



# Ermineskin Property Management

Box 219, MASKWACIS, AB T0C 1N0

Phone: (780) 585-3989

(780)585-3886

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## Renovation Application

### Application Checklist

**\*Please note all incomplete applications will be screened out\***

	Photo ID , Status Card, Birth Certificate or Alberta Health Care Card for yourself and spouse (if applicable)
	Photo ID, Status Card, Birth Certificate or Alberta Health Care Card of all dependants who will be residing with you
	Verification of Employment letter
	Verification of Income Support Caseworker or AISH Worker
	Attach pictures of house damages
	Attached letter to further explain your housing needs
	Criminal Record Check (Please Note: this is not required at this time, if approved for a home, it will be mandatory)

# Renovation Application Form

Please select one:      Rural Unit      Subdivision Unit

## Personal Information

Date: \_\_\_\_\_

House Number: \_\_\_\_\_ Is this a CMHC Unit? Yes No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Full 10 Digit Treaty #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Marital Status:      Single      Common Law      Married      Separated

Where is your spouse from? \_\_\_\_\_

Please list your dependents and/or all individuals who will be living with you. If more room is required please use a separate sheet.

Full Name	Age	Band Name	Full 10 Digit Treaty Number	Relationship to Applicant

Do the above listed children currently live with you **Full Time** Yes No

If no, explain \_\_\_\_\_

Do any of your dependents or individuals residing with you require handicap accessibility? Yes No

If yes, please be specific of what is all needed: \_\_\_\_\_

Have you completed the Basic Home Maintenance Workshop? Yes No

Do you have pets?      Yes      No

If yes, what type: \_\_\_\_\_ Is your pet registered with Ermineskin Tribal Law?    Yes      No

Do you or any of the individuals residing with you have a criminal record?      Yes      No

Please Note\* If you are approved for a new unit, you may be required to submit a criminal record check.

### **Income Verification**

Are you currently employed?      Yes      No

If no, what is your source of income? \_\_\_\_\_

What is your current total monthly income \$ \_\_\_\_\_

Current and previous employment history:

Company Name	Start Date	End Date	Immediate Supervisor Name	Immediate Supervisor Contact Number	Reason For Leaving
1.					
2.					
3.					

### **Housing History**

Year unit was built: \_\_\_\_\_ Legal Land Location: \_\_\_\_\_

How many bedrooms in your unit? \_\_\_\_\_ Number of bathroom \_\_\_\_\_

Do you have a lower development? Yes      No      #of Bedrooms \_\_\_\_\_ # of baths \_\_\_\_\_

When was this house assigned to you and by whom? \_\_\_\_\_

Was this assignment approved by the Housing Committee and Chief & Council?      Yes      No

If yes, when? \_\_\_\_\_

Have you signed a Tenant Agreement?      Yes      No      If yes, when? \_\_\_\_\_

Have you had a heat treatment(s) before due to pests (cockroaches and/or bed bugs)      Yes      No

If yes, when? How many times were needed to eliminate the pests?

Whose name are the current utility bills under? \_\_\_\_\_

Have you done your own renovation, repairs and/or cost share to your unit before?      Yes      No

If yes, please explain what was done, when and by whom.

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If you are applying for a lower development, how many bedrooms are needed and for how many individuals? Please include names, ages and band name.

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Has there been an Ermineskin unit assigned to you before?      Yes      No

If yes, which unit and please explain why you moved out

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Please explain why you need a renovation and what is needed in each room. Please attach a separate sheet if more room is needed.

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Deck front and/or back

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Kitchen

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Bedroom(s) \_\_\_\_\_

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Dining Room

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Livingroom

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Bathroom(s)

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Basement/Lower Development (if applicable)

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I, \_\_\_\_\_ declare the above information to be present, true  
and to the best of my knowledge.

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Received by EPM staff member: \_\_\_\_\_

Stamp date received



Date Reviewed: \_\_\_\_\_ Comments:

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