



**Kiashke Zaaging Anishinaabek – Gull Bay First Nation (KZA – GBFN)
Social Housing Program Application – July 2021**

Who Can Apply?

1. At least one member of the household must be 18 years of age or older and able to live independently. Know that there are a maximum number of occupants permitted in each house.
2. This housing project is open only to registered status members of KZA – GBFN. Eligibility is geared to specific criteria contained in the funding proposal which facilitated construction, so the most accurate completion of the application will ensure that the selection of occupants is the most well-suited to the terms and conditions outlined to the FN by the funding agency.
3. No member of the household may owe money to any social housing provider. For any amounts owing, the member must pay the amount owed, or make a payment agreement with the provider to pay the outstanding arrears. Arrears must be paid in full at the time of offer; otherwise, the offer will be considered a refusal.
4. No member of the household has been convicted of misrepresenting their income for the purpose of receiving rent-geared-to-income assistance in the past two years OR of having caused damages to social/rental/community asset homes in which they have occupied.

How to Complete the Application:

1. Complete all sections of the application. If your application is incomplete, you will be notified that you have only until the deadline date to submit outstanding information. Eligibility will be determined once all required information is received.
2. The application must be signed by the applicant, co-applicant, and all non-dependent members of the household, or a person authorized to sign on behalf of any member who is unable to sign. Please read the declaration and consent before signing the application form.
3. Submit the completed application and all supporting documentation by either hand-delivering your application to the Government Office OR faxing your application to (807) 982-0009 prior to the deadline. Applications received after the deadline will not be considered for allocation in this particular round, but will be held on file for future social housing proposals.
4. Your application will be acknowledged in writing once eligibility has been determined (applications may take up to 7 days to process).

The information collected in this application is for the purpose of determining eligibility for rent-geared-to-income assistance and affordable subsidized social housing. If you have any questions or require assistance completing this application, please contact KZA Housing Program Manager Lawrence Shonias or KZA Maintenance Manager at (807) 982-0006.

Deadline to apply is TUESDAY, AUGUST 3, 2021 at NOON

1. Applicant			
Last Name	First Name	Gender Identity (used to determine occupancy standards)	
Date of Birth			
Social Insurance Number		Registered Status Indian Number	
2. Current Address			
Home Telephone #	Cell #	Email Address	

3. Other Household Members to Reside in Accommodation:

Last Name	First Name	Relationship to Applicant	Date of Birth	Gender Identity

4. Income from All Sources

(to collaborate on upkeep/maintenance expenses and to address damage repairs)

Sources of Income	Applicant	Other Household Members
Employment or Self-Employment		
Employment Insurance (EI)		
Workplace Safety and Insurance Board (WSIB)		
Ontario Works (OW)		
Ontario Disability Support Program (ODSP) Spousal Support		
Pension Income(s)		
Canada Pension Plan (CPP)/Canada Pensions Plan - Disability (CPP-D)		
Old Age Security (OAS)		
Guaranteed Income Supplement (GIS)		
Guaranteed Annual Income Support (GAINS)		
Other (please specify)		

5. Housing History (please indicate as applicable)

	Yes	No
Have you or any member of your household previously lived in rent-geared-to-income (subsidized) or social housing?		
Does any member of the household owe money (ie. Unpaid rent or damages) to any social housing provider?		
Have you, or any member of your household, been found guilty of misrepresenting your income for the purpose of receiving rent-geared-to-income assistance?		
Have you, or any member of your household, been previously evicted from a social housing unit for a serious/illegal act?		
OTHER; (information that may support your application)		

6. Health Factors to be Considered (please indicate your needs)	Yes	No
Do you require barrier-free access? (No entry stairs; requiring ramp or lift)		
Are you hearing impaired? (Requiring specialized communication or visual fire alert systems)		
Are you able to climb stairs?		
Are you sight impaired? (Requiring specialized labelling of home's mechanical systems)		
Do you use a powered mobility device, such as a mobility scooter or wheelchair?		
OTHER (please specify)		

7. Number of Bedrooms Required (please indicate your needs)	Two Bedroom	Three Bedroom
The number of bedrooms your household is eligible for is determined by occupancy standards. Generally, spouses/partners are expected to share a bedroom and an additional bedroom is allocated for each additional member of the household. Dependents of the same gender with an age difference of five years or less may share a bedroom. Please indicate if there are any special circumstances (medical conditions, custody/visitation agreements etc) that may impact on your application for an eligible unit size.		
List of Special Circumstances (if applicable):		

8. Any Specific Housing Circumstances	Yes	No
Any applicant or member of the household whose personal safety is at risk because of abuse by a person with whom they live in a familial relationship may apply for special consideration. To be considered for Special Consideration, you will be required to submit a Request for Special Priority statement. Do you intend to submit a Special Consideration statement?		
Are you currently living in a home to which you are underhoused (have fewer bedrooms than you require)?		
Are you currently living in a home which is scheduled for future demolition due to its state of disrepair or could be defined as such?		
Are you currently homeless or living transiently? (staying with family or friends due to the complete lack of housing) OTHER:		
(please describe any circumstances that may more clearly define your current state of housing)		

9. Parking and Pets	Yes (type/#)	No
Do you or any members of the household own a working car/truck? Parking spaces are limited within this current project to vehicles owned and registered in the occupants name and must be provincially registered and insured. This also includes any type of recreation vehicles (ATVs, snow machines, trailers etc). Please note: Any vehicles which are not in compliance with provincial licensing and registration requirements will be towed out at the applicants expense. No derelict vehicles will be permitted to stored onsite.		

Do you have any pets? Please describe the type of pets you own (dog/cat, indoor/outdoor). The number of pets permitted within a household is limited due to the extra wear and tear they place onto the housing unit. Also the applicant must be prepared to restrain the pet outdoors, if applicable, in a manner that complies with Humane Society standards and assures general community safety for children/adult residents/visitors.	Yes (type/#)	No
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10. Declaration and Consent

I/we, the undersigned, understand and declare,

1. That all information given in this application and any supporting documentation is true, correct and complete.
2. That the First Nation administration and government, KZA – GBFN Housing Department and/or Social Service operations will use the information provided to determine initial and ongoing eligibility for rent-geared-to-income assistance, and/or social housing and to determine the amount of assistance for which I/we are eligible.
3. That if any information in this application is incorrect or not true, KZA - GBFN administration and government, Housing Department and/or Social Service operations associated with this application may request additional information, cancel this application, or both.
4. That all members of the household agree to be bound by the terms and conditions of the Occupancy Agreement and any/all community By-laws, regulations and/or directives that may be implemented by KZA – GBFN from time to time.
5. That any money owed to any social housing provider in Ontario must be paid, or have an active payment agreement in place, before this application is eligible for rent-geared-to-income assistance, and included on the centralized waiting list. An active payment agreement means that payment amounts, and dates, agreed to in the payment agreement are upheld.
6. That any information provided in this application and any supporting documentation may be verified, and I/we authorize any person, resource, officer of The First Nation or any social agency having knowledge of the information provided, to release that information to the First Nation administration and government, KZA – GBFN Housing Department and/or Social Service operations for the purpose of determining initial or ongoing eligibility.

Further, I/we understand that certain laws allow personal information to be collected or shared with others, and that any information in this application and any supporting documentation which is given to a body listed herein is confidential and will only be given in accordance with associated regulations.

Specifically, I/we consent to the information in this application and any supporting documentation to be given, without further notice, to:

- 1) Social services offices, officials/resources of KZA – GBFN, municipal service managers or district social services administration boards and housing providers, if the information is necessary for the purpose of making decisions or determining eligibility for assistance.
- 2) The government of Canada, the province of Ontario, a department, ministry, or agency of it, if the information is necessary for the purpose of administering associated funding agreements provided to KZA – GBFN to assure compliance.

Signatures of Household Members

This Application and Declaration and Consent must be signed by the applicant, co-applicant and all nondependent members of the household. Non-Dependent means any member of the household that is not dependent on another member of the household (minor children or those with defined disabilities). An adult child of another member of the household, under the age of 18, in full time attendance at school, and living away from the household during the school year, is considered a dependent if he/she resides with the household during school breaks.

Applicants Printed Name	Applicant Signature
Printed Name of Other Adult Household Member(s)	Signature(s) of any Adult Household Member(s)
Printed Name of Other Adult Household Member(s)	Signature(s) of any Adult Household Member(s)

OCCUPANCY AGREEMENT

Between the Parties as follows:

The Owner's full name: Kiashe Zaaging Anishinaabek (Gull Bay First Nation)

Owner's mailing address:
1186 Memorial Avenue
PO Box 29100, McIntyre Centre
Thunder Bay, ON P7B 6P9
Owner's tel. no. (807) 982-0006

Sample

The Occupant's full name: XXXXX

Occupant's mailing address:
General Delivery
Gull Bay FN, ON P0T 1P0
Occupant's tel. no. (807) 982-XXXX

1. Accommodation

One (1) Home in subdivision # ___ bearing VIN# _____, on an "as-is, where-is" basis.

2. Start date and duration

The Occupancy Agreement will start on: XXXXXXXX ("the start date")

The Occupancy Agreement will end on the earlier of occupant finding alternate accommodation and providing written notice in accordance with Section 13 **OR** the Owner providing written notice to vacate the home and terminating this Occupancy Agreement in accordance with Section 13. ("the end date").

3. Rent

The accommodation shall be provided to the Occupant by the Owner rent free.

It is the intention of the parties that this Occupancy Agreement shall be expense free to the Owner and Occupant shall pay all expenses associated with his occupancy of the home including contributions to the upkeep, regular maintenance and wear and tear, and/or any and all damages caused by the Owner, approved residents or guests.

4. Utilities

Charges for any utilities, including where applicable propane, electricity, telephone, satellite/cable, internet, etc. shall be the sole responsibility of the Occupant.

5. Capital Improvements

At the time of the signing of this Agreement, the Occupant shall not be permitted to make any capital improvements to the home. No alterations, modifications or capital improvements to land or building are permitted without written consent of the Owner. If, at some point in the future, the Occupant wishes to make capital improvements at his sole cost, without contribution or recourse for contribution by the Owner, it will be at the Owner's discretion and approval. It is understood and agreed that on the termination of the occupancy any such capital improvements are for the benefit of the Owner and ownership of all such capital improvements reverts to the Owner, without any compensation by the Owner to the Occupant.

6. Contents

The Occupant agrees that the accommodation by way of the manufactured home is on an as-is, where-is basis without any warranty as to its condition. Any such warranties fall to the responsibility of the Owner for the first calendar from manufacture date.

7. Insurance

It is the Occupant's responsibility to insure their contents and personal affects.

8. Permissible Residents / Duty to take reasonable care of the property

The Occupant agrees that only those listed on the Occupant's Housing Application shall reside in the home, whether it be permanently or 'temporarily' as overcrowding leads to unnecessarily depreciation and wear and tear on the community asset. The Occupant agrees to take reasonable care of the property and maintain it in a clean and tidy state and to take reasonable steps to avoid causing damage to the property. The Occupant accepts liability for any damage caused to the Owner's property by them and will bear the costs of any repairs necessary as a result of such damage.

9. Respect for others

The Occupant must not: act in an antisocial manner towards the Owner or any visitor to the property or any other occupant of the First Nation/Reserve; make excessive noise; allow any visitors to act in an antisocial manner; leave rubbish in inappropriate places; use the property for illegal purposes. The Occupant agrees to abide by any and all community rules and regulations relating to housing as established time to time by Chief and Council.

10. Pets

The Occupant agrees to not keep any pets without obtaining the prior written consent of the Owner.

11. Access to the House

The Occupant agrees to allow the Owner access to the home with at least 24 hours' notice, unless in the case of an emergency. The Owner, by way of the KZA - GBFN Maintenance Manager, shall conduct a monthly inspection in collaboration with the Occupant to ensure mechanical equipment in the home is in a good state of operation.

12. Ending the Occupancy Agreement

The Occupancy Agreement may be ended by either party giving no less than fourteen (14) days' written notice to the other ("the end date").

13. Waiver

The Occupant does hereby waive any rights of recourse under any municipal, provincial or federal legislation, including the *Residential Tenancies Act*, 2006 and any amendments thereto, arising out of this Agreement or the termination of the same.

14. Ownership

The Occupant shall not acquire any rights or title to ownership of the home, its contents, or any capital improvements to the same by reason of the occupancy of the same pursuant to this Agreement. Upon termination of the Agreement by either party, the Owner shall deem the right to decide and reallocate (by way of their title) to whom shall occupy the community asset next.

Occupant's signature:	Sample	Date: ___/___/___	
Occupant's full name: XXXXXX		Date: ___/___/___	
Witness's signature:		Date: ___/___/___	
Witness's full name:		Date: ___/___/___	
Owner's signature:		Date: ___/___/___	
Owner's full name: Kiashke Zaaging Anishinaabek (Gull Bay First Nation)		Date: ___/___/___	
By its Chief: Wilfred N. King		Date: ___/___/___	
Witness's signature:		Date: ___/___/___	
Witness's full name:		Date: ___/___/___	