

The Métis Nation–Saskatchewan Disability Adaptation Program (DAP) is a component of the MN–S Housing Strategy.

Maximum funding for eligible citizen is up to \$15,000 for South/Central citizens and up to \$18,000 for Northern citizens

Please return your application to dap@mns.ca with **ALL** the following information:

Fully completed and signed DAP Application form

Copy of a valid MN–S Métis Citizenship card
(beneficiary and/or applicant if applicable)

Copy of Government-Issued Photo ID

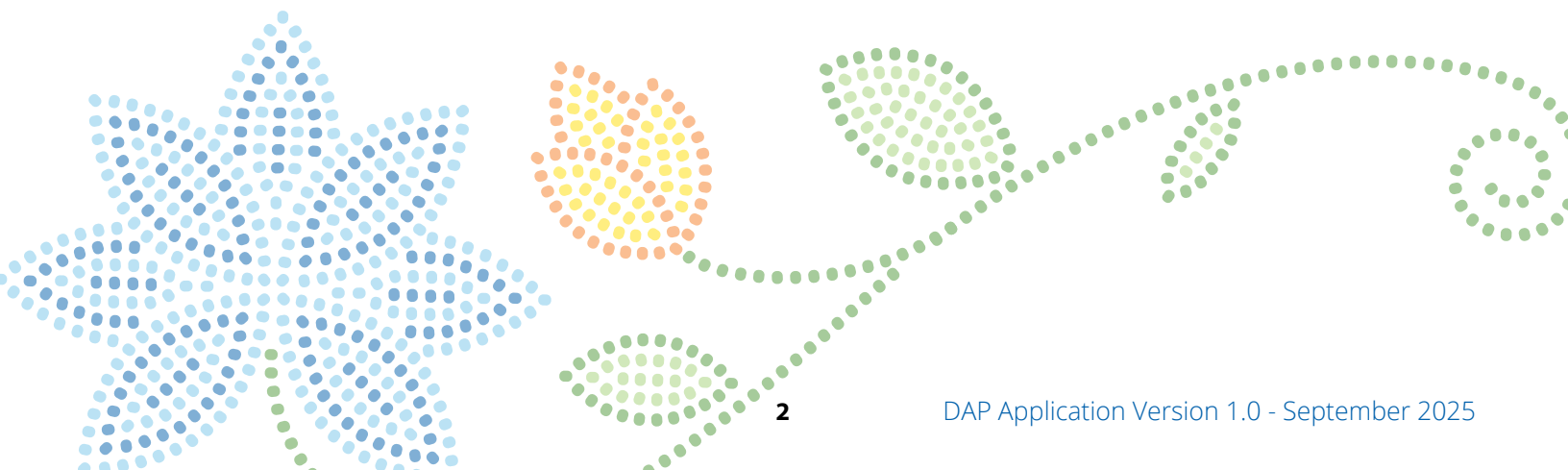
Copy of the most recent CRA Notice of Assessment or Reassessment for all household members over the age of 18

Tenants only – Lease agreement and letter from landlord stating permission for adaptations and landlord contact information

Adaptation Reference – letter from a medical professional or community member confirming the need for adaptation.

Eligible Homes	Ineligible Homes
<ul style="list-style-type: none"> Must be a residential dwelling single family, duplex, townhouse, condo. Owned Homes Rented Homes with Landlord Permission Homes in Saskatchewan Primary Residences Homes on leased land 	<ul style="list-style-type: none"> Homes outside of Saskatchewan Vacation Homes Non-Primary Residences Rented homes with no Landlord Permission Commercial properties

Eligible Expenditures	Ineligible Expenditures
<ul style="list-style-type: none"> Wheelchair ramps Stairlifts/Wheelchair lifts Adapted bathrooms Widened doorways Adaptations to accommodate ongoing at-home medical treatment (ie.dialysis) Other adaptations may be eligible upon request and approval of MN-S DAP 	<ul style="list-style-type: none"> Cosmetic renovations Home repair not related to accessibility Additions, garages, outbuildings Landscaping or fencing Heating, Air Conditioning Appliances or furniture Adaptations completed prior to approval



Program funding is limited.

Only completed applications will proceed.

Please submit applications to:

Email: dap@mns.ca

Mail: 310 20th Street East,
Saskatoon, SK S7K 0A7

Questions? Please contact us:

Disability Adaptation Program

Phone: 306-343-8240

Email: dap@mns.ca

APPLICANT AND HOUSEHOLD OCCUPANT INFORMATION

Applicant or Beneficiary Must be a registered Métis citizen with MN-S.
If the applicant is **not** the direct beneficiary of the adaptations, please also fill out the Beneficiary information below.

What is your preferred method of contact? Mail Phone Email

First Name Initial Last Name

Property Address City Province Postal Code

Mailing address if different than above (R.R. #, Box#, etc.)

Primary Phone Email Address

Date of Birth (DD/MM/YYYY) Gross Annual Income (\$)

Employment Status:

Full-Time Part-Time Student Retired Unemployed Other

Marital Status:

Single Married Common Law Separated Divorced Widowed Other

Registered MN-S Citizenship # (required)

To which gender do you most identify : Male Female Other

Beneficiary Information:

First Name	Initial	Last Name
Date of Birth (DD/MM/YYYY)		Gross Annual Income (\$)
Employment Status:		
Full-Time	Part-Time	Student
		Retired
		Unemployed
		Other
Marital Status:		
Single	Married	Common Law
		Separated
		Divorced
		Widowed
		Other
Registered MN-S Citizenship #		
To which gender do you most identify :		
	Male	Female
		Other

Other Household Occupants

Please list all other people living in the home, including children.

Name	Gender	Age	Relationship to Applicant	Employment Status

Income Tax Notice of Assessment: You **MUST** send a copy of the Canada Revenue Agency (CRA) Income Tax Notice of Assessment for every working member in the household. If you are unable to find this form, you may ask for a copy by calling the CRA at 1-800-959-8281.

Primary Residence

Only the Primary Residence of the **Beneficiary** is eligible for adaptations.
Background checks may be carried out.

Please choose one (as the applicant):

I own the property and am on the title

I am renting the property, and can submit a rental agreement
and obtain written landlord permission

I am a Northern resident who is leasing crown land and can submit
a current lease agreement

Years in home If renting, how many months/years are left in the agreement?

What year was the home built? (Approximate) Style of Home (E.g. Bungalow, Two Story, Condo, etc.)

Disability Adaptations

Please check one or more of the eligible adaptations you have identified as critical.

Wheelchair Ramp

Stair Lift

Bathroom Adaptation

Medical Equipment Adaptations

Doorway Adjustments

Handrails/Grab Bars

Other _____

(All others will be reviewed on a case-by-case basis)

DECLARATION OF TRUTH AND CONSENT

- The Applicant declares that all the facts given in this application form are true and complete and that the gross annual incomes declared are factual and true.
- The Applicant declares that they are a Registered Métis citizen with citizenship from Métis Nation–Saskatchewan.
- The Applicant declares that they have not applied for First Nation status under Bill C-31 or Bill S-3 or any other government legislation.
- The Applicant declares that the property listed in this application form is the primary residence of the Applicant or beneficiary
- The Applicant acknowledges and agrees that any work started before getting approval in writing from Métis Nation–Saskatchewan (MN–S) is not eligible for program funding.
- The Applicant gives consent to MN–S and its agents to investigate and disclose any of the facts given in this application form for internal purposes or to other agencies for any of these reasons:
 - to confirm household income
 - to confirm disability adaptations requirements
 - to confirm eligibility for program funding
 - to program funding partners for audit purposes
- The Applicant agrees to reimburse MN–S the full amount of funding if there is not full disclosure of information and/or work is found not in compliance with the contract.
- The Applicant authorizes MN–S or its agents to conduct an inspection(s) of the applicant's home and property and request financial documentation for the purposes of confirming the completion of the work and compliance of the contract.
- The Applicant agrees to reimburse MN–S for any work deemed to be ineligible and/or not in compliance with the contract.
- The Applicant acknowledges and agrees that the facts given in this application form will be kept and disposed of as required by The Archives and Public Records Management Act.
- The Applicant agrees that MN–S may collect data and contact them from time to time for the purpose of conducting any client-related surveys about the Program.
- The Applicant understands that this application does not obligate MN–S to approve funding.

MN–S Disability Adaptation Program – Applicant Signatures:

Primary Applicant – Sign here / type your name

Date

Beneficiary - Sign here / type your name

Date

PROGRAM DEFINITIONS

“Applicant” refers to the Métis citizen who applies for the DAP program. The Applicants must reside in the residence and provide proof of residency. The Applicant is responsible for all communications with MN-S. It is possible that the Applicant is also the Beneficiary

“Primary Residence” is a residence that is ordinarily inhabited by the Applicant(s).

“Primary Residence” also meets the definition of “Principal Residence” as set out in the Income Tax Act of Canada and is claimed as such on an Applicant’s tax return.

“Gross Annual Household Income” includes the sum of all annual earnings for all adult members 18 years or older who are residing in the home as economic family members or unattached individuals not paying rent. An economic family is defined as a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common law or adoption. An unattached individual is a person living either alone or with others to whom they are unrelated. Unattached individuals who are paying rent may be omitted in calculating the Gross Annual Household Income. However, the rental income from the unattached individual(s) must be included in the Applicant’s income calculation.

“Beneficiary” refers to the household member who is the home adaptations are intended for, specifically to improve accessibility, mobility and quality of care. The Beneficiary must reside in the residence primarily. It is possible the Beneficiary is also the Applicant.

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Consent to Release or Obtain Information Form

Please complete this form to have someone else communicate verbally or electronically (written) with MN-S on your behalf.

I (the applicant) permit the contact designated on this form to release and obtain my personal information to Métis Nation–Saskatchewan (MN–S).

I understand that:

- The designated contact may be included in communications pertaining to my application(s) for MN–S Housing Programs.
- The designated contact may be privy to my personal information, including property information (including address), contact information, income, employment status, personal identification, financial documents, and legal documents.
- The designated contact can be the recipient and sender of legal and financial forms that require my signature.

Please check the options that apply to the designated contact below:

The designated contact can receive and send documents on my behalf.

The designated contact can make decisions about my application on my behalf.

Designated Contact Name:

Designated Contact Phone Number:

Designated Contact Email:

I authorize the contact designated on this form to release and obtain my personal information to Métis Nation–Saskatchewan (MN–S) until my application is closed or complete.

I hereby certify that the information given on this form is correct and complete,
this _____ day of _____, 2025.

Applicant Name:

Metis Nation–Saskatchewan Citizenship #:

Applicant Signature:

All information shared with the designated contact is to be kept confidential. Please do not retain electronic or physical copies once distributed to the applicant and Metis Nation–Saskatchewan.