



## Manitoba Indigenous Homeownership Program

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## MANITOBA TIPI MITAWA INC.

Manitoba Indigenous  
Homeownership Program

### How do I qualify for the program?

Qualification is based on the following criteria and interested individuals must:

- Be a household with dependents (see page 2)
- Be a first-time home buyer
- Be a member of a Manitoba First Nation
- Agree to a voluntary credit report
- Be continuously employed full time for the past two years
- Have a minimum household annual income (excluding social assistance) of \$25,000 to a maximum household annual income of \$71,255
- Attend homeownership educational and orientation sessions (approximately 40 hours)
- Be willing to purchase a home within Winnipeg city limits (or other major urban centre provided the applicant attends all educational courses which are held in Winnipeg)
- Agree to use a registered member firm of the Canadian Association of Home and Property Inspectors, Manitoba (CAHPI-MB) for the mandatory home inspection
- Agree to request a *Property Disclosure Statement* be provided by the seller of any property for which an offer to purchase is made
- Be willing to participate in a public relations program for Manitoba Tipi Mitawa

### If I qualify, what do I do now?

Please complete the following *Quick Questionnaire* and if you meet those requirements, complete the detailed application form and submit by no later than June 30, 2017.

[Do you have questions?](#)

Call Rhiannon Hayes at 204.772.0405, or email Rhiannon at [rhayes@mrea.mb.ca](mailto:rhayes@mrea.mb.ca)



## MANITOBA TIPI MITAWA INC.

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### Quick Questionnaire

Please complete this quick questionnaire prior to proceeding.  
If you meet the requirements below, please complete the detailed *Application Form*.

- My household includes dependents:  
A person under the age of 22, or a person under the age of 26 who is registered in full time study, or a person of any age who is recognized as a dependent of someone in the household for income tax purposes
- My total household income falls between \$25,000 - \$71,255 per year
- The primary applicant is a member of a Manitoba First Nation
- I have, or will have access to, money for the \$5,000 house deposit
- If the money for the \$5,000 deposit is being gifted to me, I will submit a gift statement letter provided by the person or persons gifting the money
- I will provide a letter of employment stating my occupation, my guaranteed hours of work, and my rate of pay
- I am a first-time home buyer



# MANITOBA TIPI MITAWA INC.

Manitoba Indigenous  
Homeownership Program

## Application Form

Please mail or bring your completed application package to:  
The Manitoba Real Estate Association, 1873 Inkster Boulevard, Winnipeg, MB., R2R 2A6

We ask you to complete this application to determine your qualifications for the program. Please complete this application as accurately as possible by printing your answers in the spaces provided. All information you include on this application will be kept confidential.

Applications will be reviewed in the order in which they have been received.

1. APPLICANT INFORMATION	
Primary applicant (primary wage-earner)	Co-applicant
Your name: _____	Co-applicant's name: _____
Which Manitoba First Nation are you a member of? _____	Which Manitoba First Nation are you a member of? _____
Treaty number: _____	Treaty number: _____
Social Insurance number: _____ / _____ / _____	Social Insurance number: _____ / _____ / _____
Home phone: (_____) _____	Home phone: (_____) _____
Cell phone: (_____) _____	Cell phone: (_____) _____
Email: _____	Email: _____
Age: ____ Date of birth: d ____ m ____ y _____	Age: ____ Date of birth: d ____ m ____ y _____
<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried (including single, divorced, widowed)	<input type="checkbox"/> Unmarried (including single, divorced, widowed)
Applicant's current address (street, city, province, and postal code) _____ _____ _____	Co-applicant's current address (street, city, province, and postal code) _____ _____ _____
<input type="checkbox"/> Renting      Number of years rented _____	<input type="checkbox"/> Renting      Number of years rented _____

(APPLICANT INFORMATION continued next page)

**1. APPLICANT INFORMATION (continued)**

Dependents (children under the age of 18) and others who will live with you (that are not listed by the co-applicant)				Dependents (children under the age of 18) and others who will live with you (that are not listed by the primary applicant)			
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**If you have lived at your present address for less than two years, please complete the following:**

Previous addresses (street, city, prov., postal, number of years)	Previous addresses (street, city, prov., postal, number of years)
1) _____ _____ Years _____	4) _____ _____ Years _____
2) _____ _____ Years _____	5) _____ _____ Years _____
3) _____ _____ Years _____	6) _____ _____ Years _____

## 2. AGREEMENT TO TERMS

To be considered for the Manitoba Tipi Mitawa program I agree to the following terms:

I agree to a voluntary credit report	Applicant initial: _____ Co-applicant initial: _____
I agree to supply information to be pre-approved for a mortgage by an approved lender	Applicant initial: _____ Co-applicant initial: _____
If I am a successful candidate, I agree to participate in a public relations program for Manitoba Tipi Mitawa	Applicant initial: _____ Co-applicant initial: _____
If I am a successful candidate, I agree to use a registered member firm of the <i>Canadian Association of Home and Property Inspectors, Manitoba</i> (CAHPI-MB) for mandatory home inspection purposes	Applicant initial: _____ Co-applicant initial: _____
If I am a successful candidate, I, as buyer, agree to request that a <i>Property Disclosure Statement</i> be provided by the seller of any property for which an offer to purchase is made	Applicant initial: _____ Co-applicant initial: _____
Applicant signature: X _____	Co-applicant signature: X _____

## 3. AGREEMENT TO ATTEND ALL EDUCATIONAL PROGRAMS

To be considered for the Manitoba Tipi Mitawa program, attendance is mandatory for all required educational programs (approximately 40 hours).

Failure to complete the home maintenance, money-management and home-buying orientation sessions will result in disqualification of the applicant.

I agree to attend all the required educational sessions:	Applicant initial: _____ Co-applicant initial: _____
Applicant signature: X _____	Co-applicant signature: X _____

**4. PRESENT HOUSING CONDITIONS**

Number of bedrooms in your current residence: \_\_\_\_\_

Rooms in your current residence:  Kitchen  Bathroom

Living room  Dining room  Other \_\_\_\_\_

Monthly rent payment \$ \_\_\_\_\_

(please supply a copy of your lease or a cancelled rent cheque)

Current landlord's contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Describe the condition of your current residence and tell us why you think the Manitoba Tipi Mitawa homeownership program could be of help to you (please use additional paper if required):

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**5. EMPLOYMENT INFORMATION**

Primary applicant:	Co-applicant:
Name and address of your current employer: _____ _____ _____	Name and address of your current employer: _____ _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
What type of business is this? _____ _____	What type of business is this? _____ _____
Number of years you have worked for this employer: _____	Number of years you have worked for this employer: _____
Monthly gross pay (before any deductions ) \$ _____	Monthly gross pay (before any deductions ) \$ _____

If you have worked at your current job for less for than two years, please complete the following:	
Business name, address, telephone number of last employers:	State your occupation, wage, and number of years employed
1) _____ _____ Tel. _____	1) _____ Monthly gross pay \$ _____ Years employed _____
2) _____ _____ Tel. _____	2) _____ Monthly gross pay \$ _____ Years employed _____
3) _____ _____ Tel. _____	3) _____ Monthly gross pay \$ _____ Years employed _____
4) _____ _____ Tel. _____	4) _____ Monthly gross pay \$ _____ Years employed _____
5) _____ _____ Tel. _____	5) _____ Monthly gross pay \$ _____ Years employed _____



**6. MONTHLY INCOME (AS PER YOUR LETTER OF EMPLOYMENT)**

Monthly income: check boxes below	Applicant*	Co-applicant*
<input type="checkbox"/> Monthly employment income before deductions	\$ _____	\$ _____
<input type="checkbox"/> Employment and income assistance per month	\$ _____	\$ _____
<input type="checkbox"/> Disability income per month	\$ _____	\$ _____
<input type="checkbox"/> Spousal or child support income per month	\$ _____	\$ _____
<input type="checkbox"/> Child tax benefit per month	\$ _____	\$ _____
<input type="checkbox"/> Indicate any other monthly income	\$ _____	\$ _____
<input type="checkbox"/> Indicate any other monthly income	\$ _____	\$ _____
<b>Please total each column:</b>	<b>Total: \$ _____</b>	<b>Total: \$ _____</b>

\*Self-employed applicants may be required to provide other documents such as tax returns and financial statements.

Please indicate if there are any additional adult (over the age of 18) household members who are receiving an income:

Name \_\_\_\_\_ Age \_\_\_\_\_ Monthly income \$ \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Monthly income \$ \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Monthly income \$ \_\_\_\_\_

**7. MONTHLY EXPENSES**

**Rent and associated costs\*\*** (note: some of these costs may already be included in your monthly rent bill)

Rent payment per month \$ _____	Heating costs (if not included in rent payment) \$ _____
Electricity costs (if not included in rent payment) \$ _____	Water costs (if not included in rent payment) \$ _____
Cable fees (if not included in rent payment) \$ _____	Telephone - land line \$ _____
Parking fees \$ _____	Storage fees \$ _____

**Column 1. Total of monthly rent and associated costs: \$ \_\_\_\_\_**

**Other living expenses per month:**

Telephone – cell phone \$ _____	Internet \$ _____
Property insurance \$ _____	Life insurance \$ _____
Health insurance \$ _____	Child care expenses \$ _____
Maintenance /child support payment \$ _____	Clothing \$ _____
Food \$ _____	Vehicle costs (gas, maintenance, repair) \$ _____
Other monthly expense \$ _____	Other monthly expense \$ _____

**Column 2. Total of monthly living expenses: \$ \_\_\_\_\_**

**Please add the amounts of Column 1 and Column 2: TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

**\*\* Please attach copies of your last month's bills.**



**9. ASSETS**

**List all chequing accounts and savings accounts information below:**

Name and address of bank or credit union: _____  Account number _____ Balance \$ _____	Name and address of bank or credit union: _____  Account number _____ Balance \$ _____
Name and address of bank or credit union: _____  Account number _____ Balance \$ _____	Name and address of bank or credit union: _____  Account number _____ Balance \$ _____
RRSP/RPP group retirement plan or policy: Contact information: _____  Plan/policy number _____ Balance \$ _____	RRSP/RPP group retirement plan or policy: Contact information: _____  Plan/policy number _____ Balance \$ _____
Are you the owner (no payments) of one or more: Vehicles (car, truck etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> Make and year: _____ Make and year: _____	Are you the owner (no payments) of any of the following: Stove: Yes <input type="checkbox"/> No <input type="checkbox"/> Refrigerator: Yes <input type="checkbox"/> No <input type="checkbox"/> Washer: Yes <input type="checkbox"/> No <input type="checkbox"/> Dryer: Yes <input type="checkbox"/> No <input type="checkbox"/>

**10. DEBT**

**For what items, and to whom, do you and the co-applicant owe money?**

Vehicle: Unpaid balance \$ _____ Months left to pay: _____	Monthly payment \$ _____
Vehicle: Unpaid balance \$ _____ Months left to pay: _____	Monthly payment \$ _____
Vehicle: Unpaid balance \$ _____ Months left to pay: _____	Monthly payment \$ _____
Credit card: Unpaid balance \$ _____ Months left to pay: _____	Monthly payment \$ _____
Credit card: Unpaid balance \$ _____ Months left to pay: _____	Monthly payment \$ _____
Credit card: Unpaid balance \$ _____ Months left to pay: _____	Monthly payment \$ _____
Furniture/electronics: Store name: _____ Unpaid balance: \$ _____ Months left to pay: _____	Monthly payment \$ _____
Name and address of any other company where money is owed: _____ Unpaid balance: \$ _____ Months left to pay: _____	Monthly payment: \$ _____
Name and address of any other company where money is owed: _____ Unpaid balance: \$ _____ Months left to pay: _____	Monthly payment: \$ _____
Any other money owed: \$ _____	Monthly payment: \$ _____
<b>Total monthly debt payments:</b>	<b>\$ _____ per month</b>

**11. REQUIRED DOCUMENTS - PLEASE PROVIDE THE FOLLOWING:**

Copies of the last two years' income tax returns for the primary applicant and the co-applicant

Copies of your last four pay stubs for the primary applicant and the co-applicant

Two reference letters from sources other than your family (e.g., employers, instructors etc.)

**12. DECLARATIONS**

Please check the appropriate box to answer the questions below:

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying maintenance or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you have any unpaid collection items? e.g., utility bills, speeding tickets, parking tickets, phone bills, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "Yes" to any of these questions **does not** automatically disqualify you.

If you answered "Yes" to any question please provide the details below or on a separate sheet of paper.

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**13. AUTHORIZATION AND RELEASE**

I understand that by filing this application I am authorizing Manitoba Tipi Mitawa Inc. to evaluate my need for a home, my ability to meet the financial obligations and other expenses of homeownership, and my willingness to be a partner family.

I understand that the evaluation will include a mandatory credit check and employment verification.

I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to purchase a house, I may be disqualified from the program.

The original or a copy of this application will be retained by Manitoba Tipi Mitawa Inc. even if my application is not approved.

Primary applicant's signature: X _____	Date: _____
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Co-applicant's signature: X _____	Date: _____
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Primary applicant's full name: (please print) _____	Co-applicant's full name: (please print) _____
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Please note: if more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. (Please state whether the information is about yourself or a co-applicant).

**OFFICE USE ONLY – Please do not write in this area**

Date reviewed: _____	
More information requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date additional information received: _____
Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date letter sent: _____

**OFFICE USE ONLY -- To be completed by the individual reviewing the application**

This application was delivered: <input type="checkbox"/> In person <input type="checkbox"/> Via postal service <input type="checkbox"/> Via courier <input type="checkbox"/> Via e-mail	Name of reviewer: (please print) _____
	Signature of reviewer: X _____



