



P.O. Box 159
Maskwacis, Alberta
TOC 1N0
Phone: (780) 585-3919
Email: scn.housingrd@gmail.com

RESIDENTIAL DEVELOPMENT DEPARTMENT

DIY REIMBURSEMENT PROGRAM POLICY

1. Only the registered home occupant can apply for the reimbursement program.
2. Application and reimburse will not be issued every year.
3. Home occupant to apply every 2 years if funding is available.
4. One application and one reimbursement.
5. Reimbursements are not to exceed \$3000.00 per registered home occupant.
6. Receipts must be dated within that fiscal year.
7. The department will absolutely not reimburse for furniture, fuel, equipment, and tools of any sort. PLEASE NOTE: All items will be subtracted from invoice/s.
8. Receipts will not be accepted if the house number or address is not on the receipts.
9. Reimbursements will ONLY be for material. NO LABOUR COSTS.
10. Home occupant cannot present receipts at different times throughout the year.
11. To qualify, you must be a Samson Band Member on the membership list.
12. Proof of purchase must accompany receipts and invoice/s with registered occupants name and house number.
13. Due to the funding process, this program will only run as funds are available.
14. Please do not provide original receipts, and invoices
15. In the event funding runs out before an applicant can be considered, they must re-apply the following fiscal year. When re-applying, provide your receipts and invoices from previous year with an explanation that you applied previously.

ON-RESERVE:

- CMHC Units do not qualify for this program.
- In the event the work being requested for reimbursement has the potential for reimbursement through another agency, the request will be forwarded to that alternate program or agency.
- Inspections will be required before any payment will be processed and all payments will NOT be given until the Friday of the following week.

OFF-RESERVE:

- Must provide a copy of their mortgage agreement with their name on it.
- Must keep mortgage in their name for 3 years after accessing the DIY program, or reimburse SCN.
- Because an Inspection cannot be performed by SCN, client must provide before and after pictures.

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D.I.Y. REIMBURSEMENT PROGRAM APPLICATION FORM

House Number/Address & Phone #		Date:
Client Name:	Band Number:	
Project:	Are Receipt copies attached?	

For Office Only:

Reviewed by:	Date:
Was the Project Inspected?	If so, by who?
If it wasn't Inspected, provide reason why not:	
Approved: ____. Yes _____. No	If denied, provide reason:
Amount: \$ _____	