

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

Introduction:

“I’tesnen: We are Staying” 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 damage deposit.
- **Prevention and Shelter Diversion** – Assist with rental or utility arrears to prevent eviction.
- **Emergency Housing** - Provide short term emergency placement for a maximum of **five (5) nights**.

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; this includes rent-to-own.**
- **Program is intended to be a one-time support as 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, you will need to provide additional documentation to confirm that you reside in the same household.

**Maximum amount of eligible funding available under this program for each applicant is \$3,000.

***Landlord must not be immediate relative of applicant or co-applicant.

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, amount of funding available, and in reference to the definition of Indigenous homelessness as outlined by Reaching Homes Indigenous NL, 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 the valid submission.
- All applications require name, accurate mailing address/street address (if different from mailing address), Band registration number, phone number and/or email address, and supporting documentation including proof of rental agreement, and proof of combined annual household income.
- If you have any questions or require support regarding your application or any other housing related concerns, please contact Jason via email: **jpark@qalipu.ca** or by telephone: **(709) 634-0411**.



QALIPU FIRST NATION – “I’TESNEN: WE ARE STAYING” EMERGENCY HOUSING RELIEF 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 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 Labrador Housing Corporation? YES _____ NO _____

Have you recently experienced homelessness? YES _____ NO _____ If yes, 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 married/common Law or single. Married/Common Law _____ Single _____

Do you currently have any dependents? YES _____ NO _____

If yes, how many are in your care? _____

Additional funding opportunities may be available through Jordan’s Principle which supports dependents under the age of 19. For more information contact Qalipu Jordan’s Principle Service Coordinator Brigitte White at (709) 634-2234

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

- Housing Set Up**
 - Rental – first months’ rent and damage deposit**
(Copy of new rental agreement required)
- Prevention and Shelter Diversion**
 - Rental Arrears**
(Copy of a valid rental agreement and eviction notice required)
 - Utility Arrears**
(Copy of valid 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, including employment status 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: \$ _____
 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 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 annual household income (Copy of most recent Tax Assessment from CRA recommended)
- Copy of valid rental agreement
- Eviction notice 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