### **APPLICATION CHECKLIST**

NOTE: We cannot process your MMF First Time Home Purchase application if required documentation is missing.

#### YOU MUST ATTACH PROOF OF ALL SOURCES OF INCOME TO THIS

# The following information <u>must</u> be attached to your completed MMF First Time Home Purchase Program (FTHPP) Application:

MMF Citizenship Card & Photo Identification	For all applicant(s): Attach a photocopy of your current Manitoba Metis Citizenship Card or Confirmation letter from the MMF Central Registry Office (CRO) approving your Citizenship Application and one additional piece of Government Issued Photo ID; front and back; E.G. (Driver's License, Canadian Passport, Military ID, etc.)
Income	For each Metis Family/Household over the age of 18 (excluding children in school full time and non-occupant guarantors: Attach copies of current documentation verifying sources and amounts of all income. E.G. (T4's and/or your two most recent pay stubs, etc.) If Self Employed, please attach your previous years Tax Returns and/or Financial Statements.
Notice of Assessments	Attach a copy of your Notice of Assessments (2 most recent years) from the Canada Revenue Agency for each applicant and person over the age of 18 in the household (excluding children attending school full time and non-occupant guarantors). If you do not have your assessment, contact CRA or www.cra.gc.ca for more information.

### Please attach the following if applicable:

Mortgage Pre-Qualification	Attach verification from a financial institution or
	recognized mortgage lender (if you have taken this step)
	that you qualify for a mortgage. If you require a
	mortgage, your bank or mortgage lender can assist you
	with the mortgage pre-qualification process

\*APPLICATION MUST BE SIGNED BY <u>ALL</u> APPLICANTS AND <u>MUST</u> ALSO INCLUDE A WITNESS SIGNATURE. A WITNESS CAN BE ANY PERSON OVER THE AGE OF 18 WHO IS NOT A PARTY TO THIS APPLICATION PROCESS\*

\*\*IF AN APPLICANT REQUIRES A CO-SIGNOR/GUARANTOR, THE CO-SIGNOR/GUARANTOR WILL BE REQUIRED TO PROVIDE THEIR CONTACT INFORMATION. THEY <u>MUST</u> ALSO SIGN THE APPLICATION, PROVIDE PHOTO ID, AND INCLUDE A WITNESS SIGNATURE\*\*

### Appendix A: Assisted Homeownership Application, MMF (Confidential)

This program was developed by the Manitoba Metis Federation to help Metis Citizens in need to take the step to home ownership. The Manitoba Metis Federation welcomes and encourages all Metis citizens who have **NEVER** owned a home to apply through this program. All applicants must complete this application for evaluation. Guidelines can be viewed on either the LRCC website at <a href="https://www.mrf.mb.ca">www.mrf.mb.ca</a>. or the MMF website at <a href="https://www.mrf.mb.ca">www.mrf.mb.ca</a>.

#### NOTE: APPLICANTS ARE UNABLE TO RECEIVE FUNDING FROM BOTH THE FTHPP AND HELP PROGRAMS.

#### **Process:**

- 1) Complete application
- 2) Include required attachments/documents
- 3) Mail in application/drop off application at LRCC office, or email to info@lrcc.mb.ca

#### The following definitions apply when completing this application:

<u>Combined Taxable Household Income</u> is the amount of income that is used for taxation purposes of the Metis Family/Household, excluding children (under the age of 18) and non-occupant guarantor(s). Total taxable income of the household cannot exceed the Program Guidelines of \$90,000.00. The applicant(s) total liquid assets (inclusive of RRSP Investments) must also not exceed \$25,000.00 as the FTHPP is a needs-based program.

The following sources of income may be eligible to be included in the calculations for mortgage qualification purposes and must be acceptable to CMHC and Financial Institutions:

- Gross Salaries, wages, overtime payments, commissions, bonuses, tips, gratuities reported on T4's;
- The greater if the net income from your business or the total withdrawals from the business as
  personal salary of the purchaser(s) household who is self-employed and reported on your personal
  income tax return;
- The gross amount of Employment Insurance Benefits;
- The gross amount of WCB of Manitoba payments or other industrial accident insurance payments received as result of illness or disability;
- The gross amount of any Old Age Security, Federal Guaranteed Income Supplement as well as spouse's;
- The gross amount of every kind of pension, allowance, benefit, and annuity whether from a Federal, Provincial, or Municipal Government of Canada or any other country or state or from any other source (land claim settlements excluded);
- The gross amount of alimony, separation, maintenance, or support payments reported on your income tax return;
- The gross interest income earned from Banks or Credit Union accounts where a T5 has been issued;
- The gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains, or lump sum payments or other assets where T slips have been issued and income is reported on your personal tax return.

#### Household

For the purpose of calculating the combined Total Taxable Household Income, the amount of and proof of income will be required for every person of the "Household" where "Household" is defined as:

- a) A Metis Individual;
- b) A Metis Individual and the individuals spouse or partner;
- c) A Metis Individual and if she or he has no spouse or partner, then any children over the age of 18 who are employed full-time or permanent part-time who will have permanent residency in the home and will be on the title and mortgage of the home.

1A. Applicant I	nformation			
Primary Applica	ant:			
				1 1
First Name	Middle Name	Surname	Date of Birth:	Day Month Year
riist ivaille	Middle Name	Surname	Date of Birtin.	Day Month fear
Street Address		City	Province	Postal Code
Mailing Address i	if different than a	bove (RR #, Box #, etc	:.)	
J		, , ,	,	
H Phone: ( )	_	W Phone: ( )	C Phone: (	) -
, , , , , , , , , , , , , , , , , , ,		<b>W</b> Finding ( )		/
Email Address:			Add to MMF email List?	□ Ves □ No
Liliali Addiess			Add to Mini email List:	□ 1e3 □ NO
Marital Status	- Cingle - Ma	riad - Camman Ia	Compressed Diversed	- Widowed - Other
Marital Status:	⊔ Single ⊔ Iviai	ried 🗆 Common La	w □ Separated □ Divorced	□ Widowed □ Other
				17 6 1
Metis Status:	□ Metis Citizensh	nip Card 🗆 Metis (	Citizenship Application submitte	d (awaiting confirmation)
(Proof Required)				
Sex: □ Male	□ Female □ Oth	ier		
Secondary Conta	ct:	Pri	mary Phone: ( )	
(Other than those	e listed on this ap	plication)		
Co-Applicant (i	f any):			
•••	• •			
				, ,
First Name	Middle Name	Surname	Date of Birth:	Day Month Year
First Name	Middle Name	Surname	Date of Birth:	Day Month Year
Street Address		City	Province	Postal Code
Mailing Address i	if different than a	bove (RR #, Box #, etc	:.)	
		,,,	,	
H Phone: ( )	_	W/ Phone: ( )	C Phone: (	
11 Filone. ( )		w Filone. ( )	C FIIONE. (	<b>/</b>
Email Addrass			Add to NANAE amail List?	□ Ves □ Ne
Email Address:			Add to MMF email List?	□ Yes □ No
	6: 1 14			
Marital Status:	□ Single □ Mai	ried 🗆 Common La	w □ Separated □ Divorced	□ Widowed □ Other
Metis Status:	☐ Metis Citizensh	nip Card 🗆 Metis (	Citizenship Application submitte	d (awaiting confirmation)
(Proof Required)				
Sex: □ Male	□ Female □ Oth	ier		

1B. Co-Signor/Co-Applicant Information (if required)		
Co-Signor/Co-Applicant:		
First Name Middle Name Surname	Date of Birth:	Day Month Year
Street Address City	Province	Postal Code
Street Address City	TTOVINCE	i ostai code
Mailing Address if different than above (RR #, Box #, etc.)		
H Phone: ( ) W Phone: ( )	C Phone: (	)
Email Address:	Add to MMF email List?	□ Yes □ No
Relation to Applicant(s):   Parent  Grandparent  Chil	d 🗆 Other	
Will you be residing in the home with the Applicant(s)?	es 🗆 No	
Co-Signor/Co-Applicant:		
		, ,
First Name Middle Name Surname	Date of Birth:	Day Month Year
Street Address City	Province	Postal Code
Street Address City  Mailing Address if different than above (RR #, Box #, etc.)	Province	Postal Code
	Province	Postal Code
	Province  C Phone: (	Postal Code
Mailing Address if different than above (RR #, Box #, etc.)	C Phone: (	Postal Code  )  _ Yes  □ No
Mailing Address if different than above (RR #, Box #, etc.)  H Phone: ( ) W Phone: ( )	C Phone: ( Add to MMF email List?	)
Mailing Address if different than above (RR #, Box #, etc.)  H Phone: ( ) W Phone: ( )	C Phone: ( Add to MMF email List? d □ Other	)
Mailing Address if different than above (RR #, Box #, etc.)  H Phone: ( ) W Phone: ( )  Email Address:  Relation to Applicant(s): □ Parent □ Grandparent □ Chil	C Phone: ( Add to MMF email List? d □ Other	)
Mailing Address if different than above (RR #, Box #, etc.)  H Phone: ( ) W Phone: ( )  Email Address:  Relation to Applicant(s): □ Parent □ Grandparent □ Chil	C Phone: ( Add to MMF email List? d □ Other	)
Mailing Address if different than above (RR #, Box #, etc.)  H Phone: ( ) W Phone: ( )  Email Address:  Relation to Applicant(s): □ Parent □ Grandparent □ Chil	C Phone: ( Add to MMF email List? d □ Other	)

2. Household Composition (Excludi	ng Applicant(s))				
			Relationship to	For each household member, please check the appropriate column	
Name	DOB D/M/Y	Gender	Applicant (daughter, son, partner, spouse, etc.)	Metis	Non- Indigenous
1.					
2.					
3.					
4.					
Do all of the people listed live with of the person of the people listed live with the people listed	•		No week they live wit	h vou	
Name	# Days/Week		or Not Living with		rime
1.	# Day3) Week	il cason i	or Not Living With	you ruir t	iiiic
2.					
3. Combined Taxable Household Inc	come & Net Wor	th			
What is your combined Taxable Hou					
Please submit the following proof of income (copies) with this request: Two most recent years CRA Notice of Assessments and Notice of Reassessment (if applicable). Note: Copies of income tax returns may be required, two years T4 slip(s), and two current paystubs from source(s) of income.  For self-employed applicants: Two most recent years CRA Notice of Assessments and your most recent Tax Return/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 their business from their residence;  3. Childcare expenses					

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

Assets	Value	Liabilities	Balance Owing	Monthly Payment
Cash on Hand		Student Loan		
Cash in the Bank		Line of Credit		
RRSP's & Savings		Bank Overdraft		
Auto & Truck		Bank Loan		
Investments		Credit Card		
Recreational Vehicles		Credit Card		
Other Assets		Credit Card		
Total Assets	\$	Total Liabilities	\$	
	<u> </u>	Total Net Worth	\$	
		(Assets-Liabilities)		
4. Program Prioritie	ρς			
	ch if any of the following	Program Priorities	apply (Check All T	hat Apply)
☐ Residing in Socia	l Housing □ Escaping 9	Situations of Violen	ce	
Briefly Explain:				
5 011 0				
5. Other Concerns Will home ownership address any of the following needs or concerns? (Check All That Apply)				
□ Overcrowding □ Health & Safety □ Accessibility Need □ Family Reunification				
Briefly Explain:				

6. Present Accommodation	ons			
At Present, do you:				
□ Rent □ Live with a family member □ Other, explain:				
If you are a current tenan	t, please provide nam	e and <u>phone number</u> of your landl	ord or Social	
Housing Provider:	· · ·			
	Phor	ne #:		
			<del></del>	
Amount of monthly rent (	if anv): \$	Are utilities included?	Yes □ No	
, , , , , ,	- // /			
Have you or any other an	nlicant <b>ever</b> owned a	home, or have ownership of any ho	ome or any other	
real estate including cotta			sine or any other	
_	-	s) below and fill out the accompany	ing questionnaire.	
	case provide reason(s	s, below and fin out the accompany	ing questionnaire.	
7 Additional Information				
7. Additional Information		ark a sa a d'a s Cala 2		
Have you singed and Agre	ement or Offer of Pur	rchase and/or Sale?   Yes   N	NO	
		nase Program funds for a home pur		
		received written confirmation that	t your MMF First	
Time Home Purchase App	lication has been appi	roved*		
	Do you have a Lawyer?			
□ Yes □ No If Yes, Contact Info:				
	Do you have a Realtor?			
□ Yes □ No If Yes, Contact Info:				
Name of your Financial In	Name of your Financial Institution & Contact Information:			
Please indicate applicant	and co-applicant emp	loyer(s) name, address and/or other	er sources of	
income. If length of empl	oyment is less than or	ne year, please list previous emplo	yer.	
Applicant Name	Employer Name	Employer Address	Length of	
			Employment	
1.				
2.				
2.				
3.				
J.				
4				
4.				
	Ī	1	i	

8. Residence History		
Please provide your residence history (addresses) for the last	Period of residency (dd/mm/yyyy) to	
(3) years;	(dd/mm/yyyy);	
1.		
2.		
3.		
9. How did you hear about the MMF First Time Home Purchas	se Program?	
Please choose all that apply:		
☐ MMF Social Media ☐ MMF Website ☐ MMF Local	S	
☐ Information Session ☐ MMF Affiliate ☐ Word of M	outh   Other:	
10. MMF First Time Home Purchase Program Terms		
Louis Riel Capital Corporation (LRCC), the administrator for the		
agreement (FLA) with each successful Metis applicant prior to		
the terms of the FLA include a covenant by the Metis applicant		
funds to LRCC if the terms of the FTHPP are not fulfilled ie. The		
primary residence, or the Metis applicant obtains their Bill C-3.	1 First Nation Status under the Indian	
Act within ten (10) years following the date of possession. Thi	s forgivable loan agreement will be	
registered as a Mortgage against title to your home property	y until such time as your commitment	
under the FTHPP and FLA has been fulfilled. The mortgage re	epresents the security & commitment	
to the FTHPP in the event of a default in the mortgage or teri	ms of the FLA.	
If successful, funds will be advanced to the solicitor acting for t	the purchaser to be held in trust pending	
completion of the sale. No funds will be advanced to any othe	r party. The funds advanced are subject	
to the trust condition that the funds will be returned to LRCC if	the transaction is not completed for	
any reason. If funds are returned to LRCC and the applicant w	ants 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 LRCC shall be i	required to consent to the release of that	
information to the MMF to comply with the Personal Informat	ion Protection and Electronic documents	
Act (PIPEDA) and Freedom of Information and Protection of Pr		
provided on this application will be used for the purpose of det		
successful selection for the MMF FTHPP assisted homeowners		
Successful selection for the William Time assisted nomeowners	inp program.	
The undersigned consents to the release of information in this	s application form and the attached	
documents if required by law. Any questions regarding the co	• •	
should be directed to:	median of release of this information	
Manitoba Metis Federation First Time Home Purchase Program	m	
C/O Louis Riel Capital Corporation	"	
340-150 Henry Ave		
Winnipeg Manitoba R3B 0J7		
Email: info@lrcc.mb.ca		
	-589-0791	
TOTT TEE. 1-000-307-0004	-202-0131	

### 11. 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 MMF First Time Home Purchase Program;
- A final written confirmation of eligibility for program funds 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 LRCC or MMF 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 MMF First Time Home Purchase Program.

I/we understand the terms and conditions for compliance are at the sole discretion of the Manitoba Metis Federation and/or the Program Administrator, Louis Riel Capital Corporation (LRCC).

Furthermore, it is understood and I/we are agreeable to LRCC conduction a full credit investigation including pulling an Equifax/Credit Bureau Report on us.

I/We have read, understand, and agree to the program's terms and conditions

Before submitting this application, the signature(s) <u>MUST BE WITNESSED & DATED</u> using the space provided below:

	D : 4 !: +6: +	
Primary Applicant Name (required) (please print)	Primary Applicant Signature	Date
Co-Applicant Name (required) (please print)	Co-Applicant Signature	Date
Witness Name (required) (please print)	Witness Signature	Date
Co-Signor/Co-Applicant Name (if necessary)	Co-Signor/Co-Applicant Signature	Date
Co-Signor/Co-Applicant Name (if necessary)	Co-Signor/Co-Applicant Signature	Date
Witness Name (required) (please print)	Witness Signature	Date

For assistance with this application or questions regarding your submission, please contact:

Louis Riel Capital Corporation The Program Administrator 340-150 Henry Ave Winnipeg Manitoba R3B 0J7

Local: 204-589-0772 Fax: 204-589-0791

Email: info@lrcc.mb.ca Toll Free: 1-800-387-6004

12. FIRS	ST TIME HOME PURCHASE PROGRAM: PREVIOUS HOMEOWNERSHIP QUESTIONNAIRE
Ear Mat	is Applicant(s) Only
	ill out the following questionnaire ONLY IF YOU HAVE OWNED A HOME to determine if you
	ualify for the First Time Home Purchase Program (FTHPP)
Trouid q	damy for the first time frome faronase frogram (Firm)
1.	Are you a Manitoba Metis Citizen:
	□ Yes (Go to Question 2)
	□ No (You are not eligible for the FTHPP)
2.	Are you intending on buying a property to occupy as your principal place of residence:
	□ Yes (Go to Question 3)
	□ No (You are not eligible for the FTHPP)
3.	Have you owned a home (have you been on title) or have any ownership in any home including
	cottages or undeveloped land:
	☐ Yes (You are not considered a first-time home buyer. However if you have experienced a
	breakdown of marriage or common-law partnership. Go to Question 4)
	□ No(You are not eligible to apply for the FTHPP)
	Have you owned a home (have you been on title) or have any home ownership in any home including cottages or undeveloped land in the last 10 calendar years (January 1-December 31):
	□ Yes (Go to Question 5)
	□ No (You are eligible to apply for the FTHPP)
	Have you been living separate and apart from your spouse or common-law partner because of a breakdown of your marriage or common-law partnership for a period of at least 1 year:
	□ Yes (Go to Question 6)
	□ No (You are not eligible to apply for the FTHPP)
6.	Is the home you intend to buy different than your current principal place of residence:
	□ Yes (You are eligible to apply for the FTHPP)
	□ No (You are not eligible to apply for the FTHPP)