



REPAIR AND RENOVATION REQUEST

| | | |
|-----------------|---------|-------|
| Office use only | File #: | Date: |
|-----------------|---------|-------|

Section 1: Applicant Information

| | |
|----------------|-------------|
| Last Name: | First Name: |
| Primary Phone: | Email: |

Section 2: Address *(address of home you are requesting a renovation for)*

| | |
|-----------------|---------------|
| Street Address: | Reserve Name: |
|-----------------|---------------|

Section 3: Household Information

List all names of household persons living in the home, including yourself if you are currently living at the home. (if required, submit a separate sheet for more names)

| Last Name | First Name | Status # | Relationship | Age | Source of income (if applicable) |
|-----------|------------|----------|--------------|-----|-------------------------------------|
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| | | |
|--|-----|----|
| Are you currently living in the home? | Yes | No |
| Do you currently rent out any portion of the home? | Yes | No |
| If so how much rental income do you receive a month? | \$ | |
| Do you operate any Business out of the home? | Yes | No |
| If so what type of business? | | |
| Are you able to contribute money towards the Renovation? | Yes | No |



Section 3: Household Information (continued)

Do you, or any members of the household, have issues walking up stairs?

| | | |
|-----------|----------------------|--------------------------|
| No issues | Cannot manage stairs | Limited number of stairs |
|-----------|----------------------|--------------------------|

If so, who?

| | | | |
|--|------------|-----|----|
| Do you, or any members of your household, use a: | Wheelchair | Yes | No |
| | Scooter | Yes | No |

If so, who?

Other than mobility concerns, do you, or any members of your household, have a health condition or disability

| Yes | No |
|--------------------------|--|
| Name of Household member | Explain the health condition or disability |
| | |
| | |
| | |

How does the health condition or disability described above affect the ability of the household member to function in the home, Please explain:

Please describe any special requirements or features that the household member may need in the house related to mobility or health condition:

Is the special requirements or features described above supported by a letter from a doctor or Occupational therapist report?

Yes No

Section 4: Proof of Household Income

Your renovation request will be processed more quickly if you provide one of the following documents. In the absence of that, you may be asked to provide proof of income when the renovation request is reviewed for a decision.

- Income Tax Returns – send a copy of last year’s income tax return of all household members in section 3 over the age of 23
- Most recent pay stub or employer letter of income verification of all household members in section 3 over the age of 23.



Section 5: Type of Repairs

Please select any of the following major repairs that your home requires:

| | |
|--------------------------------|-------------|
| Roof | Stairs |
| Furnace | Flooring |
| Plumbing repairs | Windows |
| Electrical repairs | Doors |
| Bathroom | Other _____ |
| Foundation or basement repairs | Other _____ |

Please provide a description of repairs/renovation you would like:

Section 5: Declaration/Consent:

- The applicant declares that all the facts given in this application form are true and complete
- The applicant acknowledges that incorrect or false information provided in the application may result in denial of renovation request.
- The applicant authorizes Community Operations or its contractors to conduct an inspection(s) of the property for the purposes of confirming eligibility and approval for a renovation and or to confirm any approved work has been completed.
- The applicant understands this application does not obligate Community Operations or any other Squamish Nation department to approve the renovation.

Applicant Signature:

Date:

By typing my name in the above Applicant Signature field, I confirm that all information provided is accurate and that I consent that this is considered a signature for these purposes.

If you have any questions regarding filling out your form please contact Community Operations staff.

Email: communityoperations@squamish.net

Fax: 604.980.8657

Mailing: #12 Bewicke Ave, North Vancouver, BC, V7P 1P6



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Community Operations

| FOR INTERNAL OFFICE USE ONLY | | | |
|------------------------------|-----------------------|---------------------|-------------------------|
| Date Received: | | Date Processed: | |
| Reviewed by: | | | |
| Correspondence Letter Sent | Added to waiting list | Renovation Accepted | Renovation not accepted |

| CRITERIA | RATING | | |
|-------------------------------------|--------|--------|-------|
| | Value | Weight | Total |
| Age of home | | | |
| Condition of home | | | |
| Emergency Repair | | | |
| Income Status | | | |
| Elder in home | | | |
| Disability Requirements | | | |
| Previous Repair/Renovation Received | | | |
| Owner financial contribution | | | |
| Member in good standing | | | |
| Total | | | |