Tulita Land Corporation
4 Celeste Street, PO Box 63
Tulita, NT X0E 0K0
Ph: (867) 588-3734 Fax: (867) 588-4025

Beneficiary Members Funding That Resides Out of Town
Urban, Rural, and Northern (URN) Funding

Applicant's Name: _____ Ph: _____

Beneficiary #: _____ Date of Birth: _____ SIN #: _____

Name of Spouse/Common Law: _____

Address: _____

_____

Name of Dependents residing in household:

1. _____ Beneficiary #: _____
2. _____ Beneficiary #: _____
3. _____ Beneficiary #: _____
4. _____ Beneficiary #: _____
5. _____ Beneficiary #: _____

Eligible Expenses: Housing needs for Sahtu beneficiaries living outside their designated land corporation, living in urban, rural, and northern areas.

- Temporary rent or mortgage payment assistance.
- Housing-related maintenance and renovations (excluding upgrades that increase property value, such as home additions).
- Construction of new housing types, including affordable housing, community housing, supportive housing, transitional housing, and shelters.

Date Limit:

- April 1st, 2024 to March 31st, 2025.
- $700 per household.

Members of the Tulita Land Corporation must be 19 years of age or older as of April 1st, 2024 can apply, and must show proof of rent, lease, or mortgage payment with ***ADDRESS AND DATE.***

PLEASE ATTACH:

- Proof of lease or rent or property tax payment with proper dates.
- Temporary rent or property tax payment with proper dates.
- Current letter of said property/landlord stating that resident has stayed within date limit, with property/landlord's contact information.
- Please make sure that lease/rent letters are signed by both parties.

PLEAST ATTACH VOID CHEQUE FOR DIRECT DEPOSIT. IF NO VOID CHEQUE IS ATTACHED, CHEQUE WILL BE MAILED TO ADDRESS PUT ON TOP.

If any false statements are made in an application, the applicant may be required to repay all amounts paid under this policy together with interest at the rate of interest charged by the Canada Revenue Agency on unpaid taxes. The applicant could also be subject to criminal prosecution and restrictions on accessing the programs of TLFC.

The Board of Directors will review the budgets annually and decide for each year whether the payments can be made and the amount of each payment (up to the maximum).

I, _____ declare that the information on this form is true and complete to the best of my knowledge.

Applicant Signature **Date**

_____ _____