



## OONUHSEH – Niagara Native Homes Incorporated

2 Clark St., Unit #4., St. Catharines, ON L2R 5G2

Phone: 905-641-0094 ~ Fax: 905-641-2995

### 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, drivers' licence 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.



# OONUHSEH NIAGARA NATIVE HOMES INC. HOUSING APPLICATION

## 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

### 1. APPLICANT

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
(optional) MM DD YY

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Are you:  Native Status (a copy of your status card is required)  
 Native Non-status – as defined under the Indian Act  
 Metis  Inuit  Not Applicable

Present Martial Status:  Married  Single  Widower  Divorced  Separated  Common Law

Additional contact information:

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: (     ) \_\_\_\_\_

Are you:  Native Status (a copy of your status card is required)  
 Native Non-status – as defined under the Indian Act  
 Metis  Inuit  Not Applicable (a copy of your status card is required)

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: \_\_\_\_\_

Personal information contained in this form or in attachments is collected by Oonuhseh Niagara 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 may be used for the appropriate rent-geared-to-income information and application.

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

If any of your children do not live with you on a continuous basis, 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	

Are you currently expecting a baby? NO YES If Yes, provide due date:

**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 lived, in non-profit, co-op, or public housing in Ontario as a leaseholder either in subsidized or market rent accommodations?

Yes  No

If "yes", please provide:

Address: \_\_\_\_\_

Name of Leaseholder: \_\_\_\_\_

Name of the non-profit, co-op, or housing provider: \_\_\_\_\_

Provider's Telephone number: (\_\_\_\_) \_\_\_\_\_

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

B. Are you willing to pay market rent (rent which is not geared to your income)?  Yes  No

C. Number of Bedrooms Needed:  1  2  3  4

D. Other Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

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

### 9. NATIVE / INDIGENOUS DECLARATION

**Definition:** Per C.M.H.C. Operating Agreement "Native means Indians as declared in the Indian Act (Canada), Status, Non-status Indian, Metis, or those of the Inuit Race". Those declaring non-status will be required to provide a copy of a letter from Aboriginal Affairs confirming their application for registration

#### Applicant

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

**Co-Applicant**

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

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

If you are non-status, did you apply for your status?       YES       NO

If yes, when did you apply? \_\_\_\_\_

Please provide a copy of a letter from Aboriginal Affairs and Northern Development Canada regarding receipt of Indigenous Status request registration

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(A photocopy of the front and back of applicant and any/all household members' status card **must be attached** to the application)

For Office Use Only		
Date and time received		File #
Received by:	Forwarded to the Tenant Selection Committee	Priority status <input type="checkbox"/> YES <input type="checkbox"/> NO
Staff name	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other information:

## APPLICATION GUIDELINES

1. Applicant(s) or other household members must verify as Per C.M.H.C. Operating Agreement "Native means Indians as declared in the Indian Act (Canada), Status, Non-status Indian, Metis, or those of the Inuit Race".;
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. Applicant(s), or any members of their household cannot have any arrears/funds owing to any other affordable housing provider. Any applicant, co-applicant, or those listed on the application, who have outstanding arrears or monies owed to another social housing provider will be considered if the debt is paid in full or if the creditor has agreed to waive payment or accept partial payment or consents to a repayment agreement of the arrears or monies owed to the social housing provider.
6. Homeowners are not eligible unless they agree in writing to sell their property within six months of being offered accommodations.
7. No person(s) on the application can be under an enforceable removal order under the Immigration and Refugee Protection Act (Canada)
8. No person(s) on the application can be convicted of misrepresenting their income within the past two (2) years for the purpose of rent-geared-to-income assistance

## DEFINITIONS OF TERMS

### INCOME

"Income" means the total monthly income of every person 16 years of age and older residing in the unit.

"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:

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, support payments, or child support
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 Status?

Financial difficulties and/or landlord issues are **not considered** a 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 for access housing.

The Health & Safety Priority Status is intended to assist the applicant and/or other household members to separate permanently from their alleged abuser. To be eligible under this status, the applicant and/or other household members must have experienced an incident or series of incidents where their safety is/has been at risk. Abuse is an incident of physical or sexual violence, controlling behaviour or intentional destruction or intentional injury to a person's property or words, actions, or gestures that threaten a person or lead a person to fear for their safety. The Applicant will need to provide documentation from a designated professional.

If the abused member and the abusing individual used to live together but no longer do, the request for Health & Safety Priority status must be submitted within three months after they stopped living together. Documentation is required to verify that the abused and the abuser are now or were previously living together. The Applicant will need to provide documentation from a designated professional.

Request for Health & Safety Priority status must include documentation that clearly demonstrates how the applicant or any household members listed on the application, their personal safety is significantly at risk, or how their health condition is severely affected by where you are living now and how this will be alleviated or significantly improved by moving.

If you have physical limitations and your health is significantly compromised by where you live, or you are experiencing extreme hardship because of where you live, you may be eligible for Health & Safety Priority Status.

Health & Safety Priority Status may be assigned if a member of the household experiences one of the following:

- Physical limitations and their health are significantly compromised because the building they are living in does not have an elevator and they are required to climb stairs to get to their unit
- Extreme hardship where the individual's situation puts them at extreme risk and/or causes extreme hardship and relocation would reduce the risks and/or alleviate the hardship

The Applicant will need to provide documentation from a designated professional.

### **Homeless Status:**

If you are currently living without shelter, you may be eligible for Homeless Status.

Homeless Status is given to a household that meets at least one of the following criteria:

- Living on the street (no shelter)
- Living in a motel
- Living in substandard housing which has been condemned by the municipality
- Using the emergency shelter system as your primary residence
- Your accommodation has recently been destroyed by fire or natural disaster
- Living with family or friends on a temporary basis for less than six months
- Awaiting release from hospital or other time-limited treatment facility, and cannot return to your former place of residence due to the modifications required to the home

The applicant will need to provide documentation from a designated professional.

### **RENT-GEARED-TO-INCOME (RGI)**

Rent-Geared-To-Income is rent which is based (25 %) on the gross household income minus a utility adjustment. If on Ontario Works/ODSP then rent is based on the maximum shelter component.

It is important to update Oonuhseh of **ANY** changes in your household and/or contact information

*Your application will be cancelled if we are unable to contact you.*



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 reside with you **must sign** this application.

1. I/we understand there are laws that allow Oonuhseh Niagara Native Homes Inc. to collect personal information about me.
2. I/we understand that Oonuhseh Niagara Native Housing Inc. will use the information provided on this application to verify that my application qualifies for social housing which I have applied for OR for verification that I continue to qualify for rent-geared-to-income assistance and to determine the amount of financial assistance I am eligible for.
3. I/we consent for Oonuhseh Niagara Native Homes Inc. to provide 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 CMHC Guidelines, the Ontario Works Act 1997, the Ontario Disability Support Program Act 1997 or the Day Nurseries Act.
4. I/we consent for Oonuhseh Niagara Native Homes Inc. to provide 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/we consent for Oonuhseh Niagara Native Homes Inc. to provide the information on this form and any attachments to any government or body with whom Oonuhseh Niagara 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/we understand that any information on this form and any attachment given by Oonuhseh Niagara Native Homes Inc. to a body listed above is confidential and will only be given in accordance with CMHC Guidelines and associated regulations.
7. I/we 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" is subject to approval by Oonuhseh Niagara Native Homes Inc.

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**The information provided on this application is accurate and complete as requested.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_