



SACAJAWEA

NON-PROFIT HOUSING INC.

219 East Ave N, Unit 107 Hamilton, ON L8L 5J4

Tel: 905-544-3406 Fax: 905-544-1320

E-MAIL CM@SACAJAWEA.CA

APPLICANT NOTES

DATE: _____

RE: Housing Application

As per your request, please find attached a copy of Sacajawea's application for housing.

Please review the application in full before completing.

Any member of a household 18 or older is considered an applicant. The following documentation must be provided to render the application complete and ready for our Interviews and Tenant Selection Committee's review.

1. Aboriginal ancestry (Status, Non-Status, Metis, Inuit relevant information).
2. Landlord reference(s) from previous and current if possible, if not then one or the other.
3. Verification of current month's income at the time of completing application.
4. Any custody agreement arrangements (if applicable)

Applicants are also required to call once within a **three month period** after application is received and once within every 90 days thereafter. Should your application be accepted, you will be contacted for an interview (in office).

This interview however; does not constitute approval for housing when a vacancy occurs.

It is the applicants' responsibility to keep us informed periodically if they wish to remain on our active list (see 90 days above).

Sincerely,

Sacajawea Non-Profit Housing Staff member



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APPLICATION FOR HOUSING

We realize that this application asks for a great deal of information. There is a reason for asking each question. Please note that all personal information given here is strictly for the use of the Corporation in evaluating your request for housing.

Each member of the household 18 years or older is considered an applicant.

1. APPLICANT

Name : _____

Address: _____

Date of Birth _____

Telephone: _____

(H)

(W)/Cell _____

2. APPLICANT

Do you or members of your family have native status
Non-status Indian, Métis or Inuit

Yes No

Yes No

If there are more than two applicants, provide information on reverse side if necessary.

3. Other Household Member to Reside in the Home for Which You Are Applying

Last Name	First Name	Birthdates	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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4. Present Marital Status: Married _____ Single _____ Divorced _____
Widowed/er _____ Separated _____ Common-Law _____

Optional Applicant Social Insurance Number: _____

Optional Co-Applicant Social Insurance Number: _____

Are you currently expecting a baby? Yes ___ No ___ If so when are you due _____

5. Number of bedrooms required: 1 2 3 4 Disabled _____

When is unit required? _____

6. Pets: _____ What kind of pets do you have and how many? _____

Do you own a car? Yes _____ No _____ How many _____

License Number (s): _____

Any other vehicles please list: _____

7. Where do you live now? _____

Are you currently renting _____ # of Bedrooms _____?

Living in temporary accommodation (i.e. with friends or relatives, in a shelter, hostel or motel etc). Please specify: _____

(Please provide supporting documents.)

Do you currently own property? Yes _____ No _____

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

Current Landlord's Name: _____ Telephone: _____

Previous Landlord's Name: _____ Telephone: _____

Previous Address: _____



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8. Housing History

Have you, or do you now, live in non-profit, co-op, or public housing in Ontario as a leaseholder?

Yes _____ No _____

If "yes" please provide:

Address: _____

Name of Leaseholder: _____

Name of non-profit, co-op, housing provider: _____

Telephone Number: _____.

Is this your present address? Yes _____ No _____

If "no", date you moved out: _____

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

Emergency Contact:

Name: _____ Telephone: _____ Relationship: _____



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Signed Consent and Authorization:

I give my consent and authorization to Sacajawea Non-Profit Housing Inc. to:

1. You authorize Sacajawea Non-Profit Housing Inc. and its agents or assigns to exchange your personal information on an ongoing basis with credit bureaus and permit such organizations to verify your personal information in order to protect you, ensure the completeness of the information and maintain the integrity of the credit granting system, and to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect you and us from fraudulent transactions.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____



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NATIVE ANCESTRY DECLARATION DEFINITION PER C.M.H.C OPERATION AGREEMENT 'NATIVE MEANS INDIANS AS DECLARED IN THE INDIAN ACT (CANADA) STATUS, NON-STATUS INDIAN, METIS, OR THOSE OF THE INUIT RACE:

C.M.H.C. REQUIRES THAT AT LEAST 50% OF THE HOUSEHOLD HAVE NATIVE ANCESTRY

This is to confirm that I, the applicant: _____

Of _____

(Address)

If applicable, check the ones that apply to you

_____ Do not have Native Ancestry

_____ Declare other household members have Native Ancestry

BAND NAME: _____ BAND NUMBER _____

10 DIGIT IDENTIFICATION NUMBER _____

EXPIRY DATE ON CARD IF ANY _____

OTHER HOUSEHOLD MEMBERS

NATIVE ANCESTRY

CHECK THE GROUP THAT APPLIES TO EACH MEMBER

_____ STATUS NON STATUS METIS INUIT

_____ STATUS NON STATUS METIS INUIT

_____ STATUS NON STATUS METIS INUIT

If you are non-status, did you apply for your status from your Reserve?

Yes _____ No _____ If yes, when did you apply _____

I declare that the above information is true and correct.

Signature: _____ Date: _____

Witness: _____ Date: _____

(A photocopy of the front and back of applicant/tenant and household members, status card or a letter from a family member declaring Native Ancestry must be provided).



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9. Total Monthly Household Income (please see reverse for definitions of “income”.)

You must state all sources of income of those in your household and provide verification of each item.

Source	Proof	Applicant Amt.	Name	Co-Applicant	Name
Employment	(last 8 cheque stubs)				
Ontario Works (OW) Ontario Disability Support Program (ODSP)	(last 2 cheque stubs and drug card)				
GAINS Disability	(last 2 cheque stubs and drug card)				
GAINS Seniors					
Employment Insurance (E.I.)	Most recent cheque				
Canada Pension (CPP)					
Old Age Security (OAS)					
Support/Alimony					
Workmen's comp (WSIB)					
Assets (explain i.e vehicle etc.					
Other Pensions					
Other Income					

1. I have read the definitions of Income and Gross Family Income set out on this form and I fully understand them
2. The information given on this form is accurate and complete as requested.
3. 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 USEHOLD COMPOSITION”** subject to approval by Sacajawea Non-Profit Housing Inc.



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SCHEDULE A **Definition of Income**

“Income” means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- (A) gross salaries, wages, overtime payments, commissions, bonuses, tips gratuities;
- (B) grants, scholarships or bursary payments;
- (C) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of any member of the family or of the applicant who is self-employed in a business;
- (D) the gross amount of unemployment insurance benefits;
- (E) the gross amount of Workers' Compensation payments or other industrial accident insurance payments or payments made because illness or disability;
- (F) the gross amount of any old age security, federal guaranteed income supplement and spouse's allowance and the Ontario Guaranteed Annual Income (GAINS);
- (G) the gross amount of every kind of pension allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state from any other source;
- (H) the gross amount of alimony, separation, maintenance or support payments made to the applicant;
- (I) the gross amount of gains from investments including interest on dividends, stocks, shares, and other securities, and where the actual income cannot be determined, and imputed rate of return set by the landlord from time to time;
- (J) The gross income from savings or chequing accounts in a bank, trust company or a credit union.
- (K) 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.