

First Nation of Na-Cho Nyäk Dun
Assisted Home Ownership Program
P.O.Box 220
Mayo, Yukon Y0B 1M0
Phone: (867) 996-2409
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ASSISTED HOME OWNERSHIP PROGRAM (AHOP)
APPLICATION FORM

Name: _____
 Date: _____
 Address: _____
 Birth date: _____
 Home Phone: _____ Work Phone: _____

1. This is a:

- new application annual renewal application

2. Marital status:

- married single common law separated divorced widowed

3. Mark all that apply and include supporting documentation:

- elder disabled single parent widowed divorced/separated

4. Current housing situation:

- own rent boarding FNNND housing other: _____

5. Dependents (if applicable):

Names of dependents living with you	Relationship to you	Age

6. Employment status (mark all that apply):

- employed (full-time) employed (part-time) retired self-employed
 Employment Insurance Social Assistance semi-retired

7. Annual income:

\$ _____

Each applicant must verify income by providing either a letter from the applicant's employer stating the applicant's annual income or copies of pay stubs for the 12 months prior to the date of the application. If the applicant is not employed, the applicant must provide copies of social assistance or other records demonstrating the applicant's income for the 12 months prior to the date of the application.

8. What do you require assistance for (choose one only)?

- buy home build home pay down existing mortgage

The applicant will be required to demonstrate, at the time of selection, other sources of financing to supplement the AHOP assistance.

9. Preferred location:

10. Reasons for request:

Attach a covering letter or other supporting documents you would like to have considered in the decision to approve AHOP assistance.

APPLICANT'S ACKNOWLEDGMENT:

1. The applicant promises that all information contained in this application is true and complete.
2. The applicant understand that:
 - a. If any information is found by the Housing Committee or AHOP Administrator to be false or incomplete, this application may be removed from consideration for AHOP assistance for the year in which the application is made;
 - b. This application does not constitute an agreement on the part of the FNNND to provide any financial or housing assistance to the applicant; and
 - c. This application will terminate on March 31, the end of the current FNNND fiscal year unless the applicant renews his or her application by submitting a new application on or before March 31 of each fiscal year (the applicant will retain his or her original application date for priority purposes).

Applicant's signature

Date