



## QALIPU FIRST NATION – “I’TESNEN: WE ARE STAYING” EMERGENCY HOUSING SUPPORT APPLICATION APPLICATION ELIGIBILITY AND GUIDELINE

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### Introduction:

“I’tesnen: We Will Stay” Qalipu Emergency Housing Support Program aims to help prevent and reduce homelessness among our members. Existing support(s) include:

- **Housing Set Up** - Provide housing/rental startup assistance (including eviction prevention) such as first month’s rent and/or last month’s, damage deposit, and/or utility assistance up to **\$2,000 per application**.
- **Emergency Short-Term Accommodations** - Provide hotel placement for a maximum of **ten (10) nights**.

*“Indigenous homelessness refers to Indigenous Peoples who have 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/Co-Applicant must be a registered member of Qalipu First Nation.
- **Applicant must identify as an individual who is currently homeless or at risk of becoming homeless.**
- Applicant/Co-Applicant are required to be a resident of Newfoundland and Labrador.
- Applicant must not be currently supported by the provincial, territorial, or municipal welfare and/or rent supplement programs.
- Based on the submission of required documents. Funding is limited.

### Please note:

\*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.

\*\*Emergency Short-Term Accommodations may be provided to non-Qalipu indigenous community members who are homeless and/or at risk of becoming homeless.

### Application Process:

- Qalipu application collection will be processed based on the submission date and will be processed until funds have been exhausted. **All applications will be reviewed and assessed as they are submitted, based on the level of emergency, and amount of funding available, in reference to the definition of indigenous homelessness as outlined by Reaching Homes Indigenous NL, and on a first-come, first-served basis**
- 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 a valid submission.
- All applications require name, the accurate mailing address/street address (if different from mailing address), Band registration #, phone number and/or email address, and supporting documentation including proof of home ownership/rental agreement, and proof of combined annual income
- If you have any questions or require support regarding your application, please email: [jpark@qalipu.ca](mailto:jpark@qalipu.ca) or [thulan@qalipu.ca](mailto:thulan@qalipu.ca)
- **FOR ASSISTANCE FILLING OUT YOUR APPLICATION, PLEASE CONTACT: TRAVIS (709) 634-3176 OR JASON (709) 634-0411**



**QALIPU FIRST NATION – “I’TESNEN: WE ARE STAYING” EMERGENCY HOUSING SUPPORT APPLICATION**

**Section 1 – Client Information**

**Band Registration Number:**

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**Applicant Name:** \_\_\_\_\_  
*First Last Initial*

**Address:** \_\_\_\_\_  
*Street Address/Mailing Address*

*City/Town*

*Province*

*Postal Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*\*Co-applicant information is required if home ownership is not in the same name as the registered band member.*

**Co-Applicant Name:** \_\_\_\_\_  
*First Last Initial*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Section 2 – Household Information**

Are you currently homeless or at risk of becoming homeless? **YES** **NO**

**If yes, please explain**  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that this program’s intended purpose is to support individuals who are homeless and/or at risk of becoming homeless. If the applicant does not meet program criteria, then support under this program cannot be provided.**

Are you currently on income support? **YES** **NO**

Are you currently in receipt of housing support under Newfoundland and Labrador Housing Corporation? **YES** **NO**

Have you previously been in receipt of housing support funding from any other organization? **YES** **NO** If yes, in what year? \_\_\_\_\_

Do you own your home? **YES** **NO** How many occupants currently reside in the house? \_\_\_\_\_

How long have you lived in your current home? \_\_\_\_\_

**Section 2 – Household Information Continued**

What is the combined annual household income? \_\_\_\_\_ (*Combined income includes ALL occupants above the age of 18*)

Are you currently employed, retired, or attending post-secondary education?      YES                      NO  
   

Are you currently married/common law or single?                      Married/common law                      Single  
       

Do you have any dependents?                      YES                      NO  
   

If yes, how many are currently under your care? \_\_\_\_\_

**Please select what type(s) of emergency housing support you require:**

- Housing Set Up**
  - Rental/Mortgage**  
*(Copy of current rental eviction and/or mortgage foreclosure notice required)*
  - Utilities**  
*(Copy of utility notice of disconnection or denial of service required)*
- Emergency Short Term Accommodations**

Please **DESCRIBE** the nature of your current housing situation and the **REASON** for your request for support:

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***Please attach ALL required supporting documentation to support your application.***

Are you in need of follow-up counseling and/or medical support?

YES                      NO  
                     

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 2 - Household Information Continued**

**Monthly Income** \$ \_\_\_\_\_

**Monthly Expense**

Mortgage/Rent: \$ \_\_\_\_\_  
 Property and Water Taxes: \$ \_\_\_\_\_  
 Electricity: \$ \_\_\_\_\_  
 Oil, Wood, and Other Fuels: \$ \_\_\_\_\_  
 House/Rental Insurance: \$ \_\_\_\_\_  
 Car Insurance: \$ \_\_\_\_\_  
 Vehicle Loan(s): \$ \_\_\_\_\_  
 Credit Card(s): \$ \_\_\_\_\_  
 Telephone: \$ \_\_\_\_\_  
 Groceries: \$ \_\_\_\_\_  
 Other: ( ) \$ \_\_\_\_\_

**Section 3 - Declaration**

1. I certify that I am a member of Qalipu First Nation
2. I/We declare the above information provided in this application to be complete and true.
3. 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.
4. I/We understand that this application does not constitute an agreement by Qalipu First Nation to provide housing assistance.
5. I/We hereby grant Qalipu First Nation and/or its agents, permission to carry out an inspection of my/our property.
6. I/We authorize Qalipu First Nation to investigate any or all the 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 First Nation will be without penalty or liability for damages.

**Before signing, please verify that ALL required supporting documents have been attached:**

- Proof of combined household annual income (2022 Tax Assessment from CRA)
- Proof of home ownership and/or rental agreement
- Eviction notice pertaining to the current rental agreement if applicable
- Disconnection notice from NL Power if applicable
- Additional information as needed regarding specific support service(s) requested

**If ALL required supporting documentation is not attached to the application, then the application will not be reviewed or processed.**

\_\_\_\_\_  
Name of Applicant/Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Co-Applicant

Please mail the completed application along with all supporting documents to:  
 Qalipu First Nation  
 Housing Division  
 3 Church Street  
 Corner Brook, NL A2H 2Z4  
 Faxed applications will not be processed, and a mailed copy will be requested