

# **Huron Family Housing Co-Operative Application for Subsidized Native Housing**

## **Eligibility Requirements**

1. You must be of Native decent, and show proof of: STATUS OR METIS
2. You must NOT owe arrears to any social housing provider or private housing provider. (a credit bureau history will be completed on applicants)

## **Completing the Application**

1. INCOMPLETED APPLICATIONS WILL NOT BE PROCESSED.
2. Photo copies of all Native status card holders.
3. 3 Photo copies of most recent pay stubs, social assistance, employment income payments or other suitable proof of income.
4. Complete all sections of the application and mail it to the address below or deliver to the office located at 212 King Street, Suite # 7.
5. It is the applicant's responsibility to notify our office within 20 business days of any changes to your circumstances.
6. If we are unable to contact you at the telephone number and/or the address provided on the application your file will be canceled.

**EMERGENCY HOUSING IS NOT AVAILABLE**

## **Application for Subsidized Native Housing**

### **General Information**

**Applicant:**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Insurance # \_\_\_\_\_

**Co-Applicant:**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Social Insurance # \_\_\_\_\_

### **Current Address**

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

How Long \_\_\_\_\_

Phone # \_\_\_\_\_

Fax/Email Address \_\_\_\_\_

### **Next of Kin or contact person in the event of an emergency:**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

### **Source of Income: (Please identify your source of income including gross monthly amount)**

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## **PREVIOUS OR PRESENT LANDLORD AND/OR EMPLOYMENT REFERENCES**

**Previous Landlord(s) Minimum of three references required. Please list most recent first. A MINIMUM OF 3 REFERENCES MUST BE PROVIDED. FAMILY OR FRIENDS DO NOT QUALIFY AS REFERENCES FOR THIS PURPOSE OF HOUSING.**

Name of Reference: \_\_\_\_\_

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

Contact Number for Reference: \_\_\_\_\_

Are you currently renting from this landlord?  Yes  No

How long have you lived at this address: \_\_\_\_\_

Reason for leaving or wanting to leave this address: \_\_\_\_\_

May we contact your reference? YES  NO  (if NO explain why)

Name of Reference: \_\_\_\_\_

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

Contact Number for Reference: \_\_\_\_\_

Are you currently renting from this landlord?  Yes  No

How long have you lived at this address: \_\_\_\_\_

Reason for leaving or wanting to leave this address: \_\_\_\_\_

May we contact your reference? YES  NO  (if NO explain why)

Name of Reference: \_\_\_\_\_

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

Contact Number for Reference: \_\_\_\_\_

Are you currently renting from this landlord? \_\_\_\_ Yes \_\_\_\_ No

How long have you lived at this address: \_\_\_\_\_

Reason for leaving or wanting to leave this address: \_\_\_\_\_

May we contact your reference? YES \_\_\_\_ NO \_\_\_\_ (if NO explain why)

**YOU ARE REQUIRED TO WRITE A LETTER TO THE BOARD OF DIRECTORS EXPLAINING THE FOLLOWING:**

1. Reason for applying
2. Source of income
3. Family size
4. Type of unit requesting (ie. 2 bedroom, 3 bedroom, etc.)
5. What you are currently paying for rent and utilities

**Please attach any additional information that you feel may assist you in acquiring subsidized Native housing in a letter format.**

You can also fax your COMPLETED application and letter with all photo copies of required information to (705) 527-0250, or you can drop your COMPLETED application form at the Co-op office located at 212 King Street, Suite #7. For more information please contact the office at (705) 527-0984.

## ADDITIONAL INFORMATION REQUIRED

Do you have to give notice to vacate? YES \_\_\_\_ NO \_\_\_\_ (if YES, how much notice is required?) \_\_\_\_\_

Are you being evicted from your current rental? YES \_\_\_\_\_ NO \_\_\_\_\_ (if YES, please explain) \_\_\_\_\_

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Are you of Native ancestry? YES \_\_\_\_ NO \_\_\_\_

Status or C-31 \_\_\_\_\_ Inuit \_\_\_\_\_  
 Non-Status \_\_\_\_\_ Metis \_\_\_\_\_

If you answered yes, please include a photocopy of your status card.

Please list all other people who would reside with you.

**Important Note: Due to the number of applicants on the waiting list listing friends and non immediate family members will not qualify you under family suitability.**

Name of Dependants	Age	Source of Income	Native Ancestry

Type of unit requesting (check one)

Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_

What do you currently pay for rent and utilities?

Rent	Hydro	P.U.C.	Gas	Water/Sewer	Taxes

## APPLICANTS FINANCIAL INFORMATION REQUIRED

If you are on social assistance: YES \_\_\_\_\_ NO \_\_\_\_\_

Name of worker: \_\_\_\_\_

Contact Phone Number including extension: \_\_\_\_\_

### **Applicant: Statement of gross monthly income. (Before deductions)**

Old Age Security	\$ _____
Federal Guaranteed Income Supplement (GIS)	\$ _____
Provincial Guaranteed Annual Income (GAINS)	\$ _____
Canada Pension Plan (CPP)	\$ _____
Old Age Pension (Including other countries)	\$ _____
Workers Compensation Pension/Other Disability Pensions	\$ _____
Departments of Veteran's Affairs Allowance	\$ _____
War Pension (Specify)	\$ _____
Transferred Assets	\$ _____
Employment Income (Includes full or part-time)	\$ _____
General Welfare Assistance (GWA)	\$ _____
Employment Insurance (Maternity Benefits)	\$ _____
Other (Specify)	\$ _____

**With your application, you are required to submit 3 copies of pay stubs, social assistance, employment income payments or other suitable proof of income claimed here.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CO-APPLICANTS FINANCIAL INFORMATION REQUIRED

If you are on social assistance: YES \_\_\_\_\_ NO \_\_\_\_\_

Name of worker: \_\_\_\_\_

Contact Phone Number including extension: \_\_\_\_\_

#### **Applicant: Statement of gross monthly income. (Before deductions)**

Old Age Security	\$ _____
Federal Guaranteed Income Supplement (GIS)	\$ _____
Provincial Guaranteed Annual Income (GAINS)	\$ _____
Canada Pension Plan (CPP)	\$ _____
Old Age Pension (Including other countries)	\$ _____
Workers Compensation Pension/Other Disability Pensions	\$ _____
Departments of Veteran's Affairs Allowance	\$ _____
War Pension (Specify)	\$ _____
Transferred Assets	\$ _____
Employment Income (Includes full or part-time)	\$ _____
General Welfare Assistance (GWA)	\$ _____
Employment Insurance (Maternity Benefits)	\$ _____
Other (Specify)	\$ _____

**With your application, you are required to submit 3 copies of pay stubs, social assistance, employment income payments or other suitable proof of income claimed here.**

Co-Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_