



AKNOHSOT - Native (non-profit) Housing

2 Clark Street, Unit # 4 – St. Catharines, ON. ·
Ph: 905-641-0094 - Fax: 905

Application Checklist

- Use this checklist to ensure you have attached all the required documentation and have completed the application properly.
- If you do not complete all sections of this application and provide copies of the required documents, this application will be considered incomplete and will be returned to you for completion.
- This application will not be placed on the waitlist until all the documentation is provided and all sections of this application are completed.
- Once this application is deemed completed, it will be forwarded to the Tenant Selection Committee for consideration. If the TSC approves this application, the application will then be placed on the waitlist based on the date and time it was received as well as applicable priority status.

Ensure you include all the following:

- Complete **all sections** of this application
- Attach **photocopies** of birth certificates, passports, landed immigrant, permanent resident card or refugee claimants for all household members listed on the application
- Attach **copies** of documents verifying all income and assets for any person(s) over the age of 16 years
- Application to be **signed** by all persons over the age of 16 years
- IF you are requesting an additional room because a member of your household has **legal custody arrangement/agreement or visitation** involving overnights, a copy of the legal agreement/arrangement must be attached
- IF you are requesting an additional room because of a medical reason you must attach a detailed **medical verification from a designated professional**
- IF any persons listed on the application owns residential property that is suitable for year-round occupancy, they must complete a **homeowner declaration** and agree to sell the property within 6 months of being offered accommodations
- IF any person(s) listed on the application **owes arrears/monies** to a social housing provider, documentation from the social housing provider must be attached stating that the applicant or the person(s) listed on the application have entered into an acceptable ongoing repayment agreement regarding the arrears/monies owed to the social housing provider.

INSTRUCTIONS:

- Complete **all** sections and return to the address noted above.
- Please print all information in **blue or black ink**.
- If you need any assistance in completing this application, please contact the office at the above address.

1. APPLICANT

Last Name: _____ Middle Initial: _____ First Name: _____
 optional
 Social Insurance Number: _____ - _____ - _____ Birthdate: / / Male ___ Female
MM DD YY
 Address: _____ Unit #: _____
 City/Town: _____ Postal Code: _____
 Home Phone: () _____ Work Phone: () _____
 Are you: ___ Native Status, ___ Native Non-status, ___ Metis, ___ Inuit, ___ Not Applicable
 Present Martial Status: ___ Married, ___ Single, ___ Widower, ___ Divorced, ___ Separated, ___ Common Law
 Person to contact in your absence or act as your interpreter.
 Name: _____ Phone: () _____ Relationship: _____
 Emergency Contact: _____ Phone: () _____ Relationship: _____

2. CO-APPLICANT

Last Name: _____ Middle Initial: _____ First Name: _____
 Social Insurance Number: _____ - _____ - _____ Birthdate: / / Male ___ Female
MM DD YY
 Address: _____ Unit #: _____
 City/Town: _____ Postal Code: _____
 Home Phone: () _____ Work Phone: () _____

Personal information contained in this form or in attachments is collected by AKNOHSOT- Native Homes Incorporated pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O 1990 cF31). Or the Municipal Freedom of Information and is used to determine eligibility for housing applied to, continuation of housing and maybe used for the appropriate rent-gearred-to-income charge.

| For Office Use Only | | |
|---------------------|--|--------|
| Date Received | | File # |
| Received by: | | |

3. OTHER HOUSEHOLD MEMBERS TO RESIDE IN THE HOME FOR WHICH YOU ARE APPLYING

[If any of your children do not live with you all the time, place an X in the box next to the name(s).]

| Last Name | First Name | X | Birth Date | | | Sex | | Relationship |
|-----------|------------|---|------------|---|---|-----|---|--------------|
| | | | M | D | Y | M | F | |
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Are you currently expecting a baby? YES NO If Yes, when are you Due:

4. WHERE YOU LIVE NOW...

A. Are you currently: Renting
 Living in temporary accommodation (i.e. with friends or relatives, in a shelter, hostel, or motel, etc.) Please specify: _____
(Please provide supporting documents)

B. Do you currently own property? Yes No

C. Monthly Rent / Mortgage Payment: \$ _____ Gas: \$ _____ Hydro: \$ _____ Water: \$ _____

D. Current Landlord's Name: _____ Telephone #: () _____

E. Previous Landlord's Name: _____ Telephone #: () _____
Previous Address _____

5. HOUSING HISTORY

A. Does anyone listed on this application live, or have they ever lived, in non-profit, co-op, or public housing in Ontario as a leaseholder either in subsidized or market accommodations?
 Yes No
If "yes", please provide:
Address: _____
Name of Leaseholder: _____
Name of the non-profit, co-op, or housing provider: _____
Provider's Telephone #: () _____

B. Is this your present address? Yes No If "no", date you moved out: / /
MM DD YY

C. Do you owe money to any non-profit, co-op, or public housing provider? Yes No

6. GENERAL INFORMATION

- A. Are you applying for rent geared to income? ___Yes ___No
 If yes: then please ask for Oonuhseh - Niagara Native Homes Inc. application
- B. Number of Bedrooms Needed: 1 2 3 4
- C. Other Information you feel you should include:
-
-

7. TOTAL MONTHLY HOUSEHOLD INCOME (please see page 7 for definition of "income")
 You must state all sources of income of those in your household and provide proof for each item.

| Source | Proof | Applicant Amount | Name | Co-Applicant Amount | Name |
|---|--|------------------|------|---------------------|------|
| Employment | Last 8 cheque stubs - consecutive | | | | |
| OW – Ontario Works | 2 months of stubs and drug card | | | | |
| ODSP – Ontario Disability Support Program | 2 months of stubs and drug card | | | | |
| GAINS Disability | Last 2 cheque stubs & Drug Card | | | | |
| GAINS Seniors | Bank record or last cheque stubs | | | | |
| EI - Employment Insurance | Statement with # of weeks allotted and amount | | | | |
| CPP - Canada Pension Plan | Bank record or last cheque, two months | | | | |
| OAS - Old Age Security | Bank record or last cheque, two months | | | | |
| Child/Spousal Support Agreements | Supporting legal documents | | | | |
| WSIB- Workmen's Comp. | Most recent cheque, two months | | | | |
| Assets (explain i.e. vehicle etc.) | Attach description | | | | |
| Other Pensions | Bank record or last cheque, two months | | | | |
| Other Income | Bank record or last cheque, two months | | | | |
| National Child Tax (NCBS) | Last 2 cheque stubs and/or two months of bank record | | | | |
| Self Employment Income | Attach breakdown with gross income & expenses | | | | |

8. SPECIAL NEEDS / HEALTH AND SAFETY PRIORITY FORM

| | |
|--|--|
| A. Are you in an abusive relationship which qualifies you for health and safety? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, ensure contact information in section #1 is a safe address and phone number. (Documentation is required – please give the health and safety priority form to be completed and returned) | |
| B. Do you have an illness, injury, and/or medical condition which qualifies you for Health and Safety priority status? (Documentation is required – please complete and return the health and safety priority form to AKNOHSOT- Native Homes) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Do you require wheelchair accessibility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Do you require a one floor plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Do you require any other modifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please specify: | |
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9. NATIVE ANCESTRY DECLARATION

Definition: Per MMAH. Operating Agreement "Native means Indians as declared in the Indian Act (Canada), Status, Non-status Indian, Metis, or those of the Inuit Race" MMAH. requires that at least the applicant or co-applicant of the household be of Native Ancestry either self identified or as defined above.

This is to confirm that I, the applicant: _____

of _____
(Address)

If applicable, () check the box(s) that apply to you:

- Do have Native Ancestry
- Do **not** have Native Ancestry
- Declare other household members have Native Ancestry
- Declare that I am self Identified

Applicant

| | |
|-------------------------------|--|
| Band Name: | |
| 10 Digit Registration Number: | |
| Band Number: | |
| Expiry Date of Card: | |

| ALL OTHER HOUSEHOLD MEMBERS | ANCESTRY (CHECK <input type="checkbox"/> THE GROUP THAT APPLIES TO EACH MEMBER) | | | | |
|--------------------------------|--|------------|-------|-------|------------|
| | STATUS | NON-STATUS | METIS | INUIT | NON-NATIVE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

The information given on this form is accurate and complete as requested.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

APPLICATION GUIDELINES

1. Applicant(s) or other household members must have Native Ancestry either by being self identified or as defined in the definition by the operating agreement with MMAH;
2. Applicant(s) must be 16 years of age or older;
3. Applicant must be able to live independently with or without support services;
4. Applicant(s) must be in good standing and have arrears paid with their current landlord;
5. There cannot be any money owing to any other affordable housing provider, those who have outstanding debt will only be considered if the debt is paid in full or if the creditor has agreed to waive payment, accept partial payment or accept an agreement to pay;

DEFINITIONS OF TERMS

INCOME

“Income” means the total monthly income of every person expected to reside in the accommodation.

“Income” means the total income for before deductions as well as benefits and gains of every kind and from every source, including but not limited to the following:

1. Gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
2. The greater of the net income from the business or the total withdrawals from the business as personal salary of anyone in the household who is self-employed;
3. The gross amount of Employment Insurance benefits;
4. The gross amount of Worker’s Compensation payments or other industrial accident insurance payments made because of illness or disability;
5. The gross amount of any Old Age Security, federal Guaranteed Income Supplement and spouse’s allowance and financial assistance under the Ontario Guaranteed Annual Income System (GAINS);
6. The gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial, or municipal government of Canada or any other country or state or from any other source;
7. The gross amount of alimony, separation, maintenance or support payments;
8. The gross amount of gains from investments including RRSP’s as well as interest or dividends, stocks, shares, and other securities and where the actual income cannot be determined, an imputed rate of return set by the land;
9. The gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
10. The gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains, or lump sum payments or other assets;
11. An imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time.

HEALTH AND SAFETY PRIORITY STATUS

What is Health & Safety Priority?

Health & Safety Priority is a person(s) whose personal safety is significantly at risk or a person(s) with a serious health condition that would result in significant hardship or personal risk should the applicant be required to wait a prolonged period of time to access housing.

Financial difficulties and / or landlord issues are not considered for Health & Safety Priority.

Request for Health & Safety Priority stays, must include documentation that clearly demonstrates how your personal safety is significantly at risk, or how your health condition is severely affected by where you are living now and how this will be alleviated or significantly improved by moving.

It is important to tell us of ANY changes in your household size, address, phone number or your application will be cancelled if we are unable to contact you. You will have one year to re-activate your application, after which time you will be required to re-apply.

Here is your legal agreement with us. Please read it carefully and sign in the spaces below. All people 16 years of age and older who are going to live with you must sign this.

1. I understand that there are laws that allow Aknohsot Native Homes Inc. to collect personal information about me.
2. I understand that Aknohsot Native Housing Inc. will use the information I give them to see if I qualify for the housing I have applied for.
3. I allow Aknohsot Native Homes Inc. to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under MMAH Guidelines, the Ontario Works Act 1997, the Ontario Disability Support Program Act 1997 or the Day Nurseries Act.
4. I allow Aknohsot Native Homes Inc. to give the information on this form and any attachments to the government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.
5. I allow Aknohsot Native Homes Inc. to give the information on this form and any attachments to any government or body with whom Aknohsot Native Homes Inc. has made an agreement under CMHC Guidelines, without further notice to me, for the purpose of conducting research to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by Aknohsot Native Homes Inc. to a body listed above is confidential and will only be given in accordance with MMAH Guidelines and associated regulations.
7. I have read the definition of Income and Gross Family Income set out on this form and I fully understand them.
8. I understand that if rental accommodation is provided to me, that accommodation is to be occupied only by myself and "those persons listed in the STATEMENT OF HOUSEHOLD COMPOSITION subject to approval by Aknohsot Native Homes Inc. (**Non - compliance will result in eviction**)

**If you have any questions about the collection and use of personal information please contact:
Aknohsot Native Homes Incorporated at 905-641-0094**

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The information given on this form is accurate and complete as requested.

| | |
|-------------------------------|-------------|
| Applicant Signature: _____ | Date: _____ |
| Co-Applicant Signature: _____ | Date: _____ |
| Witness Signature: _____ | Date: _____ |