



Appendix-2 Housing Application 2024

**Note:**

- 1.This application is to be filled out by the individual who is the head of the household.
- 2.The applicant and co-applicant will need to provide a copy of photo-identification, preference of the Indian Registry Card, with their application.

**Applicant's Name:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_  
Month/DD/YYYY

**Current Address (Please provide Post office Box# if possible)**

\_\_\_\_\_

**How Long at Current Address**      Months \_\_\_\_\_ Years \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is the applicant a NN Member?**

**Yes:** \_\_\_\_\_

**No:** \_\_\_\_\_

**Status #** \_\_\_\_\_

**Is this your first application for a NN rental unit?**

**Yes:** \_\_\_\_\_

**No:** \_\_\_\_\_



If not, please indicate when you first applied (approximately).

Months \_\_\_\_\_ Years \_\_\_\_\_

Do you presently reside in a NN rental unit?

Yes: \_\_\_\_\_

No: \_\_\_\_\_ If yes, please explain why you are requesting another unit.

\_\_\_\_\_

If you are not renting a NN rental unit, what are your present living arrangements?

Living with my family: \_\_\_\_\_

Other: \_\_\_\_\_

**Co-Applicant Information**

Co-Applicant's Name (If applicable): \_\_\_\_\_

Co-applicant Date of Birth: \_\_\_\_\_

Month/DD/YYYY

Is the Co-applicant a NN Member?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Status # \_\_\_\_\_



Please list the people that will be living with you in the rental unit.

**Occupancy List**

<b>First Name</b>	<b>Last Name</b>	<b>M/F</b>	<b>Age</b>	<b>Relationship to you</b>

**Co-applicant must be a NN Member. If not, please put information under occupancy list.**



## source of income?

Sources of Income	Monthly Amount
Ontario Works	\$
Ontario Disability Support Program	\$
Employment Full-time or Part-time _____ Full-Time _____	
Length Of Employment Months _____ Years _____ Name of Employer:	Please Provide Copy of Paystubs
Self Employment	\$
Employment Insurance (EI)	\$
W.S.I.B (Short term)	\$
W.S.I.B (Long term)	\$
Canada Pension Plan (C.P.P) _____	\$
Old Age Security (OAS)	\$
War Veteran's Allowance	\$
Alimony/Child Support	\$
Other Income Specify:	
<b>Total Monthly Income:</b>	\$

Please Provide Proof of Income



**Expenses** **Monthly Amount**

Rent	\$
Food/Groceries	\$
Cable/Internet	\$
Telephone	\$
<b>Total Living Expenses</b>	\$

**Other Expenses** **Monthly Amount**

Car loan/Lease	\$
Insurance	\$
Clothing	\$
Entertainment	\$
Personal Items	\$
<b>Total Other Expenses</b>	\$

**TOTAL MONTHLY EXPENSES:**

**Are you able to pay these amounts within your current income and meet other family needs?**

**Yes:** \_\_\_\_\_

**No:** \_\_\_\_\_



**Do you owe any money to NN?**

**Yes:** \_\_\_\_\_

**No:** \_\_\_\_\_

**If yes, please note amount and reason for debt? (e.g. Unpaid rent)**

**Please note that you will be required to either repay or make payment arrangement for any amounts owing before being offered housing.**

### **Statutory Declaration**

**I/We make the above, the following and all other, whether verbal or written representations, to the NN housing Department, knowing that they will be relied upon by the NN Housing committee to assess my eligibility for housing.**

- 1. I/We have reported all income/expenses for this application.**
- 2. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true, and no information required to be given, has been withheld or omitted.**
- 3. I understand that I will be required to prove my ability to afford the expenses of the rental unit before being allowed a home.**
- 4. I understand that if I am selected for a home, I will be required to sign a detailed housing agreement before moving in.**
- 5. I understand that if I am offered a rental unit, I will be required to move in within 30 days of such offer, or the home will be allocated to another family.**
- 6. I understand that by submitting an application for housing does not guarantee that I will be allocated a rental unit.**



**Consent to Disclose and verify information.**

- 1. The disclosure of information contained in this application and associated documents and verification is done for the purpose of processing the application.**
- 2. I/We agree to provide any supporting material required for my/our application.**
- 3. I/We further consent to disclosing to any party personal information about any member of the household for the purpose of determining or verifying my/our eligibility for housing and related assistance.**
- 4. I/We consent to the release of any information NN Housing Department about any bank account, assets of any nature or kind held by me/us or on my/our behalf of any of my/our dependents or children temporarily in my/our care, alone or jointly with any other person in any financial institution.**
- 5. I/We further consent to the exchange of information with any department, Ontario Works delivery agent, a credit bureau, the Government of Canada, the Government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, or any party in order to verify information for the purpose of determining or verifying initial or continued eligibility for housing.**
- 6. I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and present housing and related assistance. I/We further understand that the inquiries may take the form of electronic data exchanges.**



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**UNSURRENDERED**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature of Co-Applicant**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**