administrative office of the Odanak Band Council located
at 104, rue Sibosis, Odanak, Québec J0G 1H0**