

## LEASE APPLICATION

K-W Urban Native Wigwam Project  
300 Frederick St.  
Kitchener, Ontario  
N2H 2N5  
Tel: (519) 743-5868



**Before completing this application, please review this checklist to ensure that you are eligible for subsidized housing.**

### **Eligibility:**

- Proof of Native Ancestry
- Applicant is 16 years of age or older and able to live independently (Proof of Age must accompany the application)
- You must not owe rent/housing charge arrears to any federally, provincially or municipally funded housing groups, unless you are actively adhering to an approved repayment schedule (proof of repayment schedule required)
- No member of the household has been convicted of misrepresentation of income or found to have misrepresented their income for the purpose of receiving rent geared to income housing

### **Filling out the form: Incomplete applications will not be accepted**

- Please print all information in ink.
- Complete all sections and mail or drop off the application to the address noted above. Please note that faxed copies are not accepted.
- Please read the section titled “Definition of Income/Assets”
- Before signing the application form, please read and understand the Declaration and Consent section and make sure the application is complete. If someone else is completing the application on behalf of the applicant (s) please provide this information where indicated. The application must be signed by all household members 16 years of age or older or by their approved designate.
- To keep your application current, any change in information provided in this application must be reported to the office of K-WUNWP within 10 days of the change occurring. Failure to report changes may result in the cancellation of your application.

### **Definition of Income and Assets:**

The following list identifies some common sources of income and types of assets, but is by no means a complete list. Households must report all sources of household income, payments received by the household and all assets.

#### **Income:**

- Employment income, WSIB, E.I., Tips, Commission, Gratuities, Strike pay
- Self-Employment Income, Babysitting, craft sales, etc., Training allowances
- Student Income, OSAP, Grants, Bursaries
- Annuity Income, RRSP payments
- Disability payments, pension income, Social Assistance
- Support payments received

#### **Assets:**

- Bank Accounts
- Term Deposits, Bonds, Stocks, Shares, Mutual Funds, RRSP's
- Life Insurance with cash surrender value
- Residential and non-residential property; Other interest in real estate
- Financial Holdings

LEASE APPLICATION

**Incomplete Applications Will Not Be Processed**



K-W Urban Native Wigwam Project  
 Non-Profit Native Housing  
 300 Frederick St.  
 Kitchener, ON  
 N2G 2S1

Tel: (519) 743-5868 Fax: (519) 743-6172

<b>APPLICANT'S PERSONAL INFORMATION</b>					
_____		_____			
Applicant's Last Name		Applicant's First Name			
Address: _____			Telephone and cell #: _____		
_____			_____		
Date of Birth (m/d/y) _____			Social Insurance Number Email: _____		
Native Ancestry:		Status <input type="checkbox"/>	Non-Status <input type="checkbox"/>	Metis <input type="checkbox"/>	Inuit <input type="checkbox"/>
<i>Present Marital Status:</i>					
Single <input type="checkbox"/>	Common Law <input type="checkbox"/>	Widowed <input type="checkbox"/>			
Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	_____		
<b>CO-APPLICANT'S PERSONAL INFORMATION</b>					
_____		Telephone or cell #: _____			
Name:					
Date of Birth (m/d/y)		Social Insurance Number			
_____		_____			
Native Ancestry:		Status <input type="checkbox"/>	Non-Status <input type="checkbox"/>	Metis <input type="checkbox"/>	Inuit <input type="checkbox"/>
Relationship to Applicant:					
<b>APPLICANT'S EMPLOYMENT HISTORY</b>					
_____			_____		
Current Employer			Occupation		
Employer Phone #: _____					
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			Tel #: _____		
How long have you been with current employer?					
<b>CO-APPLICANT'S EMPLOYMENT HISTORY</b>					
_____			_____		
Current Employer			Occupation		

Employer Phone #: _____					
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>					
How long have you been with current employer?					
<b>PLEASE CHECK OFF ALL SOURCES OF INCOME</b>					
Ontario Disability (ODSP)	<input type="checkbox"/>	Education/Training	<input type="checkbox"/>		
Ontario Works	<input type="checkbox"/>	Employment Insurance	<input type="checkbox"/>		
Old Age Security	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>		
Worker's Compensation	<input type="checkbox"/>	Income/Child Support	<input type="checkbox"/>		
Canada Pension Plan	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/> _____		
Do you have any assets (see page 5) Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please list:					
_____					
_____					
_____					
<b>Other Family Members to Reside in Accommodations Applied for:</b>					
Last Name	First Name	D.O.B (m/d/y)	Male or Female	Relationship To Applicant	Native Ancestry
Do all members reside in same current location? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If no, please give address(s) and reasons for separation.					
_____					
_____					
_____					
<b>CURRENT TENANCY INFORMATION</b>					
<i>Current housing costs per month:</i>					
Rent \$ _____	Hydro \$ _____	Water \$ _____	Other \$ _____ Specify:		
# of Bedrooms _____	Are you under notice to vacate?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, when?					
Why?					
_____					
Your Rental Address:					
Landlord's Name:					
Landlord's Telephone:					
Why do you want to move out?					
_____					
_____					
How much notice must you give to move?					

**PAST TENANCY INFORMATION**

*List previous landlords for the past 5 years (include separate sheet if required)*

#1 Landlord's Name:

Landlord's Telephone:

Your Rental Address:

Market rent \_\_\_\_\_ Geared to Income \_\_\_\_\_

Moved In: \_\_\_\_\_ Moved Out: \_\_\_\_\_  
(d/m/y) (d/m/y)

#2 Landlord's Name:

Landlord's Telephone:

Your Rental Address:

Market rent \_\_\_\_\_ Geared to Income \_\_\_\_\_

Moved In: \_\_\_\_\_ Moved Out: \_\_\_\_\_  
(d/m/y) (d/m/y)

#3 Landlord's Name:

Landlord's Telephone:

Your Rental Address:

Market rent \_\_\_\_\_ Geared to Income \_\_\_\_\_

Moved In: \_\_\_\_\_ Moved Out: \_\_\_\_\_  
(d/m/y) (d/m/y)

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**TENANT REQUIREMENTS**

How many bedrooms do you require?

Are you expecting a baby? Yes  No  If yes, when?

Do you or a family member require a wheelchair accessible unit? Yes  No

Do you have any pets? Yes  No  If yes, please specify:

Please list any other information you feel is pertinent to your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

**Declaration and Consent**  
**K-W Urban Native Wigwam Project**

1. I have read the **Definition of Income/Assets** located in the application form and fully understand it.
2. The information given on this application is true, accurate and complete. If the information given is not true, accurate and/or complete, I understand it may result in cancellation of my application.
3. I understand that it is my responsibility to inform K-WUNWP of any changes in information within 10 days of the change (i.e. change of address, phone number, family size, type or amount of income).
4. I understand that this application is not an agreement on the part of K-WUNWP to provide me with rental housing but only ensures that if I am eligible, I will be placed on a waiting list for housing.
5. I agree to provide any supporting material or documents as required by K-WUNWP.
6. I understand that all members of the household who are 16 years or older must sign the application and consent, or have it signed on their behalf by an approved designate (i.e. parent, guardian, person with power of attorney or authorization to complete an application and provide consent on behalf of an applicant).
7. I understand that K-WUNWP will be making inquiries with regard to my tenancy with past landlords.
8. I understand that K-WUNWP will provide information to future landlords about my tenancy with K-WUNWP.
9. I understand that K-WUNWP will be making inquiries to Credit Bureaus and Collection Agencies regarding my financial circumstances.
10. I understand that K-WUNWP will disclose any information in my file to Credit Bureaus and Collection Agencies regarding arrears during and after my tenancy with K-WUNWP.
11. I consent to the release of information relating to any bank account, safety deposit box, assets of any nature held by me on my behalf or by or on behalf of my spouse, any of my dependents or foster children in any financial institution.
12. I consent to an authorized representative of the municipality or Indian Band, or Ministry of Community and Social Services, or the Government of Canada or any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, in order to verify information for the purposes of determining or verifying my initial and/or ongoing eligibility for housing under the K-W Urban Native Wigwam Project.
13. I understand that this information could be disclosed to non-profit housing corporations/co-operative local housing authorities, Indian Band, the Ministry of Municipal Affairs and Housing and other municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this application.
14. I understand that this consent will apply to inquiries regarding a period of time during which I am or have been in receipt of housing under the K-W Urban Native Wigwam Project.

Personal information contained on this form or in attachments is collected pursuant to the Social Housing Reform Act (2000), and will be used to determine eligibility for housing applied for, continued eligibility for subsidized housing or the amount of rent geared-to-income assistance.

Where any household member is in receipt of Ontario Works or ODSP, they consent to the sharing or receiving of information from Ontario Works or ODSP staff for the purpose of determining eligibility for housing applied for, continued eligibility for subsidized housing or the amount of rent geared-to-income assistance.

The applicant(s) consents to the disclosure and/or transfer of information given on this form and attachments to the above mentioned entities. The applicant(s) further consents to the exchange of information between K-WUNWP and the party/parties providing supporting documentation/information on behalf of the applicant(s), for the purpose of verifying the validity and accuracy of this information.

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Other Household Member: \_\_\_\_\_ Other Household Member: \_\_\_\_\_

K-WUNWP is governed by the Ontario Human Rights Code. Its Mission is to provide safe, secure and affordable housing for the Aboriginal community in Waterloo Region.

Person/Agency completing this application on behalf of the applicant(s):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May this person be contacted to answer questions regarding the application provided on this form? \_\_\_\_  
Yes \_\_\_\_ No

**Questions about the contents of this application or the application process should be directed to:**

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Non-Profit Native Housing  
300 Frederick St.  
Kitchener, Ontario N2G 2S1  
Tel: (519) 743-5868 Fax: (519) 743-6172**



# KW Urban Native Wigwam Project



## Declaration of Native Ancestry

This is to declare that I, the applicant and/or members of my household, are of FNMI Ancestry. (First Nations, Status/Non-status, Metis or Inuit) and make up over 50% of the household.

If applicable, check the box(s) that apply to you;

- Declare other household members have FNMI Ancestry
- I have FNMI Ancestry (complete the following)

APPLICANT	NATIVE ANCESTRY
Name:	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NOT AFFILIATED

<b>BAND AFFILIATION IN THE HOUSEHOLD:</b> (Reserve you have membership with or have relatives at)	
<b>BAND NUMBER:</b> If applicable	
<b>10 DIGIT IDENTIFICATION NUMBER:</b> If applicable	
<b>EXPIRY DATE OF CARD:</b> If applicable	

OTHER HOUSEHOLD MEMBERS	NATIVE ANCESTRY
Name:	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NOT AFFILIATED
Name:	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NOT AFFILIATED
Name:	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NOT AFFILIATED
Name:	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NOT AFFILIATED
Name:	<input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> NOT AFFILIATED

**I declare that the above information is true and correct.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*(a photocopy of the front and back of applicant/tenant and household members status card or a letter from a family member with Status declaring FNMI Ancestry Must be provided).*