

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

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:

- **Emergency Housing Repair** - Provide financial assistance (**maximum \$5,000 per household**) to the existing homeowner(s) in need of emergency repair(s) that would **cause the homeowner to leave their home immediately**.
- **Housing Set Up** - Provide housing/rental startup assistance 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 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/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.
- All required documents must accompany application.

Please note: *

*Funding is limited

**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:

- All applications will be reviewed and assessed in the order they are received. Only eligible applications will be processed for financial support. Support will be distributed until funds have been exhausted.
- 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 or 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:** _____

**If home ownership is not in the same name as the registered band member, co-applicant information is required.*

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 a request for 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? _____

What year was your house built? _____ How long have you lived in the house? _____

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:

- Emergency Housing Repair**
 - Category 1: Emergency Repairs that would cause the homeowner to leave their home immediately**
 - Category 2: Heating, Electrical, Plumbing**
 - Category 3: Roofing, Structure/Foundation**
- 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:

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 (2021 or 2022 Tax Assessment)*
- Proof of home ownership and/or rental agreement*
- Photos of repair and maintenance that are required IF applying for emergency housing repair*
- Sales quote of the total cost of materials, supplies, and labor IF applying for emergency housing repair*
- 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