



**Nitawin Community Development Corporation**

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NITAWIN MISSION STATEMENT:

## Housing Application

Thank you for completing a Nitawin Community Development Corporation Housing Application. Since 1986, Nitawin has managed 35 detached and 10 row units in Sioux Lookout, Ontario. Our units, all rent geared-to-income, have helped numerous families live in the community, save for the future and transition into their own homes.

We pride ourselves on our units, which are maintained by Nitawin staff.

Please complete this application fully and return it to the Nitawin office by mail, fax, email, or in-person.

### Part I - Applicant Contact Information

This first section must be filled out by the Primary Applicants (which is the Heads of Household). Please fill this section completely.

Full Name of Primary Applicant		Age
Full Name of Co-Applicant		Age
Physical Address		Apartment Number
Town/City/Reserve	Province	Postal Code
Mailing Address (if different from Physical Address)		
Town/City/Reserve	Province	Postal Code

### Phone Numbers

Home	Work	Cell

## Part II - Household Composition

Please fill out this chart detailing all information about the family applying for a Nitawin unit.

Adults (16 years or older)	Date of Birth (day/month/year)	Age	Sex	Household Title (husband/wife/mother/father)	Social Insurance Number
1.					
2.					
3.					
4.					
Children (0-15 years)	Date of Birth (day/month/year)	Age	Sex	Relation to Adults (child,step-child,grandchild)	School Status (full time, part time, high school, elementary, none)
1.					
2.					
3.					
4.					
5.					
6.					

Please note: Nitawin does NOT have single occupancy units. If you require a one bedroom unit, Nitawin can provide applications for other housing organizations.

Is anyone on the application currently pregnant?  Yes  No

If yes, please list the name and due date: \_\_\_\_\_

## Part III - First Nation Ancestry/Canadian Citizenship Verification

All Nitawin tenants are required to be Canadian citizens and must provide proof of citizenship and First Nation ancestry. Please complete the chart below by filling out all information for all members of the household.

In Column 3, use the correct letter to indicate whether you are: A. Status B. Non-Status C. Inuit D. Metis E. Not First Nation F. Bill C-31

Name	SCIS Card #	Letter	Name	SCIS Card #	Letter

If you do not have your Status Cards at the time of this application, you must make every effort to obtain the cards within one (1) years of applying. All copies of Status Cards must be on file prior to an applicant being offered a Nitawin unit.

## Part IV - Income Information

Nitawin is a geared-to-income housing program. Rent is based on gross income of all family members with eligible sources of income. The following section gathers information on the household's sources of income and assesses eligibility. The following is the maximum annual income that a household can have to still be eligible for Nitawin housing:

<u>2 Bedrooms</u> \$31,500	<u>3 Bedrooms</u> \$36,000	<u>4+ Bedrooms</u> \$40,000
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Please complete the following section detailing all income received by every member of the family unit. All identified sources of income require proof (See "Types of Proof").

### Eligible Sources of Income Include:

- Full-time salary or wages from employment
- Part-time salary or wages from employment
- Seasonal salary or wages from employment
- Ontario Works (OW) Shelter Allowance
- Ontario Disability Support Plan (ODSP) Shelter Allowance
- Student Allowance/Education Funding
- Old Age Security (OAS) payments
- Canada Pension Plan (CPP) payments
- Private Pension Plan payments
- Workplace Safety & Insurance (WSIB) payments
- Employment Insurance (EI) payments

### Excluded Sources of Income Include:

- Canada Child Tax Benefit (CCTB) payments
- Universal Child Care Benefit (UCCB) payments
- GST/HST credit payments
- Income Tax benefit payments
- Salary or wages from employment of members of the family living outside of the community
- Insurance settlements, inheritance, disability awards payments
- Sale of effects payments
- Capital gains
- Salary or wages from employment of any child or Dependent under the age of 25 years of age if full-time school attendance is provided

Household Income		
Name	Income Type (see above list)	Annual Income
Total Annual Household Income		

### Types of Proof

Any income, whether eligible or excluded, must be declared to Nitawin and proof must be delivered. The following is a list of different types of proof you can deliver with your application:

- Current paystubs or payment statements
- Signed and completed Nitawin Income Verification Form
- Income Tax, Notice of Assessment or Canada Revenue Agency documents
- Bank statements
- Government documents detailing payment amounts and payment schedules

Make sure you include all documents with your application.

## Part V - Current Household Information & Residential History

Please fill out the following information so Nitawin can assess your current address, landlord information, and residential history. Nitawin will use this information

Physical Address		Apartment Number
Town/City/Reserve	Province	Postal Code
Type of Housing		
<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Hotel <input type="checkbox"/> Shelter <input type="checkbox"/> Hospital/Hostel <input type="checkbox"/> No Fixed Address <input type="checkbox"/> Other _____		

### Landlord Information

Name of Landlord	Landlord's Address
Landlord Contact Information	
Home: _____ Work: _____ Cell: _____	
May Nitawin contact your current landlord for a reference?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain why: _____	

### Residential History

Nitawin requires all applicants to list past places of residence for five (5) years. Please use the chart below to describe your residential history as best as you can.

Previous Address	Start Date	End Date

Part V - Current Household Information & Residential History Cont.

1. Has any member of the applicant household lived in subsidized or geared-to-income housing organization?: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, in what town/city/reserve?: _____
3. Is there any outstanding rent/repairs and maintenance balances owed to any housing organization: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If yes, what is the current outstanding balance owed?: \$ _____
5. Is there an Agreement to Pay Overdue Balance in place with said housing organization?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI - Priority Ranking Questions

Nitawin has begun the process of implementing Priority Ranking for all of its units in Sioux Lookout. Fill out all sections and include any additional documentation you feel proves that you require priority housing status.

1. What is your current residential status?:
<input type="checkbox"/> Homeless <input type="checkbox"/> Hospital/Hostel Bed <input type="checkbox"/> Shelter <input type="checkbox"/> Affordable Housing Organization <input type="checkbox"/> Rental Home/Apartment
2. Have you received an eviction notice from your current residence?:
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how many days until you must vacate the premises?: _____ days
3. Are you currently living with any of the following?:
<input type="checkbox"/> Overcrowding (more than 2 people/bedroom) <input type="checkbox"/> Shared Housing (more than 1 family/unit)
4. Are there any health & safety concerns with your current residence?:
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain: _____ _____ _____
5. Does anyone in the family unit require a wheelchair/mobility device?:
<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI - Priority Ranking Questions Cont.

6. Are there any medical conditions in the family unit that require priority housing?:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____ _____ _____ _____ _____
7. If there is any reason why you feel you should be offered a Nitawin unit, please write your reasoning here:	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Remember to provide supporting documents for all of your priority ranking claims. The following is a list of supporting documentation Nitawin will accept:

- Landlord Eviction Notices (signed)
- Doctor's notes and/or medical records
- Ontario Works or Ontario Disability Support Program payment notices
- Canada Revenue Agency notices

## Part VII - Declaration and Authorization

### Housing Application Declaration

- I/We declare that all information contained in this application is complete and accurate in every respect and that I/We are legal Canadian citizens residing in the country legally.
- I/We authorize Nitawin Community Development Corp. (NCDC) to exchange/confirm all or any of the Information recorded in this application with my/our current or previous landlords and authorizes any of these individuals to issue a tenant report to NCDC.
- I also understand that this application is for geared-to-income housing based on income and to qualify for NCDC housing I must fall within the income limits set out on the Canada Mortgage and Housing Corp. (CMHC) Core Need Income Threshold chart. Should my/our income exceed the Core Need Income Threshold limit, my/our application may be rejected.
- I/We authorize NCDC to, at any time, confirm all or any of my/our income with the source of the income, check or update my/our credit background by providing the credit agency with the information required.
- I/We understand that an interview will be held to discuss my/our housing situation in greater detail. This Interview may be conducted with the Housing Manager or the Waiting List Committee. This interview, if granted, does not guarantee housing.
- If any item in this application is incorrect or not true, NCDC may immediate cancel my/our application without recourse. Furthermore, if I/We obtain housing based on false information I/We acknowledge that NCDC will evict me/us as permitted by the Residential Tenancies Act, 2006.
- I/We understand that all monies owing to any other subsidized housing agency must be paid before being granted housing with NCDC. If I/We obtain housing without first paying these monies and it is later Discovered that I/We owe money to another housing agency, NCDC may evict me/us, or give the other housing agency my/our contact information in order to pursue collection.
- 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 an NCDC housing unit.

Print Name	Signature	Date Signed

All members of the household sixteen (16) years of age or older is required to sign the Housing Application Declaration after carefully reviewing the application in its entirety. If the application is unsigned, the application will be labeled 'Incomplete' and rejected.

### **NOTE**

NCDC will make a maximum of three (3) attempts at contacting, twice via telephone & once via mail, Applicants to make a rental offer. If the Applicant does not respond to any of these attempts at contact NCDC will assume they are no longer interested in housing, their Application will be rejected and they will be removed from the waiting list.

If an applicant rejects two (2) rental offers from NCDC they will be automatically moved to the bottom of the waiting list.

## Part VII - Declaration and Authorization Cont.

### Consent for Collection, Use and Disclosure of Personal Information under the Federal Personal Information Protection and Electronic Documents Act (PIPEDA)

NCDC will collect, retain, and use the personal information provided by you/us in this form and its attachments for the following purposes:

- Processing this application and verifying information provided in this application;
- Calculating rent for this application;
- Meeting the legal and regulatory requirements relating to the NCDC program;
- For annual audits; and
- For the purpose of contacting necessary services or next-of-kin in case of emergency.

“Personal Information” includes:

- Age, name, ID numbers, income, assets, household composition, residency status, rent payment records, medical records, and counseling records;
- Opinions, evaluations, comments, social status, or disciplinary actions; and
- Employee files, credit records, loan records, medical records, existence or a dispute between a landlord and tenant, intentions (Example: to acquire goods or services, or change jobs).

“Personal Information” does not include:

- Names, titles, business addresses or telephone numbers of any employee of an organization.

And will disclose the personal information provided in this application to the following parties for the purposes described above:

- To any social agency providing any form of assistance to anyone listed within the application, or any other government department subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Residential Tenancies Act, 2006*, or the *Social Housing Reform Act*, or *Sections 95 of the National Housing Act* Housing portfolio operating agreement;
- To the Government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To any agent working on behalf of NCDC for the purpose of complying with the *Residential Tenancies Act, 2006* or the *Social Housing Reform Act*.

Print Name	Signature	Date Signed

All members of the household sixteen (16) years of age or older is required to sign the Consent for Collection, Use and Disclosure of Personal Information under the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) after carefully reviewing the application in its entirety. If the application is unsigned, the application will be labeled 'Incomplete'