



HOME IMPROVEMENT - RENOVATIONS APPLICATION

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PROGRAM OBJECTIVES AND GOALS

To ensure a safe and healthy home environment, by working toward individual home maintenance and pride through ownership.

Priority will be considered in the following order:

- 1.) Health, (i.e.) Mold
- 2.) Safety, (i.e.) Stairs
- 3.) Shelter, (i.e.) Windows and Doors
- 4.) Cost shared - Labour and Supplies
- 5.) Home Improvement Loan, (i.e.)
\$ 2500.00 to \$ 5000.00 H.I. loan % ___term.

Physical Address, House #: _____

Date of Occupancy: _____

Name of Occupant/Tenant: _____

Phone: () Cell:() _____

Dependants and other household members _____

Email: _____

Mailing Address: _____

HISTORY OF HOME

Date of Construction: _____

Date of Occupancy: _____

Post Tenants: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Basement liveable: _____

Past renovation & Improvements: _____

Type of home: Bungalow Duplex
Bi Level Mobile Home

Dates of Renovation (s) : _____

Note: Improvement Reason: Natural Wear
Vandalism

May the Housing Manager inspect your home to examine its present condition? Yes No

Comments (Applicant) : _____

PROJECT REQUEST

Room (s) (i.e.) Bathroom: _____

Plumbing: _____

Electrical: _____

Structure (i.e.) Roof, (shingles) : _____

Signature of Applicant: _____ Date: _____

PROJECT PARTICULARS - OFFICE USE ONLY

Housing Manager Inspection: Yes No Date Inspection Completed: _____

Work Order Priority 1 2 3 4 5 Date of Work Order Commencement: _____

*** insert priority scale explanation here***

Assigned Foreman: _____ Phone: () _____ Cell:() _____

Carpenters : _____

Projected time frame of completion: Stage # 1 _____
Stage # 2 _____

Materials: _____

Work Duties: _____

Comments: _____

PROJECTED EXPENDANTURES

Material Costs : _____

Labour Costs: _____

Labour Costs : _____

Approx Value / Budget: _____

Payroll Deduction: _____

Interest Rate: _____

Payment Schedule : _____

PO # _____

Executive Director Signature : _____

Finance Officer Signature : _____

HOME OWNER / TENANT EVALUATION

Work Quality: _____

Cost: _____

Time frame: _____

Scale rating: _____

Comments : _____

What would you suggest for improved program service and delivery: _____

Project Officer Evaluation _____

Housing Manager: _____ Date: _____

Tennant : _____ Date: _____

Portfolio Councillor: _____ Date _____

Entered: _____