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 &	For all applicant(s): Attach a photocopy of your current
Photo Identification	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 <u>www.cra.gc.ca</u> for more
	information.

Please attach the following if applicable:

Mo	ortgage 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. PLEASE ADVISE OUR STAFF AS THERE IS A SEPARATE FORM NEEDED.

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 <u>www.lrcc.mb.ca</u> or the MMF website at <u>www.mmf.mb.ca</u>.

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 \$100,000.00. The applicant's total liquid assets (inclusive of RRSP Investments) must also not exceed \$60,000.00 as the FTHPP is a needs based program. The maximum purchase price for the program is \$600,000.00.

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.

<u>Household</u>

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.

1. Applicant Information		
Primary Applicant:		
		//
First Name Middle Name Surname	Date of Birth:	Day Month Year
Street Address City	Province	Postal Code
Mailing Address if different than above (RR #, Box #, etc.)		
H Phone: ()W Phone: ()	C Phone: ()
Email Address: Ad	d to MMF email List?	□ Yes □ No
Marital Status:	oarated	U Widowed U Other
Metis Status: Metis Citizenship Card Metis Citizenship (Proof Required)	Application submitte	d (awaiting confirmation)
Sex: 🗆 Male 🗆 Female 🗆 Other		
Secondary Contact: Primary Pho (Other than those listed on this application)	ne: ()	
Co-Applicant (if any):		
First Name Middle Name Surname	Date of Birth:	// Day Month Year
Street Address City	Province	Postal Code
Mailing Address if different than above (RR #, Box #, etc.)		
H Phone: ()W Phone: ()	C Phone: ()
Email Address: Ad	d to MMF email List?	□ Yes □ No
Marital Status: 🗆 Single 🗆 Married 🗆 Common Law 🗆 Sep	oarated Divorced	□ Widowed □ Other
Metis Status: Metis Citizenship Card Metis Citizenship (Proof Required)	Application submitte	d (awaiting confirmation)
Sex: Male Female Other		

2. Household Composition (Exclud	ing 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 If no, provide the name of the pers	•		No ⁻ week they live wit	th you.	
Name	# Days/Week		or Not Living with y		ime
1.	" Days, Week	neusonn			
2.					
3. Combined Taxable Household Ir	come & Net Wo	rth			
What is your combined Taxable Ho					
		т <u></u>			
Please submit the following proof of	of income (copies	s) with this	request: Two mos	st recent	years CRA
Notice of Assessments and Notice	of Reassessment	(if applical	ole). Note: Copies	of incon	ne tax
returns may be required, two years	s T4 slip(s), and ty	wo current	paystubs from sou	urce(s) of	f income.
For solf employed explicents, Two	- most recent ver		tion of Association	c and vo	ur most
For self-employed applicants: Two recent Tax Return/Accountant Prep required.				-	
For this application, self-employment income will be reduced by all deductions allowed by the Canada					
Revenue Agency, except for the fol	-				
 Capital Cost Allowances for Rent paid by the individual 	•	-		from the	eir residence;
3. Childcare expenses					

	Value	Liabilities	Balance Owing	Monthly Paym	
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	\$		
		Total Net Worth	\$		
		(Assets-Liabilities)			
4. Program Prior Please Identify w	hich if any of the follov	ving Program Priorities	apply (Check Al	That Apply)	
Residing in So	cial Housing 🛛 Escap	ing Situations of Violer	nce		
Briefly Explain:					
,,,,,,,					
5. Other Concer		felles in en e de en es			
	rship address any of the	e following needs of co	oncerns? (Cneck	All That Apply)	
Will home owne			Family Reun		
	🛛 🗆 Health & Safety	Accessibility Need		ification	
Overcrowding	Health & Safety	Accessibility Need		ification	
Will home owne □ Overcrowding Briefly Explain:	□ Health & Safety	Accessibility Need		ification	

6. Present Accommodation	ons			
At Present, do you:				
□ Rent □ Live with a family member □ Other, explain:				
If you are a current tenan	t, please provid	e <u>name</u> an	d <u>phone number</u> of your	landlord or Social
Housing Provider:			,	
Name:		Phone #:		
		-		
Amount of monthly rent (if any): \$		Are utilities included	? 🗆 Yes 🗆 No
Have you or any other ap	nlicant over own	and a hom	a or have ownership of a	ny home or any other
real estate including cotta			-	any nome of any other
-	-	•		nonving questionnaire.
🗆 Yes 🗆 No If Yes, pl	ease provide rea	ason(s) bei	ow and fill out the accom	ipanying questionnaire:
7. Additional Information				
Have you signed an Agree	ement or Offer o	of Purchase	and/or Sale? □ Yes	🗆 No
*If you require the MMF F	First Time Home	Purchase I	Program funds for a hom	e purchase, please DO
NOT make an offer on a h				
Time Home Purchase App				,
Do you have a Lawyer?			"	
□ Yes □ No If Yes, Contact Info:				
Do you have a Pealtor?				
Do you have a Realtor?				
🗆 Yes 🗆 No If Yes, Co				
Name of your Financial In	stitution & Cont	act Inform	ation:	
Please indicate applicant	• •	• •		
income. If length of empl	oyment is less t	han one ye	ear, please list previous e	mployer.
Applicant Name	Employer Nam	ne	Employer Address	Length of
				Employment
1.				F - /
2.				
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2	<u> </u>			
3.				
	ļ			
4.				

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	e Program?
Please choose all that apply:	
MMF Social Media MMF Website MMF Local	MMF Regional Office
□ Information Session □ MMF Affiliate □ Word of Me	outh 🛛 Other:
10. MMF First Time Home Purchase Program Terms	
Louis Riel Capital Corporation (LRCC), the administrator for the	FTHPP will enter into a forgivable loan
agreement (FLA) with each successful Metis applicant prior to	advancing funds and will ensure that
the terms of the FLA include a covenant by the Metis applicant	to repay all or part of the advanced
funds to LRCC if the terms of the FTHPP are not fulfilled ie. The	property ceases to be the applicant's
primary residence, the Metis applicant obtains their First Natio	ons Status under the Indian Act,
meaning they become a status Indian or a registered Indian, or	r you cease to be a Red River Metis
Citizen within ten (10) years following the date of possession.	This forgivable loan agreement will be
registered as a Mortgage against title to your home property	<u>until such time as your commitment</u>
under the FTHPP and FLA has been fulfilled. The mortgage re	presents the security & commitment
to the FTHPP in the event of a default in the mortgage or terr	<u>ns of the FLA.</u>
If successful, funds will be advanced to the solicitor acting for t	he purchaser to be held in trust pending
completion of the sale. No funds will be advanced to any other	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 we	ants to re-apply for the funding, the
applicant must re-submit their application and meet the eligible	ility requirements.
All applicants who give personal information to LRCC shall be r	equired to consent to the release of that
information to the MMF to comply with the Personal Information	ion Protection and Electronic documents
Act (PIPEDA) and Freedom of Information and Protection of Pr	ivacy Act (FIPPA). The information
provided on this application will be used for the purpose of det	ermining eligibility and potential
successful selection for the MMF FTHPP assisted homeownersh	nip program.
The undersigned consents to the release of information in this	application form and the attached
documents if required by law. Any questions regarding the co	llection or release of this information
should be directed to:	
Manitoba Metis Federation First Time Home Purchase Program	n
C/O Louis Riel Capital Corporation	
Unit 720- 200 Main St	

Email: info@lrcc.mb.ca Toll Free: 1-800-387-6004 Local: 204-589-0772 Fax: 204-589-0791

Winnipeg Manitoba R3C 1A8

The undersigned hereby understands, agrees, and decla					
• 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 p		rogram requirements are			
met and prior to any forgivable loan agreeme	ent being signea;				
I/we consent to the sharing of my/our information with	h LRCC or MMF strategic partners.				
I/we certify that the information provided in this application knowledge.	cation is true, complete, and accurate to the l	best of my/our			
I/we acknowledge that knowingly making a false or fra this application for the MMF First Time Home Purchase		cient cause for refusal of			
I/we understand the terms and conditions for complian the Program Administrator, Louis Riel Capital Corporati		Metis Federation and/or			
Furthermore, it is understood and I/we are agreeable to Equifax/Credit Bureau Report on us.	o LRCC conduction a full credit investigation	including pulling an			
	o's tarms and conditions				
I/We have read understand and agree to the program					
I/We have read, understand, and agree to the program Before submitting this application, the signat		D using the snace			
Before submitting this application, the signat		ED using the space			
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Before submitting this application, the signat provided below:	ture(s) <u>MUST BE WITNESSED & DATI</u>				
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Before submitting this application, the signat provided below:	ture(s) <u>MUST BE WITNESSED & DATI</u>				
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print)	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature				
Before submitting this application, the signat provided below:	ture(s) <u>MUST BE WITNESSED & DATI</u>	Date			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print) Co-Applicant Name (required) (please print)	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature Co-Applicant Signature	Date Date			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print)	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature	Date			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print) Co-Applicant Name (required) (please print) Witness Name (required) (please print)	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature Co-Applicant Signature Witness Signature	Date Date Date Date			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print) Co-Applicant Name (required) (please print)	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature Co-Applicant Signature Witness Signature	Date Date Date Date			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print) Co-Applicant Name (required) (please print) Witness Name (required) (please print) For assistance with this application or quest	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature Co-Applicant Signature Witness Signature	Date Date Date Date			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print) Co-Applicant Name (required) (please print) Witness Name (required) (please print) For assistance with this application or quest Louis Riel Capital Corporation	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature Co-Applicant Signature Witness Signature Sions regarding your submission, ple	Date Date Date Date case contact:			
Before submitting this application, the signat provided below: Primary Applicant Name (required) (please print) Co-Applicant Name (required) (please print) Witness Name (required) (please print) For assistance with this application or quest	ture(s) <u>MUST BE WITNESSED & DATI</u> Primary Applicant Signature Co-Applicant Signature Witness Signature tions regarding your submission, ple Email: info@lrcd	Date Date Date Date ase contact: c.mb.ca -387-6004			

12. FIF	ST TIME HOME PURCHASE PROGRAM: PREVIOUS HOMEOWNERSHIP QUESTIONNAIRE
Eor Ma	etis Applicant(s) Only
	fill out the following questionnaire <u>ONLY IF YOU HAVE OWNED A HOME</u> to determine if you
	qualify for the First Time Home Purchase Program (FTHPP)
1.	Are you a Manitoba Metis Citizen:
1.	
	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:
	\square 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)
4.	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)
5.	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)