

**Native Council of Prince Edward Island
Off - Reserve Aboriginal Housing Trust
AFFORDABLE HOUSING
ELIGIBILITY/APPLICATION**

The Native Council of Prince Edward Island Off-Reserve Aboriginal Affordable Housing Programs 1) Seniors Housing Program, 2) Affordable Rental Program, are designed to assist Aboriginal People whom choose to live off-reserve in a Urban setting.

WHICH PROGRAM DO I APPLY FOR?

SENIORS HOUSING PROGRAM Any Senior whom is a permanent residences of Prince Edward Island, is of Aboriginal Ancestry and is 55 years of age or older can apply. Seniors Housing Program will assist seniors whom are of low to moderate income. Rental units are self-contained 1 or 2 bedroom apartments, set at a low market rental rate and are located in the Charlottetown area. **(PLEASE NOTE: These are not subsidized housing units.)**

AFFORDABLE RENTAL PROGRAM Any Persons and/or families whom are permanent residences of Prince Edward Island, whom are of Aboriginal Ancestry and are 18 years of age or older can apply. Affordable Rental Program will assist individuals and families whom are of low to moderate income levels. Rental units are self-contained 1 or 3 bedroom units, set at a low market rental rate and are located in Charlottetown surrounding areas. **(PLEASE NOTE: These are not subsidized housing units.)**

APPLICATION CHECKLIST

Please ensure that the following are included;

- ✓ Completed/ Signed Application Form
- ✓ Income Verification documents
- ✓ Verification of Aboriginal Ancestry
- ✓ Proof of Current Address and Rent
 - ➔ Copy of current rent receipt or recent rent increase notice or
 - ➔ Copy of lease or tenancy agreement showing current rent amount
- ✓ Proof of Income
 - ➔ If receiving income assistance from the Province, copy of cheque or confirmation of monthly assistance from your worker
 - ➔ If employed: proof of current gross monthly income (last three consecutive cheque stubs or letter from employer)
 - ➔ Copies of cheque stubs, bank statements showing direct deposit of pensions, or other confirmation of income for any other income sources
- ✓ Where money is owed: for previous rental housing, a copy of any repayment agreement you have with your past landlord, if applicable.
- ✓ Personal Information Declaration Form

OPTIONAL: Supplemental Application Form

- ✓ Health condition affected by current housing; or
- ✓ Inadequate Housing documents (i.e., mold, unsafe living conditions, etc)

Please ensure that Application is completed in entirety and that all supporting documents are enclosed with application.

RETURN TO:

Native Council of Prince Edward Island
6 F.J. McAulay Court
Charlottetown, PE C1A 9M7

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PERSONAL INFORMATION DECLARATION FORM

(Please read and sign this statement)

I/We declare:

- this is my/our application; and
- all the information in it is correct and complete to the best of my/our knowledge

I/We declare:

- Pursuant to the Freedom of Information and Protection of Privacy Act (FOI Act), The Native Council of Prince Edward Island(NCPEI), make any inquires that are necessary to verify the information given in this application;
- Pursuant to the FOI Act, any persons, corporation or social agency to release to NCPEI any information pertinent to the assessment of my/our application;
- Members of the NCPEI Board to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision-making process to provide me/us with housing;
- Canada Revenue Agency (CRA) to provide verification of my/our income and details from taxation information;
- The Canada Pension Plan (CPP) releasing information regarding my/our income and medical information from my/our application for a CPP disability pension;

I/We understand:

- that, in accordance with section 33 (c) of the FOI Act, the information on this application may be shared with directors and/or committee members in order to increase my/our opportunities for low rental housing;
- that this application is not an agreement on the part of NCPEI or its members to provide me/us with housing;
- that it is my/our responsibility to tell NCPEI of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by my/us may result in my/our application being cancelled from consideration;
- that if I/we have deliberately worsened my/our current housing situation (ex. Terminated a tenancy for no reason) that my/our application may not be accepted or my/our current living situation may not be taken into consideration;

Application must be signed by everyone age 19 or older.

| PRINT NAME | Social Insurance # | DATE OF BIRTH | SIGNATURE | DATE |
|------------|--------------------|---------------|-----------|------|
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3. Household Information continued.....

3. (b) Do all of the people listed live with you full time right now? YES NO
If No, please provide the name of the person(s) and number of days per week they live with you.

| Name | # days per week | Shared Custody | Custody Schedule |
|------|-----------------|----------------|------------------|
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3. (c) Do you expect the number of people living with you to change in the next 12 months?
(E.g. pregnancy, family joining, family leaving, child in care) YES NO

If Yes, please explain and provide expected date of household size change.

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4. Residency History

4. (a) Please provide information on your *last three landlords*.

| Rental Address (Street, city) | From Date (dd/mm/yyyy) | To Date (dd/mm/yyyy) | Landlord Name & Phone # | Reason for Leaving |
|----------------------------------|---------------------------|-------------------------|----------------------------|--------------------|
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4. (b) Have you or any members of your household ever lived in subsidized housing? YES NO

If Yes, provide the following information for all previous subsidized housing

| Name of Tenant | Name and Address of subsidized housing | Reason for leaving? | Monies Owed? (Yes or No) |
|----------------|---|---------------------|-----------------------------|
| | | | |
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If there is money owing due to a past tenancy, complete the following:

| | |
|--|--|
| How much money is owing? _____ | Is there a repayment schedule in place? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please attach a copy of the repayment agreement. | |
| Reason for debt: | |

➔ **Note: Failure to declare past subsidized housing or debts owed to subsidized housing providers may result in cancellation of your application.**

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5. Income Information

5. (a) For all income sources, list gross monthly income (before deductions) for everyone age 19 and older.

| Applicant Name | Income Source (employment, EI, pension, unemployment, etc) | Gross Monthly Income (\$) |
|---|---|------------------------------|
| | | |
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| | | |
| TOTAL Gross Monthly Income Household | | \$ |

5. (b) For any adult (age 19 or older) with no income, please tell us why there is no income.

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➔ *If any adult (age 19 or older) is a full-time student, attach proof of student status to application.*

6. Current Accommodations

6. (a) Do you:

___ Rent ___ Own ___ Share Expenses ___ Other: _____

6. (b) How much is your rent payment? \$ _____ Weekly ___ Monthly.

6. (c) How many bedrooms does your household currently have? _____

6. (d) Please describe your current living arrangements: (if more space is required, please attach)

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6. (e) If you are NOT under notice to move, please tell us why you want to move.

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7. Health and Mobility Information

To assist with matching you to housing that best suits your needs, please complete the following questions.

~IF YOU DO NOT HAVE A HEALTH CONDITION OR DISABILITY GO TO SECTION 8.~

7. (a) Do you, or any members of your household, have restrictions with stairs?
 No restrictions Cannot manage stairs Limited number of stairs (How many? _____)

7. (b) Do you, or any members of your household, use a:
 Wheelchair Scooter
 If a wheelchair is used, is it used inside your home? Yes No
If YES, Is it used in the kitchen? Yes No
 Is it used in the bathroom? Yes No

7. (c) Can you and your household members access and function in all rooms in your current housing?
 Yes No **If no**, please explain:

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7. (d) Other than mobility concerns, do you, or any members of your household, have a health condition or disability? YES NO

| Name of Household Member | Explain the health Condition or Disability |
|--------------------------|--|
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How does the health condition or disability described above affect your ability to function in your current housing? Please Explain:

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7. (e) Please describe any special requirements or safety features that you may need in your housing related to your mobility or health condition.

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8. Housing Preferences

Answers to the following question will help NCPEI match you to a suitable unit.

8. (a) Do you or anyone in your household smoke in your home?

- Yes
- No
-

8. (b) Do you have any pets?

- Yes
- No

If yes, how many pets in total? _____

Provide the following information for all household pets.

| TYPE | How Many | Willing to give up? | Breed |
|------|----------|---------------------|-------|
| | | | |
| | | | |
| | | | |

8. (c) Do you or anyone in your household own a vehicle?

- Yes
- No

If yes, please provide:

| | | |
|-------|--------|-------|
| Make: | Model: | Year: |
|-------|--------|-------|

Is there any further information you or anyone in your household may want to be reviewed as part of the review process. If yes, please explain:

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I/We understand that this application must be renewed one year from date received to be considered by Selection Committee. I/We further declare that the information contained on this form is true and correct and further authorize the Native Council of Prince Edward Island to use this application, to make such enquires about my/our credit status as they see fit in order to process this application.

APPLICANT SIGNATURE/DATE

CO-APPLICANT SIGNATURE/DATE

| | |
|--|---|
| OFFICE USE ONLY RECEIVED BY (SIGNATURE) _____ | |
| DATE RECEIVED: _____ | RECEIVED BY: _____ MAIL _____ FAX _____ IN-OFFICE _____ OTHER _____ |