





# 1. APPLICANT INFORMATION

Primary Appli	cant:					DATE OF BIRT	H
First Name		Initial	Surname		/ Day	Month	/ Year
Street Address		City	Province		Postal C	ode	
Mailing address if	f different than above (R.R.#	,Box#, etc.)					
Primary Phone	Wor	k Phone	Mobile Phone				
Email Address			Add to MN	-S email list?	YES O NO		
Marital Status:	○ Single ○ Married	d O Common L	aw O Separated O D	vivorced O Widowe	ed Other		
Métis Status (Plea	ase check one): O Métis	Citizenship Card	Métis Citizenship Applica	tion submitted awaiting	g confirmation	ı	
Gender:	O Male O Female						
Secondary Conta (OTHER THAN THOSE	ct # - Name: E LISTED ON THIS APPLICATION)		Primary Phor	ıe			
CO-APPLICAN	IT (IF ANY):					DATE OF BIRT	TH .
First Name	Initi	ial	Surname		Day	Month	Year
Street Address		City	Province		Postal C	ode	
Mailing address if	f different than above (R.R.#	,Box#, etc.)					
Primary Phone	Wor	k Phone	Mobile Phone				
Email Address			Add to MN	-S email list?	YES O NO		
Marital Status:	○ Single ○ Married	d O Common L	aw O Separated O D	vivorced O Widowe	ed O Other		
Métis Status (Plea	ase check one): O Métis	Citizenship Card	Métis Citizenship Applica	tion - submitted awaiti	ng confirmatio	n	
Gender:	○ Male ○ Female						







# 2. HOUSEHOLD COMPOSITION, EXCLUDING APPLICANT(S)

Name	DOB DD/MM/YYYY	Male/Female	Relationship to Applicant (Daughter, son,	For each household member, please check the appropriate column.			
	DD/WW/TTTT		partner, spouse etc.)	Métis	Non-Indigenous		
1.							
2.							
3.							
4.							
Do all of the people listed live with you full time? O Yes O No If no, provide the name of the person(s) & number of days per week they live with you.							
Name	# of Days/Week		Reason for not living with	you full time			
1.							
2.							

## 3. COMBINED GROSS HOUSEHOLD INCOME & NET WORTH

What is your combined Gross Household Income	\$
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Please submit the following proof of income (copies) with this request: Two years CRA Notice of Assessment and Notice of Reassessment (if applicable). Note: Copies of income tax returns may be required, two years T4 slip(s), and two current pay stubs from source(s) of income.

For **self-employed applicants**, Two years CRA Notice of Assessments and/or Accountant Prepared Financial Statements/Statement of Business Activities will be required.

For this application, self-employment income will be reduced by all deductions allowed by the Canada Revenue Agency, except for the following:

- 1. Capital Cost allowances for the depreciation of assets;
- 2. Rent paid by the individual, where the individual operates the business from their residence;
- 3. Childcare expenses.







# Please complete the following table detailing the combined personal net worth of all applicants:

Please identify which if any of the following Program Priorities apply (Check all that apply):

Assets	Value	Liabilities	Balance Owing	Monthly Payment
Cash on hand		Student loan		
Cash in the bank		Line of credit		
RRSP & savings		Bank overdraft		
Auto & truck		Bank loan		
Model / year		Credit cards (itemize)		
Model /year		Credit cards (itemize)		
Investments		Credit cards (itemize)		
Recreation vehicles		TOTAL LIABILITIES	\$	\$
Other assets		TOTAL NET WORTH	\$	\$
TOTAL ASSETS	\$	(Assets minus Liabilities)		_

## 4. PROGRAM PRIORITIES

Residing in social housing	Escaping situations of violence
Briefly explain:	







# **5. OTHER CONCERNS**

Will homeownershi	ip address any of the follo	wing needs or concerns?	(Check all that apply):
Overcrowding	O Health and Safety	O Accessibility need	O Family reunification
Briefly explain:			
6. PRESEN	T ACCOMMOD	ATIONS	
At present, do you:			
O Rent or O I	Live with parents or a fam	ily member O Other,	r, explain
If you are a current	tenant, please provide na	me and phone number o	of landlord or the Social Housing provider:
Name:		Primary I	Phone:
Amount of monthly	y rent (if any) \$	Are utilit	ties included? O Yes O No
Have you or any oth	her applicant ever owned	a home, or have ownersh	nip in any home or any other real estate including cottages or undeveloped land?
○ Yes ○ No			
If yes, provide reaso	on(s) below		







# 7. ADDITIONAL INFORMATION

Have you	Have you signed an Agreement or Offer of Purchase and/or Sale? O Yes O No						
*If you require MN-S First-Time Home Buyers funds for a home purchase, please do not make an offer on a home unless you have received written confirmation that your MN-S First-Time Home Buyers Application has been approved.							
Do you h	ave a Lawyer?						
O Yes	O No If	Yes, Contact Info:					
Do you h	ave a Realtor?						
O Yes	O No If	Yes, Contact Info:					
Name of	your Financial Institutio	on & Contact Information:					
Name:		Branch:		Contact Info:			
8. EMPLOYMENT HISTORY  Please indicate applicant and co-applicant employer(s) name, address and/or other sources of income.							
	Applicant Name	If Length of Employment is less than one Employer Name		er Address	Length of Employment		
1.							
2.							
3.							
4.							
9. RESIDENCE HISTORY							
Please provide your residence history (addresses) for the last three (3) Years:			Period of residen	cy (DD/MM/YYYY) to (DD/MM/YYYY)			
1.							
2.							
3.							



Please choose all that apply:





# 10. HOW DID YOU HEAR ABOUT THE MN-S FIRST-TIME HOME BUYERS PROGRAM?

O MN-S Social media	O MN-S Website	O MN-S Local	O SMEDCO
O MN-S Regional Office	O Information Session	O MN-S Affiliate	
O Word of Mouth	O Other		

## 11. MN-S FIRST-TIME HOME BUYERS PROGRAM TERMS

SaskMétis Economic Development Corporation, the administrator for the FTHBP will enter into a forgivable loan agreement (FLA) with each successful Métis applicant prior to advancing funds and will ensure that the terms of the FLA include a covenant by the Métis applicant to repay all or part of the advanced funds to SMEDCO if the terms of the FTHBP are not fulfilled ie. The property ceases to be the applicant's primary residence or the Métis applicant obtains their Bill C-31 First Nation Status under the Indian Act within ten (10) years following the date of possession. This forgivable loan agreement will be registered as a Mortgage against the title to your home property until such time as our commitment under the FTHBP and FLA has been fulfilled. The mortgage represents the security & commitment to the FTHBP in the event of a default in the mortgage or terms of the FLA.

If successful, funds will be advanced to the solicitor acting for the purchaser to be held in trust pending completion of the sale. No funds will be advanced to any other party. The funds advanced are subject to the trust condition that the funds will be returned to SMEDCO if the transaction is not completed for any reason. If funds are returned to SMEDCO and the applicant wants to re-apply for the funding, the applicant must re-submit their application and meet the eligibility requirements.

All applicants who give personal information to SMEDCO shall be required to consent to the release of that information to the MN-S in order to comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) and Freedom of Information and Protection of Privacy Act (FIPPA). The information provided on this application will be used for the purpose of determining eligibility and potential successful selection for the MN-S FTHBP Assisted Homeownership program.







The undersigned consents to the release of information in this application form and the attached documents if required by law. Any questions regarding the collection or release of this information should be directed to:

#### **First-Time Home Buyers Program**

Saskatoon SK, S7L 6M8

C/O SaskMétis Economic Development Corporation 237 Robin Crescent, Saskatoon SK, S7L 6M8

Local: 306 477-4350 Fax: 306 373-2512 Email: FTHBP@smedco.ca

## 12. APPLICANT DECLARATION

The undersigned hereby understands, agrees, and declares that:

- The information provided on this request will be used for the purpose of determining preliminary eligibility for the MN-S First-Time Home Buyers Program (FTHBP)
- · A final written confirmation of eligibility for program funding will be issued after all other program requirements are met and prior to any forgivable loan agreement being signed;

I/we consent to the sharing of my/our information with SMEDCO or MN-S strategic partners.

I/we, certify that the information provided in this application is true, complete and accurate to the best of my/our knowledge. I/we acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of this application for the MN-S First-Time Home Buyers Program. I/we understand the terms and conditions for compliance re at the sole discretion of the Métis Nation Saskatchewan and/or the Program Administrator, SaskMétis Economic Development Corporation (SMEDCO). Furthermore it is understood and I/we are agreeable to SMEDCO conducting a full credit investigation including pulling an Equifax/Credit Bureau Report on us. I/we have read, understand and agree to the programs terms and conditions.

Before submitting this application, the signature(s) MUST be witnessed & dated using the space provided below:

Primary Applicant Name (required) (please print)	Primary Applicant Signature	Date
Co-Applicant Name (if applicable) (please print)	Co-Applicant Signature	Date
Witness Name (required) (please print)	Witness Signature	Date
Submit Applications to:		
First-Time Home Buyers Program		
C/O SaskMétis Economic Development Corporation	Local: 306 477-4350	
237 Robin Crescent,	Fax: 306 373-2512	
Saskatoon SK, S7L 6M8	Email: FTHBP@smedco.ca	

<sup>\*</sup>Please be advised that completion and submission of the MN-S First-Time Home Buyers Program Application Form does not guarantee application approval.