

APPLICATION SENIORS & DISABLED INDEPENDENT LIVING COMPLEX

To qualify at least one person must be a Temagami First Nation member or blood line of the “Teme Augama Anishnabai;”

Must be 55 years or older or must be eighteen (18) years or older with physical disability;

Must meet scoring in Schedule 3 of the Seniors & Disabled Independent Living Policy and TFN Housing Policy

Must be clear of any debt owing to the Temagami First Nation.

GENERAL INFORMATION

PHYSICAL DISABILITY (WHEEL CHAIR OR OTHER AIDS UTILIZED FOR MOBILITY)

Physical disability Primary Applicant _____ Co-applicant _____

Primary Applicant/Tenant

Last Name _____ First Name _____

Address _____

Date of Birth _____ Band Number _____

Home Ph. # _____ Cell Ph. # _____

Email Address: _____

Co-applicant Secondary Tenant

Last Name _____ First Name _____

Address _____

Date of Birth _____ Band Number _____

Home Ph. # _____ Cell Ph. # _____

Email Address: _____

Next of Kin/ in event of emergency

Last Name _____ First Name _____

Address _____

Home Ph. # _____ Cell Ph. # _____

Email Address: _____

CURRENT LIVING CONDITIONS

I now live in (Please check one)

Own my home _____ Apartment _____ House _____ Basement _____ Boarding House _____

Other: _____

My present home has: 1 bedroom _____ 2 bedrooms _____ 3 bedrooms _____

Other (Please specify) _____

Present dwelling conditions (Please indicate which applies to you)

Dwelling is overcrowded? Yes No

(As per National Occupancy Standards – Verification required)

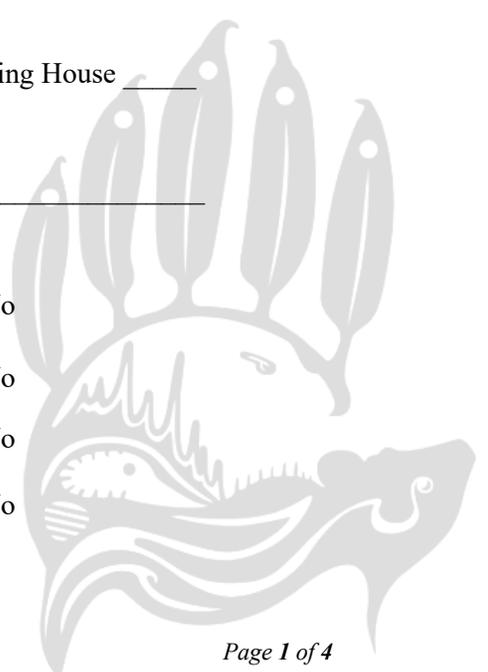
Dwelling is safe? Yes No

Dwelling is unsafe and poses a health/safety risk? Yes No

(Verification required)

Applicant currently resides in temporary housing? Yes No

(Verification required)



RENT HISTORY/REFERENCES

Current Landlord (if applicable)

Last Name _____ First Name _____

Address _____

Home Ph. # _____ Cell Ph. # _____

Email Address: _____

My rent is presently \$ _____ per month

Is heat extra (specify) \$ _____ per month (gas, oil, other _____)

Is hydro extra \$ _____ per month

Do you have a notice to vacate present residence? Yes No

Please explain _____

Previous Landlord (if applicable)

Last Name _____ First Name _____

Address _____

Home Ph. # _____ Cell Ph. # _____

Email Address: _____

My rent was \$ _____ per month My hydro was \$ _____ per month

My heat was (specify) \$ _____ per month (gas, oil, other _____)

Please explain why you moved?

Own your own home:

My mortgage or maintenance payment is \$ _____ per month

Heat \$ _____ per month (gas, oil, other _____)

Hydro \$ _____ per month

How many years have you owned your own home? _____

FINANCIAL INFORMATION:

Principle Applicant

Total gross monthly income (NET) \$ _____

Employment (Part time - NET) \$ _____

Disability \$ _____

Old Age Security \$ _____

Guaranteed Income Supplement (GIS) \$ _____

Other (Pension) \$ _____

Principle Bank Information

Bank Code: _____ Transit No. _____ Account No. _____

Bank of Institution Name: _____

SAVINGS:

Bank Code: _____ Transit No. _____ Account No. _____

Bank of Institution Name: _____



Financial Information of Co-Applicant

Total gross monthly income (NET) \$ _____
Employment (Part time – NET) \$ _____
Disability \$ _____
Old Age Security \$ _____
Guaranteed Income Supplement (GIS) \$ _____
Other (Pension) \$ _____

Co-Applicant Principle Bank Accounts

Bank Code: _____ Transit No. _____ Account No. _____

Bank of Institution Name: _____

SAVING:

Bank Code: _____ Transit No. _____ Account No. _____

Bank of Institution Name: _____

Are you and co-applicant willing to divest any and all your interest in your freehold or leasehold estate in residential property?

Yes _____ No _____

I confirm I am the:

Primary Applicant TFN Status ___ TAA _____

Co-applicant TFN Status ___ TAA _____

Declaration

I/we understand that completion of this application in **no way guarantees that the applicant(s) will be approved for occupancy.**

I/we declare that the information contained in this application is true and correct and agree that it may be used for an investigation to establish credit worthiness.

Applicant Signature

Date

Co-Applicant Signature

Date



DECLARATION AND AUTHORIZATION

By signing below, I/We declare that all of the information contained in this application, including the verification of Temagami First Nation membership and Teme Augama Anishnabai Bloodline is complete and accurate in every respect.

I/We authorize the Temagami First Nation Housing Department to exchange or confirm all or any of the information recorded in this application with my/our current and previous landlord and authorize any of these individuals to issue a tenant report to Temagami First Nation.

I/We understand that this application is based upon household income. Those who are 55 years or older who may be employed full time, seniors whose income is Old Age Security and/or Pension Benefits and Guaranteed Income Supplement and disabled persons who are receiving Ontario Disability Support Program.

I/We authorize the Temagami First Nation to, at any time, confirm all or any of my/our income with the source of income, including credit rating/check.

I/We understand that an interview may be held to discuss my/our housing situation in greater detail. This interview, if granted, will not guarantee housing.

If any of this application is incorrect or not true, Temagami First Nation may immediately cancel my/our application without recourse. Furthermore, if I/we obtained housing based on false information, I/we acknowledge that the Temagami First Nation will evict me/us.

I/we understand that if I/we are selected to be tenants, only the people listed in this application may live with me/us in a Temagami First Nation Seniors & Disabled Independent Living Complex unit.

I/we understand that information collected is confidential.

Finally, I/we understand that completion of this application and/or attending an interview called as a result of this application, does not guarantee that the Temagami First Nation will provide rental accommodations.

Print Name
Primary Applicant

Signature

Date

Print Name
Primary Applicant

Signature

Date

Mail Applications to

Temagami First Nation Housing Coordinator
Lot # 58, Bear Island, ON
P0H 1C0

Email: elizabeth.potts@temagamifirstnation.ca



APPENDIX 5

AFFORDABILITY ANALYSIS HOUSING WORK SHEET	
Applicant Name	
Co-applicant Name	
Address	

As part of the Temagami First Nation housing program, all tenants must make a monthly rent payment. In some units hydro and possibly if need be some minor maintenance.

Completed Application and Affordability Analysis are to be sent to the Temagami First Nation Housing Department.

Preparing for the Interview

The Affordability Analysis is to be completed by Applicant(s) Steps 1 – 4

Principal Tenant(s):

1. Bring to the interview written verification of income for all adults who are living in the unit.
 2. Review with applicant at interview, the two most recent bank statements and pay stubs.
- *This information will assist the Housing Advisory Committee to obtain a full picture of applicant's expenses as part of the affordability analysis.

Step 1 – Confirm Monthly Household Income

Applicant confirms the net household income (after deductions) from all sources of all adult members who are presently living in the unit. The exception is income earned by dependants who are attending school full-time.(Secondary, Post-Secondary, University)

Step 2 – Confirm Monthly Housing Expenses.

Applicant to complete applicable list of and confirms monthly housing expenses

Step 3 – Confirm Non-Housing Expenses

Applicant is to review and fill in each item on the list to ensure they are considering all non-housing expenses.

Step 4 – Affordability (Amount Remaining) will determine that unit is affordable

See following steps:

1. Take the net monthly income from **Step # 1**
2. Deduct monthly housing expense **Step # 2** from monthly income
3. Deduct monthly non-housing expenses **Step # 3** from monthly income.
4. Affordability Analysis Worksheet will be reviewed by the Housing Coordinator and Housing Advisory Committee.

Step 1

List the regular NET monthly income (after deductions) from all sources of all adult members living in the household.

Income Type (NET)	Monthly Income
Employment Income NET (household income)	
Old Age Security	
Guaranteed Income Supplement	
Employment Insurance Benefits	
Ontario Works (Social Assistance Benefits)	
Ontario Disability Support Program	
Pension Benefits (CPP, VAD, Other)	
Child Tax Benefit	
Alimony, Child Support	
Other Income (boarders, rent)	
Total net monthly income	

Step 2

Approximate cost of monthly housing costs.

Monthly Housing Related Expenses	Monthly Amount
Rent	
Utilities (if paid separately including hydro & wood)	
Services (water/sewer, garbage pick-up)	
Insurance (contents)	
Minor Maintenance	
Other Costs (_____)	
Total housing-related expenses	

Step 3

Confirm current monthly non-housing expenses.

Current Non-Housing Expenses	Monthly Amount
Groceries	
Child care, school/sporting fees and related expenses	
Cell phone, home phone, internet/cable, satellite,	
Insurance (vehicle, ATV, boat & motor) medical,	
Insurance (medical, prescriptions - not covered by NIHB)	
Loan payment vehicle (car/truck)	
Loan payment (ATV)	
Loan payment (boat & motor, snow machine)	
Gas and other transportation costs including car repairs	
Personal loan payments	
Credit card payments	
Entertainment	
Clothing	
Other debts	
Savings	
Total Monthly Non-Housing Expenses	

Step 4

Step 1: Total monthly income		
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Step 2 Total monthly housing expenses	<i>Minus</i>	
Step 3 Total monthly non-housing expenses	<i>Minus</i>	
Difference	<i>Equals</i>	\$ -

For Housing Department Use ONLY		
Total net monthly income from Step 1	<i>A</i>	
Total expenses from Step 2 plus Step 3	<i>B</i>	
Total expenses as per a percentage		