

# APPLICATION - ON RESERVE RRAP

**For CMHC use only**

Protected when completed

<input type="checkbox"/> RRAP Regular	<input type="checkbox"/> RRAP Persons with disabilities	Related Account No.	CMHC Account No.
Loan Forgiveness Zone	O.R. Area Code	Remote <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Joint CMHC/INAC subsidy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**1. TELL US ABOUT THE BAND AND/OR THE PRINCIPAL OCCUPANT**

Band/Reserve Name _____			
Band is Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Band Representative _____	
What language do you prefer for correspondence?			<input type="checkbox"/> English <input type="checkbox"/> French
Client Type:	01 - Senior Citizen	02 - Family	06 - Single <input type="checkbox"/>
Name of principal occupant	Last _____	First _____	
Spouse's or partner's name	Last _____	First _____	

**What is the address of the property where the work will be done?**

Street no. Street name or legal description (Include Lot, Concession, Township, if applicable)		
Municipality	Province	Postal Code

**What is the mailing address? (if different from above)**

Street no.	Street name / RR#	Apt. no.
Municipality	Province	Postal Code
		Property ID

**What is your telephone number? (If Band Project, enter the Band Representative's number)**

Area Code	Area Code
Home: _____	Work: _____

**2. TELL US ABOUT THE HOUSE**

What is the age of the house? <input type="text"/> years  Has this house received RRAP assistance before? <input type="checkbox"/> Yes * <input type="checkbox"/> No  *If yes, please specify Date _____ Amount received \$ _____  Account no. if available _____	Check ( <input checked="" type="checkbox"/> ) the type of house you live in 001 <input type="checkbox"/> Single 002 <input type="checkbox"/> Semi-detached 003 <input type="checkbox"/> Duplex 004 <input type="checkbox"/> Row 006 <input type="checkbox"/> Mobile Home Serial no. _____ 009 <input type="checkbox"/> Other
---	---

60499 6/2003 CMH PPU 035

Canada Mortgage and Housing Corporation is subject to the *Privacy Act*.  
Individuals have a right of access to CMHC controlled information about themselves.

DISPONIBLE EN FRANÇAIS



### Adjusted Income Worksheet

Total income is the gross current year's income (before deductions) of principal occupant and spouse/partner

**NOTE:** For households with disabled members, the applicable Canada Customs and Revenue Agency (CCRA) tax credit for persons with disabilities may be deducted from the gross income where an application is being made under the RRAP for Persons with Disabilities program.

Complete the chart below to determine TOTAL INCOME

SOURCE OF INCOME	PRINCIPAL OCCUPANT (A)	SPOUSE/PARTNER (B)
1. Yearly gross salary, wages, commissions, part-time earnings, etc.		
2. Unemployment Insurance Benefits		
3. Social Assistance, Mother's Allowance, Welfare.		
4. Old Age Pension, Canada Pension, private pension, annuities, provincial supplement.,		
5. Bank interest, investment and dividend income		
6. Self-employed or seasonally employed earnings (use net income and add on capital cost allowance and depreciation)		
7. Other income e.g. net room and board from boarders (Please specify)		
<b>TOTAL INCOME ALL SOURCES</b>		

Add: Columns (A) + (B)      **TOTAL INCOME =**  (C)

Complete this portion to determine the ADJUSTED INCOME which will be used to determine the forgivable part of the loan.

Deduct from Total Income:

1 Work Related Earnings of Working Spouse/Partner up to \$1,000		
2 Income of Single Parent from any source other than Social Assistance payments		
3 No. of dependents _____ x \$300.00 for each		
Total Eligible Deductions		→ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></span> (D)
<b>Adjusted Income</b>		<span style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></span> (E) <b>(C - D)</b>
Forgiveness Income Limit (FIL)	=	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></span>

**NOTE:** Dependent as per Canada Customs and Revenue Agency (CCRA) requirements, i.e. eligible for dependent deduction.

**4. TYPES OF REPAIRS (MODIFICATIONS) REQUIRED**

Regular RRAP

Briefly describe the type of urgent repairs that are required

---



---



---



---

RRAP for Persons with Disabilities

If a member of the household has a disability, describe the disability and special modifications required. <hr/> <hr/> <hr/> <hr/>	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><b>CMHC USE ONLY</b></th> </tr> <tr> <th colspan="2" style="text-align: center;">TYPE OF DISABILITY</th> </tr> <tr> <th></th> <th style="text-align: center;">Disability    Occupant(s)</th> </tr> </thead> <tbody> <tr> <td>01 Visual</td> <td style="text-align: center;"> _      _ _ </td> </tr> <tr> <td>02 Hearing</td> <td style="text-align: center;"> _      _ _ </td> </tr> <tr> <td>03 Cognition</td> <td style="text-align: center;"> _      _ _ </td> </tr> <tr> <td>04 Mobility</td> <td style="text-align: center;"> _      _ _ </td> </tr> <tr> <td>05 Allergy related</td> <td style="text-align: center;"> _      _ _ </td> </tr> <tr> <td>06 Other</td> <td style="text-align: center;"> _      _ _ </td> </tr> </tbody> </table>	<b>CMHC USE ONLY</b>		TYPE OF DISABILITY			Disability    Occupant(s)	01 Visual	_      _ _	02 Hearing	_      _ _	03 Cognition	_      _ _	04 Mobility	_      _ _	05 Allergy related	_      _ _	06 Other	_      _ _
<b>CMHC USE ONLY</b>																			
TYPE OF DISABILITY																			
	Disability    Occupant(s)																		
01 Visual	_      _ _																		
02 Hearing	_      _ _																		
03 Cognition	_      _ _																		
04 Mobility	_      _ _																		
05 Allergy related	_      _ _																		
06 Other	_      _ _																		

**DECLARATION**

If this is an application by the Band, I/we confirm that the Band member(s) named on this application is/are the principal occupant(s).

If this is an application by an individual Band member, I/we confirm that I am/we are the owner(s) of this house and no other person is an owner.

I/We hereby grant permission to the RRAP delivery agent to carry out any necessary inquiries for the purpose of determining my/our income.

I/We hereby authorize an inspection of my/our property.

I/We acknowledge that any work carried out before I/we receive written confirmation of RRAP loan approval is NOT eligible.

I/We hereby certify and declare that all the information contained in this application, including income, is true and complete in every respect.

Signature	Date
Signature	Date

Have you included the following information?

- If the house is a mobile home, the serial or registration number.
- Proof of income of principal occupant and spouse/partner.

Have you signed the Declaration?