

CHECKLIST OF APPLICATION *(for Housing Administrators)*

Attach to Application

Applicant(s): _____ Community: _____

	YES	NO	DOCUMENTS REQUIRED
APPLICANT(S) INFORMATION			
Cree individual or Local Government/development corporation	<input type="checkbox"/>	<input type="checkbox"/>	
At least 18 years of age <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Cree individual, including spouse and common-law partner, has no arrears relating to any housing programs or user fees with a Cree First Nation	<input type="checkbox"/>	<input type="checkbox"/>	
Financing arrangements to finance the remaining balance of funding required to construct the housing unit/project has been made	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation letter OR Commitment letter <input type="checkbox"/> <i>(from financial institution)</i>
Applicant has been provided with an approved waiver of seizure exemption for the financial institution <i>(as required)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
HOUSING UNIT/PROJECT CONDITIONS AND SPECIFICATIONS			
A suitable parcel of Category 1A land is set aside and a grant and agreement of superficies is concluded for the housing unit/project	<input type="checkbox"/>	<input type="checkbox"/>	
The housing unit/project is for exclusive use and occupation by Crees:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Single Unit _____ sq.ft.			Copy of all plans and specifications <input type="checkbox"/>
<i>New construction; self-contained dwelling unit (washroom, kitchen, sleeping facilities); main residence, detached or semi-detached house, row house or independent unit forming part of multi-unit complex.</i>			
<input type="checkbox"/> Apartment building _____ nbr. of units _____ sq.ft.			Copy of all plans and specifications <input type="checkbox"/>
<i>New construction; 2 to 12 units, consisting of 1, 2, or 3 bedrooms with minimum of 600 s.f., 800 s.f., or 1000 s.f. respectively. Each unit is self-contained with washroom, kitchen and sleeping facilities.</i>			
<input type="checkbox"/> Old age home required for autonomous elders _____ nbr. of units _____ sq.ft.			Copy of all plans and specifications <input type="checkbox"/>
<i>New construction; 6-12 apts. of 1-2 bedrooms with minimum of 600 s.f. or 800 s.f. respectively. Elders' units on one floor or equipped with elevator if more than one story. Each unit has kitchen, living room, full bathroom and one or two bedrooms.</i>			
<input type="checkbox"/> Old age and reduced mobility home _____ nbr. of units _____ sq.ft.			Copy of all plans and specifications <input type="checkbox"/>
<i>New construction; 6-10 residents with diminishing autonomy; individual rooms with private bathrooms; proper services provided for meals, activities and hygiene.</i>			

CONTRACTOR

The housing unit/project will be constructed:

- By a contractor holding all required licenses, permits, authorizations, insurances and bonds, including valid RBQ license, and in accordance with applicable laws of the Local Government or the Cree Nation Government, as well as laws, codes and standards applicable in the Province of Quebec

Note: Confirm contractor at:

<https://www.pes.rbq.gouv.qc.ca/RegistreLicences/>

Copy of commitment or construction contract with contractor ☐

AND
Letter of confirmation and undertakings signed by contractor ☐

ACTION REQUIRED BY HOUSING ADMINISTRATOR

Application is duly completed and submitted with all required supporting documents ☐ ☐

Confirm that no other subsidy has been granted for the same housing unit

Subsidy amount (see Local Government Program 1.3A re Special Community Private Housing Initiative, Annex A, as adjusted for current financial year):

\$ _____

Recommendation by _____ (Name of Housing Administrator)

_____ (Date) _____ (Signature)

ACTION REQUIRED BY DIRECTOR OF HOUSING OR HOUSING COMMITTEE

Confirmation that the file is complete and that all conditions have been met ☐ ☐

Confirmation by _____ (Name of Director of Housing or authorized person)

_____ (Date) _____ (Signature)

ACTION REQUIRED BY LOCAL TREASURER

Process request for subsidy amount from Cree Nation Government Treasurer ☐ ☐

Request by _____ (Name of Treasurer)

_____ (Date) _____ (Signature)