

Déline Got'ine Government (DGG) Modular Home Application Policy

OBJECTIVE

The DGG Modular Home Application Policy is a policy to allocate 6 - 3-bedroom modular homes and 2 - 1-bedroom modular homes.

The DGG Modular Home Application Policy provides an opportunity for Déline Residents to apply for the modular homes in a fair and consistent manner.

POLICY ADHEREANCE

The policies developed for the DGG Modular Home Application Policy are the rules that must be adhered to when applying for a modular home. Policy will override a procedural directive if there is a procedural directive.

POLICY CHANGE

Any request for policy change must be submitted in writing to the Assistant Director of Housing & Infrastructure for the DGG.

Any requests for policy change must be approved by the Déline K'aowedó Ke (DKK). If the policy is changed it will apply to all future applicants to the Modular Home Project.

PUBLIC NOTIFICATION

Public notification and promotion of the DGG Modular Home Project is required as part of the program delivery process.

DELIVERY

The DGG Modular Home Application Policy is to be administered according to these policies that have been developed specifically for the application process.



DELIVERY AGENT

Déline Got'ine Government (DGG) is the delivery agent.

APPLICATION REQUIREMENTS

All Déline Residents are required to complete an application form for the DGG Modular Home Project

POINT RATING PROCESS

All applications to the Modular Home Project will be point rated on the same criteria so that all applicants are treated fairly and consistently.

In the case that 2 applications are of equal points, the date of the application will be considered for selection.

In the case that the dates are the same, a lottery will take place for the selection.

ELIGIBILITY

Only Déline Residents will be eligible for the DGG Modular Home Project.

ELEGIBILITY REQUIREMENTS

AGE: Clients must be of age to sign a contract (19 years old).

RESIDENCY: The Applicants must be Déline Residents and living in Deline, NT **INCOME:** Clients must prove they have adequate income to prove that they are capable of purchasing the home, complete necessary repairs and are able to upkeep all utilities.

ARREARS: It's best not to have arrears with any local Property Management Organization in Déline. This would prove that the clients will make their monthly rental payments on time and do not have arrears with other local property management organizations.

CREDIT: The Applicants should have a satisfactory credit check, if necessary.

DGG EMPLOYEES

The eligibility criteria apply to DGG Employees the same way as other applicants.



INCOME VERIFICATION

Income verification is required to prove that the applicant can upkeep the Modular Homes.

All information in the applications will be verified for accuracy.

Only the Primary Applicants income will be considered.

PRIORIZATION OF APPLICANTS

Applicants who have met the requirement criteria will be processed according to a DGG Modular Home Project Point Rating Process.

APPLICANTS

To be considered for the DGG Modular Home Project, you must be the Primary applicant on the Application form.

Other applicants may not apply for someone else using their income. Example: A mother or Father cannot apply for the program for their children stating that they will pay the expenses for the Modular Home.

CLIENT APPROVAL

Clients who have been selected in the DGG Modular Home Project must be provided with an approval letter signed by the CEO, see a sample of the letter in schedule "A".

Clients who have not been selected in the DGG Modular Home Project must be provided with a letter stating that they have not been selected for the one-time DGG Modular Home Project signed by the CEO, see a sample of the letter in Schedule "B".

SIGNATURES

The primary applicant must sign the application.



In situations where clients are married or living in common law DGG considers assistance to be given to the primary applicant. Any mortgages, agreements and land documentation must be in the primary applicant's name.

PRINCIPLE RESIDENCE

The Client must maintain the unit as their principle and sole residence.



SCHEDULE "A" SAMPLE LETTER – SUCCESSFUL APPLICANT

Dear Applicant:

I am pleased to inform you that you have been allocated a _____ bedroom unit on Lot # _____, Block #_____, Plan #_____ Modular Home under the DGG Modular Home Project.

Prior to moving in you are required to complete/pay the following:

- Pay a security deposit in the amount of \$_____
- Complete and sign a check-in report and a Unit Condition Rating Form.
- Review and sign a Lease to Own Agreement.
- Sign a Customer Service Order for NTPC for power to be transferred to your name.
- Complete and sign utilities form to transfer water/sewage and garbage to your name.
- Provide a copy of content/tenant/s insurance as soon as possible.

You will have the option to purchase the real property if you are not in default of the Rent to Own Agreement.

If you have any questions or concerns, please see the Assistant Director of Housing & Infrastructure at the John Tetso Building, Office #JTB #11.

Congratulations on this great opportunity to own your own home with the assistance of the DGG.

Sincerely,

Paulina Roche, CEO



SCHEDULE "B" SAMPLE LETTER – UNSUCCESSFULL APPLICANTS

Dear Applicant:

On behalf of the DGG we would like to thank you for your interest in the DGG'S Modular Home Project.

All applications received under the Modular Home Project has been approved and point rated according to the DGG Modular Home Project point rating process.

Although you have met the requirements to the Modular Home Project, unfortunately, your application has not been selected as you were not one of the highest point rated.

This is to inform you that the DGG will be offering future housing programs and if you are interested, you can make another application.

Sincerely,

Paulina Roche, CEO



SCHEDULE "C" SAMPLE LETTER – FAMILY SEPARATION

In the event of family separation, the primary applicant will take full ownership of the unit and assume responsibility for the premises. The DGG requires that both partners sign an agreement stating that the primary applicant will be responsible for the premises after separation.

| l, | and | | | | | | a | gree |
|-------------------------------------|------|--------|------|---------------|------|------|------------|-------|
| that | will | take | full | ownership | of | the | premises | and |
| assume the responsibility for the p | remi | ses in | the | event of a re | elat | ions | hip separa | tion. |

| Signature |
|---------------|
| - |

Date

Date



Modular Home Application

| Application#: | |
|-----------------|--|
| Applicant Name: | |
| Date Received: | |
| Time Received: | |
| Received by: | |
| | |

Applicant Signature: _____



MODULAR HOME APPLICATION

How many bedrooms are you applying for: _____

Primary Applicant – Personal Information

PRIMARY APPLICANT

| Name: | |
|-------------------|--|
| Date of Birth: | |
| Mailing Address: | |
| Email Address: | |
| Home/Cell Number: | |
| Work Number: | |

INCOME INFORMATION

| Current Employer Name: | |
|----------------------------------|--|
| Employer Phone Number: | |
| Employer Email Address: | |
| Your Job Title: | |
| How long have you been employed? | |
| Gross Annual Income | |

Primary Applicant - Present Accommodation

| Where are you living now? | | | |
|-------------------------------|---------------------|------|--|
| Why are you living there? | | | |
| Spouse/Common-law Partner na | ime: | | |
| How many children do you have | that live with you? | | |
| | | | |
| Child Name: | Sex: M/F | DOB: | |
| Child Name: | Sex: M/F | DOB: | |
| Child Name: | Sex: M/F | DOB: | |
| Child Name: | Sex: M/F | DOB: | |
| Child Name: | Sex: M/F | DOB: | |



Primary Applicant - Income Sources and Expenses

INCOME SOURCE

| Monthly Income | \$ | |
|--------------------------------|----|----|
| Yearly Income | | \$ |
| Monthly Employment Insurance | \$ | |
| Monthly Income Support | \$ | |
| Monthly Child Tax | \$ | |
| Monthly Old Age Pension | \$ | |
| Monthly Canada Pension Plan | \$ | |
| Quarterly GST Amount | · | \$ |
| Total monthly income: | \$ | |
| EXPENSES | | |
| Monthly Rent | \$ | |
| Monthly Power | \$ | |
| Monthly Fuel | \$ | |
| Monthly Water/Sewer | \$ | |
| Monthly Food/Supplies | \$ | |
| Monthly Telephone/Cell Phone | \$ | |
| Monthly Cable/Satellite | \$ | |
| Annual Land Lease/Property Tax | · | \$ |
| Other Debt | \$ | |
| Other Debt | \$ | |
| Other Debt | \$ | |
| Total monthly expenses: | \$ | |

Primary Applicant - Residential History

PREVIOUS OR CURRENT LANDLORD

| Name: | | |
|----------------|--|--|
| Phone Number: | | |
| Email Address: | | |

| Do you have arrears with your | previous or current landlord? _ | If yes, how |
|-------------------------------|-------------------------------------------|-----------------------------|
| much? | (You may be asked to sign a release of in | fo. to check into arrears). |

| Do you have arrears with NWT | Power Corporation (NTPC)? | If yes, how |
|------------------------------|----------------------------------------|-------------------------------|
| much? | (You may be asked to sign a release of | info. to check into arrears). |

DGG Financial Assistance

Have you received any financial assistance from the DGG Reaching Home fund?

| Yes | l No |
|-----|------|

If yes, how much assistance did you receive \$_____

Consent and Declaration

I declare that all the information on this application is current and complete.

Primary Applicant Signature

Date



released).

Authorization to Release/Exchange Confidential Information

This form cannot be used for third-party release of confidential information provided to **Deline Got'ine Government** by other individuals and agencies. Such requests should be referred to the original individual or agency.

| l, | authorize Deline Got'ine |
|------------------------------------------|--------------------------------------------------------------|
| Government to: | release to: |
| | obtain from: |
| | exchange with: |
| | |
| For the purpose of: | |
| | evaluation/assessment of rental application |
| | other (specify) |
| Information required | : |
| Does the applicant ha | ve arrears? |
| Is there a payment pla | an in place to clear arrears? |
| Was there a payment | plan in place but was not successful? y/n |
| Other: (specify) | |
| This consent will auto appears below. | matically expire one (1) year after the date of my signature |

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been

as it



Client DOB: _____

Signature of Client

Date

Signature of Witness

Date

Please return by EMAIL to: _____



INCOME VERIFICATION FORM

CONFIDENTIAL

The following salary or wage information verification is to be provided to the **Deline Got'ine Government** as requested by the employee to support his/her application for housing. I agree and consent that from time-to-time information on my employment income may be provided to the Deline Got'ine Government as requested on this form.

EMPLOYEE'S SIGNATURE

DATE

| EMPLOYEE INFORMATION | EMPLOYER INFORMATION |
|-------------------------------|-----------------------------------------------|
| Name: | Name: |
| Social Insurance Number: | Address: |
| Address: | |
| | |
| | |
| | |
| Job Title: | Phone: Email: |
| No. of months/years employed: | Job Type: (Permanent, seasonal, casual, term, |
| | part-time) |

| CURRENT GROSS ANNUAL SALARY (to be completed by Employer) | | | | |
|--------------------------------------------------------------|-----------------------------|---------------------|--|--|
| REGULAR WAGES | OVERTIME WAGES | BENEFITS | | |
| Average Weekly Hours: | Average O/T Hours per week: | Housing Allowance: | | |
| Hourly Rate: | Overtime Rate: | Northern Allowance: | | |
| Gross Average Bi-Weekly Salary: | Bi-weekly O/T Wage: | Vacation Allowance: | | |
| OTHER INCOME (specify): | | | | |
| TOTAL GROSS ANNUAL INC | OME: | | | |

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (please print)

TITLE

SIGNATURE

DATE

Please return by EMAIL to: _