LEASE APPLICATION

K-W Urban Native Wigwam Project
300 Frederick Street
Kitchener, ON
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
- Total combined household income must not exceed $52,000 gross annually

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

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Incomplete Applications Will Not Be Processed

K-W Urban Native Wigwam Project
Non-Profit Native Housing
300 Frederick Street
Kitchener, ON
N2H 2N5
Tel: (519) 743-5868 Fax: (519) 743-6172

APPLICANT'S PERSONAL & EMPLOYMENT INFORMATION					
Mr. Miss Mrs. _____ _____ Applicant's Last Name Applicant's First Name					
Address: _____ _____			Telephone #: _____		
_____ Date of Birth (m/d/y)			__ __ __/__ __ __/__ __ __ Social Insurance Number		
Native Ancestry:	Status ☐	Non-Status ☐	Metis ☐	Inuit ☐	
Present Marital Status:					
Single	☐	Common Law	☐	Widowed	☐
Married	☐	Divorced	☐	Other (specify)	☐ _____
_____ Current Employer Employer Phone #:_____			_____ Occupation		
May we contact you at work? Yes ☐ No ☐			Tel #:		
How long have you been with current employer?					

PLEASE CHECK OFF ALL SOURCES OF INCOME			
Ontario Disability (ODSP)	☐	Education/Training	☐
Ontario Works	☐	Employment Insurance	☐
Old Age Security	☐	Self-Employed	☐
Worker's Compensation	☐	Income/Child Support	☐
Canada Pension Plan	☐	Other (specify)	☐ _____

Do you have any assets (see page 2) Yes ☐ No ☐
If yes, pleas identify:

CO-APPLICANT'S PERSONAL & EMPLOYEMTN INFORMATION

Mr. Miss Mrs. _____ _____ Co-Applicant's Last Name Co-Applicant's First Name				
Address: _____ _____			Telephone #: _____	
_____ Date of Birth (m/d/y)			__ __ __/__ __ __/__ __ __ Social Insurance Number	
Native Ancestry:	Status ☐	Non-Status ☐	Metis ☐	Inuit ☐
Relationship to Applicant:				
_____ Current Employer Employer Phone #:_____			_____ Occupation	
May we contact you at work? Yes ☐ No ☐			Tel #:	
How long have you been with current employer?				

PLEASE CHECK OFF ALL SOURCES OF INCOME			
Ontario Disability (ODSP)	☐	Education/Training	☐
Ontario Works	☐	Employment Insurance	☐
Old Age Security	☐	Self-Employed	☐
Worker's Compensation	☐	Income/Child Support	☐
Canada Pension Plan	☐	Other (specify)	☐ _____

Do you have any assets (see page 2) Yes ☐ No ☐
If yes, pleas identify:

Other Family Members to Reside in Accommodations Applied for:

Last Name	First Name	D.O.B (m/d/y)	Male or Female	Relationship	Native Ancestry

Do all members reside in same current location? Yes ☐ No ☐

If no, please give address(s) and reasons for separation.

CURRENT TENANCY INFORMATION

Current housing costs per month:

Rent $_____	Hydro $_____	Water $_____	Other $_____ Specify:

# of Bedrooms		Are you under notice to vacate?	Yes ☐ No ☐

If yes, when?

Why?

Landlord's Name:

Your Rental Address:

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:

Address:

Telephone:

Market rent _____ Geared to Income _____

Moved In: _____ (d/m/y) Moved Out: _____ (d/m/y)

#2 Landlord's Name:

Your Rental Address:

Landlord's Telephone:

Market rent _____ Geared to Income _____

Moved In: _____ (d/m/y) Moved Out: _____ (d/m/y)

#3 Landlord's Name:

Your Rental Address:

Landlord's Telephone:

Market rent _____ Geared to Income _____

Moved In: _____ (d/m/y) Moved Out: _____ (d/m/y)

PREVIOUS APPLICATIONS

Have you, your spouse or any other family member applied for subsidized rental accommodations in Ontario or with K-W UNWP? Yes ☐ No ☐

If yes, state name of applicant:
Date of application:
Agency applied to:
Were you: Approved ☐ Denied ☐ If denied, why? _____
PREVIOUS TENANCY
Has anyone previously resided or is now in subsidized rental accommodation in Ontario or with K-W UNWP? Yes ☐ No ☐
If yes, state name of applicant:
Date of application:
Agency applied to:
Moved In: _____ (d/m/y) Moved Out: _____ (m/d/y) Full Address: _____ Reason for Leaving: _____
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

K-W Urban Native Wigwam Project

Native Ancestry Declaration

This is to confirm that I, the applicant:_____

Of_____
(Address)

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

____ Declare other household members have Native Ancestry

____ Have Native Ancestry (complete the following)

BAND NAME:_____BAND NUMBER_____

10 DIGIT IDENTIFICATION NUMBER:_____

EXPIRY DATE OF CARD:_____

OTHER HOUSEHOLD MEMBERS	NATIVE ANCESTRY			
_____	STATUS	NON-STATUS	METIS	INUIT
_____	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).