

## Ta'an Kwäch'än Council

## **Home Repair Fund Application**

Attention Housing Manager,

Applicant information								
Name:			Date:					
Telephone #:			Email Address:					
Mailing Address	:							
This application is for:								
Accessibility repairs		Emergency repairs		Preventative repairs				
Type of repair:								
Application requirements								
Yes	No	Are you a TKC Citizen?						
Yes	No	Do you own/co-own the home for which this funding request is for?						
Yes	No	Do you reside within TKC's Traditional Territory?						
Yes	No	Is this home your primary/principal residence?						
Yes	No	Have you or a co-owner accessed this funding before?						
		If yes, when, for how much, and for what repair?						
Scope of project								
What is the estimated project cost? \$								
Please attach all quotes to this application.								
How much funding are you requesting? \$								
Maximum is \$10,000 per April 1 <sup>st</sup> fiscal year.								
If you've already paid for the repair/materials how much was it?\$								
Please attach all receipts to this application.								
Provide a description of proposed repairs.								
Be advised work undertaken is not intended to appreciably increase the market value of the home.								
A CH . I	,			1 11 11 1	12			
Will the amount you're requesting correct or otherwise deal with the repair need? Yes No								
If no, what is your plan for dealing with the additional cost of repairs?								
Have permits be	en nulled for th	e renair?	Yes	No	N/A			
•	•	e repair!	162	INO	IN/A			
If no, when will they be?								

Are there any insurance requireme	nts pertaining to the repair?	Yes	No				
If yes, what are they and is there a							
•							
If you're requesting emergency rep	airs, why is it an emergency?						
If you're requesting accessibility re							
needed due to a physical disability?		Yes	No				
A note is required to process this ap	pplication.						
Contractor/supplier information		ينماء مطالك عا	the media				
If applicable, what is the name and							
• •	their jamily members will not	be compensu	ted for their own time or for any in-kind				
contribution towards the project.							
If applicable, what is the company		lier providing	the material for the joh?				
ii applicable, what is the company.	Idille of the commercial suppl	ilei providing	the material for the job:				
Payment							
Will you be receiving any payouts of	or rebates for the repair?	Yes	No				
If yes, how much and from where?	•						
Payment is to be made to: contra	ctor commercial	supplier	applicant				
For payments made to the contract	cor/commercial supplier, pleas	se provide the	ir contact information.				
I declare that the information subm	itted in this application is tru	e and comple	te to the best of my knowledge. Before				
		_	r to the house to verify that it meets the				
criteria of the Home Repair Fund Po		-	-				
work completed on the house before		•	• •				
-			-				
Signature	ature Date						
o							
Please send application form to:	9042 Quartz Road		Fax: 867.667.4295				
• •	Whitehorse, YT Y1A 5L8		Email: HousingManager@taan.ca				
FOR OFFICE USE ONLY			6611000-318-90				
Application Approved? Yes	No						
Amount Approved: \$	Housing Manager Signature:						
Date:	Executive Director Signature:						