

### **QALIPU EMERGENCY HOUSING SUPPORT PROGRAM**

#### APPLICATION ELIGIBILITY AND GUIDELINE

#### Introduction:

Elma'timk: To Go Home Qalipu Emergency Housing Support Program aims to help prevent and reduce homelessness among our members. Existing support(s) include:

- Emergency Short Term Accommodations Provide hotel arrangements for a maximum of 5 nights.
- **Shelter Diversion and Prevention** Provide housing/rental startup assistance such as first month's rent and/or last month's and/or damage deposit and/or utilities assistance up to \$1,000 per application.
- Emergency Housing Repair and Maintenance Provide financial assistance (at a maximum of \$3,000 per individual/couple or at a maximum of \$5,000 for families of 3 or more per household) to existing homeowners in need of emergency repairs and maintenance.

"Indigenous homelessness refers to Indigenous Peoples who are in the state of having no home due to colonization, trauma and/or whose social, cultural, economic, and political conditions place them in poverty. Having no home includes: those who alternate between shelter and unsheltered, living on the street, couch surfing, using emergency shelters, living in unaffordable, inadequate, substandard and unsafe accommodations or living without the security of tenure; anyone regardless of age, released from facilities (such as hospitals, mental health and addiction treatment centers, prisons, transition houses), fleeing unsafe homes as a result of abuse in all its definitions, and any youth transitioning from all forms of care"- **Reaching Home Indigenous NL** 

#### **Program Eligibility:**

- Applicant must be a registered member of Qalipu First Nation.
- Applicant and/or Co-Applicant are required to be a resident of Newfoundland and Labrador.
- Applicant is required to provide proof of combined annual income and if necessary, proof of home ownership depending on the type of support that is being requested.
- Applicant must identify as an individual who is currently homeless or at imminent risk of becoming homeless.

<u>Please note:</u> If housing ownership is in the name of a non-member spouse or partner (co-applicant), you may still submit your application with that document; however, it will be necessary to provide further documentation to support that you are a resident of the same household.

### **Application Process:**

- Qalipu application collection will be processed based on submission date and will be processed until funds
  have been exhausted. All applications will be reviewed and assessed as they are submitted,
  based on need and in reference to the definition of indigenous homelessness as outlined by
  Reaching Homes Indigenous NL.
- Applications can be submitted online (<u>www.qalipu.ca</u>) or by submitting a paper copy.
- Limit of one application per household. Duplicate applications will not be reviewed. In the event duplicate applications are received, QFN will consider the first application received as the valid submission.
- All applications require name, accurate mailing address/street address (if different from mailing address),
  Band registration #, phone number and/or email address, and supporting documentation such as proof of
  home ownership and proof of combined annual income based on what support services are being
  requested.



# Elma'timk: To Go Home

# **Emergency Housing Support Program Application**

Section 1 – Client Information													
Band Registration Numb	er:	0	3	4									
Applicant Name:						La	 st					Initial	
Address:													
Street Addre	ss/M	ailing	Addr	ess									
City/Town				Province							Postal Code		
Phone:						Email	:						
Do you have any y dependents?	ES	NO		Are y	you curi		narrie		non lav	w or	Marr	ried/common law	Single
Are you currently employed, post-secondary education?	retire	ed, or	atten	ding		YES		NO					
		Se	ection	n 2 – E	merger	су Но	using S	Suppor	t				
Please select what type(s) of e	emerg	gency	hous	sing su	ipport y	ou req	uire:						
Emergency Short Term Accommodations													
Shelter Diversion and Prevention													
Emergency Housing Repa	air												
Please attach any required	l sup	porti	ing d	locum	entatio	on to s	иррог	rt your	appli	icatio	n		
Please describe the nature of your current housing situation and the reason for your request for support:													
And the second of College				<b></b>									
Are you in need of follow up  YES NO	coun	semn	g and	a/or me	edical si	upport	<i>!</i>						
If yes, please explain													

Are you in need of support finding long term housing accommodations	and/or employment?									
YES NO										
If yes, please explain										
Section 3 – Household Income Information Required if applying for Emergency Housing Repair and Maintenance										
Required if applying for Emergency Housing Re	pair and Maintenance									
What is your combined annual income?										
Have you attached proof of your combined annual household income?  YES  NO										
How many individuals currently reside within the household?										
now many marviadais currently reside within the nouschold:										
Please attach copy of home ownership and combined annual income										
Section 4 - Declaration										
1. I certify that I am a member of Qalipu First Nation										
<ol> <li>I understand that all personal information included in this application is to remain confidential.</li> <li>I/We declare the above information provided in this application to be complete and true.</li> </ol>										
4. I/We understand that the information provided in this application is being collected for the purpose of										
administering Qalipu First Nation Housing Development Programs and is in accordance with Qalipu First Nation										
client information confidentiality.										
<ol><li>I/We understand that this application does not constitute an agreement by Qalipu First Nation to provide housing assistance.</li></ol>										
6. I/We hereby grant Qalipu First Nation and/or its agents, permission to carry out an inspection of my/our										
property if deemed necessary.										
<ol><li>I/We authorize Qalipu First Nation to investigate any or all the above statements made herein, being fully aware that discovery of any false statements will cancel this application. I/We further agree that such action by Qalipu</li></ol>										
First Nation will be without penalty or liability for damages.										
Name of Applicant	Date									
Name of Applicant	Date									
Signature of Applicant										

Mail or drop off your completed application along with supporting documents to:

Qalipu Mi'kmaq First Nation Band 3 Church Street Corner Brook, NL A2H 2Z4

Or by completing your application online at www.qalipu.ca

Faxed or Emailed applications will not be processed, and a mailed copy will be requested