

APPLICATION - RURAL AND NATIVE HOUSING (RNH)

Please return all 5 pages of completed application to:
 Wigwamen Non-Profit Residential Corp., 25 Imperial St., Suite 310, Toronto, ON M5P 1B9

APPLICANTS

Applicant's Name in Full	Age
Co-Applicant's Name in Full	Age
Address	
	Postal Code
Telephone Number	

PRESENT ACCOMMODATION

Check One Box Only:		
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Board
Bedroom Count:		
<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> 3 Bedrooms
<input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> Other: _____	
Shared Accommodation	# of Families	Total # of Persons
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Condition:		
<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Crowded
Requires Accessibility Items for Disabled Occupant:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes - Explain: _____	

DEPENDENTS/CHILDREN	MALE	FEMALE
Infants to 4 Years		
5 Years to 15 Years		
Over 15 Years		
Others (Specify)		

EMPLOYMENT DATA/INCOME SOURCE

APPLICANT	
Employers or Company Name	# of Years Employed
Address	
	Postal Code
CO-APPLICANT	
Employers or Company Name	# of Years Employed
Address	
	Postal Code
SOCIAL ASSISTANCE - Agency Name	
Field Worker	Phone Number
Ethnic Origin	
Do you or any member of your household consider yourself to be Native? (Native defined as status indian, non-status indian, inuit, metis.)	
<input type="checkbox"/> No <input type="checkbox"/> Yes	

FIXED MONTHLY COSTS

<input type="checkbox"/> Rent	<input type="checkbox"/> Board	<input type="checkbox"/> Mortgage	Monthly Payment
Taxes -If Applicable			
Utilities: Electricity			
Water			
Telephone			
<input type="checkbox"/> Gas	<input type="checkbox"/> Coal	<input type="checkbox"/> Propane	
<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Electricity	
Debts - (i.e. - rentals, loans, credit cards, support payments, etc.)			
1)			
2)			
3)			
Insurance: Home	Per Year \$		
Life	Per Year \$		
Auto	Per Year \$		
Maintenance			
Total Monthly Costs			

WRITS/JUDGEMENTS/EXECUTIONS

Are any court actions pending, or any judgements or writs or executions outstanding against you?
<input type="checkbox"/> No <input type="checkbox"/> Yes - Explain: _____

Language Preference

<input type="checkbox"/> English	<input type="checkbox"/> French
Have you previously been assisted under any of the RNH programs?	
<input type="checkbox"/> Homeownership/Rental	<input type="checkbox"/> ERP <input type="checkbox"/> RRAP

APPLICANT'S ACKNOWLEDGEMENT

I/We understand that this application does NOT constitute an agreement on the part of MMAH or its Agent to provide me with assistance under the RNH program. I acknowledge the right of MMAH or its Agent at any time prior to entering into a legal agreement covering the assistance hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/We agree and consent that credit inquiries may be made at any time in connection with this application. I/We understand that this application will remain in force for a period of one year from the date of the application. Unless this application is renewed on or before the termination date, it will be assumed that I/we are no longer interested and our application will be removed from the active file. Renewals will be for an additional period of one year from the date of renewal.

Applicant's Signature	Co-applicant's Signature	Date
Agent's Signature	Agency	Date

RURAL AND NATIVE HOUSING QUESTIONNAIRE

This questionnaire is a preliminary step to determine the extent of your housing problem. The RNH program can be of assistance to eligible families and individuals. Completion of this questionnaire does not indicate a commitment by MMAH to provide you with another house.

1. PLEASE CHECK OFF APPROPRIATE BOXES

a) MY HOUSE DOES NOT HAVE

- Electricity
- Indoor Plumbing
- None of the above applies to my house

b) MY HOUSE

- Needs Major Repairs
- Is Beyond Repair

(Example: Defective plumbing, heating system, electrical wiring, structural repairs, etc.)

2. WHEN WAS YOUR HOUSE BUILT?

- Unknov Before 1941 1941 - 1950 1951 - 1960
- 1961 - 1971 - 1980 1981 - Present

3. HOW MANY PERSONS ARE NOW LIVING IN YOUR HOUSE?

_____ persons

4. HOW MANY ROOMS ARE IN YOUR HOUSE?

_____ rooms

5. DO YOU

- Own your house? OR Rent? (Even when no cash is paid)

6. FOR RENTERS ONLY

How much rent do you pay for your house or apartment?

None \$ _____ per month

Does your rent include:

Electricity Heat Water

7. FOR OWNERS ONLY

What are your total regular monthly payments (or debt)

payments? Please include principal, interest and taxes (municipal and school).

None \$ _____ per month

What is your average monthly payment for heat, electricity and water?

None \$ _____ per month

8. WHAT WAS THE APPROXIMATE TOTAL INCOME (BEFORE DEDUCTION) OF EVERYBODY LIVING IN YOUR HOUSE FOR THE PAST YEAR ENDING DECEMBER 31? INCLUDE INCOME FROM ALL SOURCES (EMPLOYMENT, PENSIONS, RENTS, GOVERNMENT PAYMENTS, ETC.)

- \$0 - \$1: \$12,001 - \$15,000 \$15,001 - \$18,000 \$18,001 - \$23,000
- Over \$23,000

9. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD CONSIDER YOURSELF TO BE NATIVE?

(Native includes Metis, Inuit, Status or Non-Status Indian)

- Yes No

Family Name

Given Name

Initial

Mailing Address (No. and Street, Apt No., P.O. Box No., R.R. No.)

City, Town or Village

Province or Territory

Postal Code

Area Code

Telephone No.

Date

RESIDENT HISTORY

Please provide your resident history for the **past five years**. Also indicate any other time that you have resided in or near the community for which you are applying for housing.

DATES Month/Year to Month/Year	LANDLORDS Name, Address, Phone number	ADDRESS OF UNIT RR#, Box#, Township

Do you currently own a home or have you ever owned a home in the past? If yes, please give details.

<u>Assets</u>	<u>\$ Value</u>	<u>Liabilities</u>	<u>Balance</u>	<u>Monthly Payment</u>
Car	_____	Personal Loan(s)	_____	_____
Furniture	_____	Car Loan(s)	_____	_____
Appliances	_____	Furniture, etc.	_____	_____
Investments	_____	Mortgages -	_____	_____
Real Estate	_____	Real Estate	_____	_____
Other	_____	Credit Cards	_____	_____
TOTAL	_____	TOTAL	_____	_____

ADDITIONAL RNH INFORMATION REQUIRED

Please list **FULL** names, birthdates, ages and relationship of **ALL** household members.

<u>FULL NAME</u>	<u>BIRTHDATE</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

VERIFICATION OF INCOME

TO BE COMPLETED BY YOUR EMPLOYER

The following salary or wage verification is provided to Ministry of Municipal Affairs and Housing in strict confidence, as requested by the employee to support his/her application for assistance under the National Housing Act.

Employee's Name		Employee's Address	
Name of Employer		Employer's Address	
No. of Years Employed	Hours Per Week.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal _____ Weeks Per Year	
Present Position or Job Classification		Gross Income from Previous Two Years (Income before deductions) 20__ \$ _____ 20__ \$ _____	
Present Regular Gross Salary or Wage Rate (Indicate One) \$ _____ Per Hour \$ _____ Per Week \$ _____ Per Year			
Does employee receive earnings from overtime work, bonuses, commissions, etc?		<input type="checkbox"/> No	<input type="checkbox"/> Yes - Explain
Prospects of Continued Employment and/or Other Comment			

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Name (Print Clearly)	Title	Date
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VERIFICATION OF INCOME
SOCIAL ASSISTANCE

TO BE COMPLETED BY YOUR CASE WORKER

The following verification is provided to Ministry of Municipal Affairs and Housing in strict confidence, as requested by the recipient to support his/her application for assistance under the National Housing Act.

Recipient's Name	Address:
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Type of Benefit/Assistance Provided

Financial Assistance Breakdown	
A. Basic Needs Allowance	\$ _____
B. Shelter Component Allowance	\$ _____
C. Heating Allowance (Including Hot Water)	\$ _____
D. Electrical Allowance (Excluding Heat and Hot Water)	\$ _____
E. Other Allowances (Medical, Telephone, etc.)	\$ _____
Total Monthly Benefits Available	\$ _____

Case Worker Comments

Case Worker's Signature	Office Address	Date
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