

## HOMEOWNER'S REPAIR PROGRAM APPLICATION

APPLICANT INFORMATION	
Applicant Name:	
Address of the property seeking repairs:	Are you the registered owner of this property? YES <input type="checkbox"/> NO <input type="checkbox"/>
If the registered homeowner is not the applicant, name of homeowner:	Has the registered owner previously been a recipient of the homeowner's repair program? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone Number:	
Email:	
Mailing Address:	
ELIGIBILITY DECLARATION	
I confirm that I am a Yuutu?it?ath Citizen:	YES <input type="checkbox"/> NO <input type="checkbox"/>
I confirm that I am registered owner/co-owner and primary resident of the property this grant is intended to be applied to:	YES <input type="checkbox"/> NO <input type="checkbox"/>
PROJECT DESCRIPTION – Describe and (if possible) provide examples of proposed repairs. This includes a breakdown of general work and costs and when necessary, quotes from vendors/contractors.	
*Attach separate sheet if more room is needed, including proposed plans or supporting documentation*	

Estimated Cost of Project: \$_____	Amount Being Applied For: \$_____ (Maximum \$5,000)
<p><b>I hereby authorize the Yuułu?i?atḥ Government to access information pertaining to this application for the purposes of confirming Program Eligibility, homeownership status, and administering the Homeowner's Repair Program.</b></p> <p><b>I certify and declare that all information provided in this application is true to the best of my knowledge.</b></p>	
Applicant Signature:	Date Signed:
If different from applicant, Homeowner's signature:	Date Signed:

Please submit your application by:

**Mail:**

PO Box 699  
Ucluelet, BC V0R 3A0

**In Person:**

Cixwatin Centre  
700 Wya Rd.  
hitaću, BC

**Email:**

housing@ufn.ca

**Reference: Homeowner's Repair Program Application**