

NISGA'A LISIMS GOVERNMENT

NISGA'A URN HOUSING GRANT PROGRAM APPLICATION



APPLICANT AND CO-APPLICANT INFORMATION

| | | | | |
|--------------------------|--|-----------------------------------|-----------------------------|--|
| Applicant Name: | | | | |
| Applicant Citizenship #: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Co-Applicant Name: | | |
| Telephone Number: | Email address: | | Co-Applicant Citizenship #: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Current Mailing Address: | | Address of House to be Purchased: | | |
| | | | | |
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Please Check Off All Items Included With Application

| | | | | | | | |
|--------------------------|-----------------------|--------------------------|---------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Pre Approved Mortgage | <input type="checkbox"/> | Unconditional Offer to Purchase | <input type="checkbox"/> | Notary Public or Lawyer Information | <input type="checkbox"/> | Banking Institution Information |
|--------------------------|-----------------------|--------------------------|---------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------|

Additional Information:

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Applicant Signature

Date

I swear that all information provided in this application is true.

Consent to Access Information

I hereby authorize the Nisga'a Lisims Government to access information pertaining to this application for the purpose of confirming Nisga'a Citizenship and First Time Home Owner, Mortgage confirmation and administering the Nisga'a U.R.N. Housing Grant Program.

| | | | |
|--------------------------|---------|--------------------------|--------|
| <input type="checkbox"/> | Consent | <input type="checkbox"/> | Denied |
|--------------------------|---------|--------------------------|--------|

Comments:

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APPLICANT AUTHORIZATION

DATE

NOTES TO FILE:

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