

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

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 Set Up** - Provide rental startup assistance such as first month’s rent and/or last month, and damage deposit.
- **Housing Placement** – Time-limited rental assistance to support individuals or families placed into housing.
- **Prevention and Shelter Diversion** – Assist with rental and/or utility arrears to prevent eviction.
- **Emergency Housing** - Provide hotel placement for a maximum of **five (5) 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 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 a homeowner.**
- **Based on the submission of required documents. Funding is limited.**

Please note:

*If the rental agreement is in the name of a non-member spouse or partner (co-applicant), you may still submit your application; 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. If 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 contact Jason via email: **jpark@qalipu.ca**
Or by telephone: **(709) 634-0411**



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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 the rental agreement 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 receiving housing support under the Newfoundland and Labrador Housing Corporation? **YES** **NO**

Have you recently experienced homelessness? **YES** **NO** If yes, when, and how long? _____

How many occupants currently reside in your existing home? _____

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 – first and last months’ rent and damage deposit**
(Copy of new rental agreement required)
- Housing Placement**
 - Time-limited rental assistance**
(Copy of current rental agreement required)
- Prevention and Shelter Diversion**
 - Rental Arrears**
(Copy of current rental agreement and eviction notice required)
 - Utility Arrears**
(Copy of current rental agreement and copy of utility notice of disconnection or denial of service required)
- Emergency Housing – (Emergency short-term accommodations)**

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

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

Rent: \$ _____

Electricity: \$ _____

Oil, Wood, and Other Fuels: \$ _____

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 (Copy of most recent Tax Assessment from CRA recommended)
- Copy of current or new rental agreement
- Eviction notice of 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