



FIRST NATIONS HOUSING CO-OP INC.



665 LORNE AVE
LONDON, ONTARIO N5W-3K4
(519) 645-2549

The Urban Native Housing Program is administered by Canada Mortgage and Housing Corporation for the Federal Government. The program is designed to house core need Native Families in urban areas with populations over 2,500. Core need is defined as those families who cannot find suitable accommodations in their community without paying more than 30% of their gross household income. Core need income thresholds are determined for each community by C.M.H.C.

APPLICATION PROCEDURE

The Applicant Will:

1. Complete the application form and return it to the office.
2. Pay a \$12.00 non-refundable application fee. (To be paid by certified cheque, money order ONLY and enclosed with the application).
3. Provide proof of income as per guideline attached to the application form.
4. Attend an information and orientation session on co-operative housing (sponsored by First Nations Housing Co-operative Inc).

The Membership Committee of First Nations Housing will:

1. Conduct a credit and reference check (access to confidential information will be firmly restricted by the Co-op).
2. Conduct an interview of the applicant (s).
3. Recommend acceptance or rejection of applicant (s) to the Board of Directors.

Appeal Process: If the applicant chooses to appeal the decision made by the Committee an appeal notice should be submitted by the applicant to the Committee of the First Nations Housing Co-operative by 5:00 p.m. on the seventh day after the letter of rejection is received. The Membership Committee will then grant a second interview to be conducted by two other Committee Members. The second interview will take place within ten days of the receipt of the appeal notice, barring any unforeseen circumstances.

THERE IS A REASON FOR ASKING EACH QUESTION. PLEASE NOTE THAT ALL PERSONAL INFORMATION GIVEN HERE IS STRICTLY FOR THE USE OF THE CO-OP IN EVALUATING YOUR MEMBERSHIP.

EACH MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER IS CONSIDERED AN APPLICANT.

1. APPLICANT

NAME: _____

ADDRESS: _____

POSTAL _____

TELEPHONE _____

2. APPLICANT

NAME: _____

ADDRESS: _____

POSTAL _____

TELEPHONE _____

ARE YOU OR MEMBERS OF YOUR HOUSEHOLD OF NATIVE HERITAGE?

Yes _____ No _____

Nation: _____

If more than two applicants: provide information on reverse side.

HOUSEHOLD INFORMATION:

Complete for all members of the household, including applicant and co-applicant.

LAST NAME _____	FIRST NAME INITIAL	BIRTH DATE D/M/Y	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NO. OF BEDROOMS REQUIRED: ___ TWO ___ THREE ___ FOUR ___ FIVE

WHEN IS THE UNIT REQUIRED: _____

ADDITIONAL INFORMATION CAN BE ATTACHED TO THIS APPLICATION

PETS, WHAT KIND DO YOU HAVE AND HOW MANY? _____

DO YOU OWN A CAR? ___ Yes ___ No ___ How Many? _____

LICENSE NO. _____

ANY OTHER VEHICLES, PLEASE LIST _____

CONFIDENTIAL INFORMATION (RESTRICTED ACCESS)

FINANCIAL AND EMPLOYMENT INFORMATION

THE FOLLOWING FINANCIAL INFORMATION IS REQUIRED BY THE CO-OP. TO MAINTAIN CONFIDENTIALITY, THIS PAGE AND THE ACCOMPANYING DOCUMENTATION WILL BE PLACED IN CONFIDENTIAL FILE AFTER REVIEW. ALL APPLICANTS ARE REQUIRED TO SUBMIT ADEQUATE INCOME VERIFICATION WITH THIS APPLICATION (SEE ATTACHED SCHEDULE FOR DEFINITION OF INCOME AND APPROPRIATE VERIFICATION).

1. APPLICANT
CURRENT EMPLOYMENT

2. CO-APPLICANT
CURRENT EMPLOYMENT

OCCUPATION: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

GROSS MONTHLY INCOME: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYMENT

PREVIOUS EMPLOYMENT:

OCCUPATION: _____

OCCUPATION _____

EMPLOYER

EMPLOYER

ADDRESS

ADDRESS

GROSS MONTHLY INCOME

GROSS MONTHLY INCOME

LENGTH OF EMPLOYMENT

LENGTH OF EMPLOYMENT

**OTHER SOURCES OF INCOME
LIST SOURCE AND AMOUNT OR SOURCE OF INCOME IF NOT EMPLOYED**

1. APPLICANT

2. APPLICANT

SOCIAL INSURANCE NUMBER

SOCIAL INSURANCE NUMBER

CURRENT LANDLORD
OR
MORTGAGE COMPANY

NAME: _____

PHONE: _____
MORTGAGE NUMBER _____

PRESENT RENT _____
OR MORTGAGE

INCLUDES UTILITIES _____

HOW LONG HAVE YOU LIVED AT
THIS ADDRESS? _____

MAY WE CONTACT YOUR PRESENT LANDLORD/MORTGAGE COMPANY AS A
REFERENCE? _____ YES, _____ NO, IF NO, WHY NOT? _____

CURRENT LANDLORD
OR
MORTGAGE COMPANY

NAME: _____

PHONE: _____
MORTGAGE NUMBER _____

PRESENT RENT _____
OR MORTGAGE

INCLUDES UTILITIES? _____

HOW LONG HAVE YOU LIVED AT
THIS ADDRESS? _____

PREVIOUS LANDLORD
OR
MORTGAGE COMPANY

NAME: _____

PHONE: _____

HOW LONG HAVE YOU LIVED AT
THIS ADDRESS? _____

MAY WE CONTACT THE PREVIOUS LANDLORD/MORTGAGE COMPANY AS A
REFERENCE? _____ YES, _____ NO, IF NO WHY NOT? _____

PREVIOUS LANDLORD
OR
MORTGAGE COMPANY

NAME: _____

PHONE: _____

HOW LONG HAVE YOU LIVED AT
THIS ADDRESS? _____

GENERAL INFORMATION

WHY WOULD YOU LIKE TO LIVE IN THIS CO-OP? _____

HOW DID YOU HEAR ABOUT OUR CO-OP? _____

ALL MEMBERS ARE EXPECTED TO PARTICIPATE IN SOME ASPECT OF THE CO-OPS OPERATION AND MANAGEMENT. HOW DO YOU SEE YOURSELF CONTRIBUTING TO THE CO-OP? PLEASE LIST APPLICANTS INTERESTS SEPARATELY, APPLICANT 1 AND APPLICANT 2.

MEMBERSHIP COMMITTEE _____

FINANCE COMMITTEE _____

SOCIAL COMMITTEE _____

BOARD OF DIRECTORS _____

NEWSLETTER _____

MAINTENANCE _____

OTHER

CONTRIBUTIONS _____

HAVE YOU ANY EXPERIENCE OR INTEREST IN CO-OPS OR OTHER COMMUNITY ORGANIZATIONS FOR EXAMPLE: FOOD CO-OPS, CHURCH GROUPS, CREDIT UNIONS, PTA, TENANTS ASSOCIATIONS: _____

DO YOU HAVE ANY HOBBIES OR EXTRACURRICULAR ACTIVITIES?

DO YOU HAVE ANY QUESTIONS ABOUT THE CO-OP?

I/WE UNDERSTAND THAT TO BE ELIGIBLE TO OCCUPY A HOUSING UNIT I MUST BECOME A MEMBER OF THE FIRST NATIONS HOUSING CO-OPERATIVE INC. AND SIGN THE OCCUPANCY AGREEMENT, I SUPPORT THE CO-OPERATIVE PRINCIPLES AND AM INTERESTED IN BECOMING A MEMBER.

I/WE UNDERSTAND THAT THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

A \$12.00 CERTIFIED CHEQUE OR MONEY ORDER, NON-REFUNDABLE, APPLICATION FEE.

INCOME VERIFICATION IN THE FORM REQUESTED BY THE CO-OPERATIVE FOR EACH MEMBER OF THE HOUSEHOLD WHO RECEIVES INCOME.

I/WE UNDERSTAND THAT FIRST NATIONS HOUSING CO-OPERATIVE INC. IS FORMED FOR THE PURPOSE OF PROVIDING HOUSING AT COST TO ITS MEMBERS AND THAT MEMBERSHIP INCLUDES THE RESPONSIBILITY TO PARTICIPATE IN THE MANAGEMENT AND MAINTENANCE OF THE CO-OPERATIVE.

I/WE UNDERSTAND THAT ACCOMMODATION IN FIRST NATIONS HOUSING CO-OPERATIVE INC. DEPENDS ON BEING ACCEPTED FOR MEMBERSHIP INTO THE CO-OPERATIVE AND THAT I/WE WILL BE INTERVIEWED FOR MEMBERSHIP AT A LATER DATE.

I/WE DECLARE THAT ALL THE INFORMATION IN THIS APPLICATION IS CORRECT AND HEREBY AUTHORIZE THE CO-OPERATIVE TO VERIFY ANY OR ALL OF THE INFORMATION CONTAINED HEREIN, AND PERFORM A CREDIT CHECK.

1. APPLICANT:
SIGNATURE: _____

2. APPLICANT:

DATE: _____

DATE: _____

PLEASE MAKE YOUR CHEQUE OR MONEY ORDER PAYABLE TO:

FIRST NATIONS HOUSING CO-OP INC.
665 LORNE AVENUE
LONDON, ONTARIO
N5W 3K4

URBAN NATIVE HOUSING PROGRAM

PURPOSE OF THE PROGRAM

To help low income Native households living in urban areas obtain suitable and affordable rental housing in the private market, by providing assistance to Native sponsors whose purpose is to supply housing for low income Native households.

PROGRAM DESCRIPTION

Assistance under this program is available to non-profit housing groups in urban communities with populations larger than 2,500. Those groups must be sponsored by a Native (Status Indian, Non-Status Indian, Metis or Inuit) organization.

The assistance can be used to build or buy housing which the non-profit group will own and manage.

This housing must be for Native households who cannot afford suitable accommodation in the private housing market without paying more than 30% of their household income in rent or occupancy charges. The program applies only to households whose incomes are below a maximum amount set by CMHC.

This program can be used for both non-profit rental housing and for housing provided by housing co-operatives. It is also available for groups providing shelter for persons who require on-site service or care.

ASSISTANCE

Assistance is available from the federal government or in some provinces from the federal and provincial governments. For projects that do not have care or special service facilities assistance is equal to the shortfall between a projects revenue which comes from rents or occupancy charges paid by the tenants (limited to 25% of their incomes) and the actual costs of operating the project including the cost of repaying a mortgage. Interest free repayable loans of up to \$75,000. Per project are available from CMHC to help Native non-profit groups develop a project proposal. For projects that offer special on-site care or services, government assistance will be in the form of a write down of the mortgage interest of 2% from current market interest rates. Rents and occupancy charges paid by households in non-profit projects will be set according to the rent-to-income scale used in their province.

ELIGIBLE TYPES OF HOUSING

- New construction
- Existing housing with or without rehabilitation
- Conversions - buildings converted to housing from some other use.

ELIGIBLE PROJECT COSTS

The program provides subsidies only for costs related to the residential component of projects. The costs of each unit of housing cannot exceed a maximum unit price established by CMHC.

Cost which can be considered when calculating subsidy amounts include:

- land purchasing and servicing
- the construction of new housing
- the purchase and rehabilitation of existing housing
- the purchase and conversion of non-residential buildings to housing purposes
- landscaping
- fees charged by resource groups and consultants
- expenses related to assisting non-profit groups to organize other selected expenses which are strictly connected to the residential component.

PROJECT SELECTION

Priority will be given to projects which are best able to serve low income Native households and which do so in the most cost effective manner.

Preference will be given to groups which have sponsored non-profit housing projects before and to the first time sponsor who demonstrates that they have the capability to complete and manage a project.

“INCOME” MEANS ALL INCOME BENEFITS AND GAINS OF EVERY KIND AND FROM EVERY SOURCE INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:

gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;

- grants, scholarships or bursary payments;
- the greater of the net income from the business or the total withdrawals from the business as personal salary or other business of any member of the family or of the applicant who is self-employed in a business;
- the gross amount of unemployment insurance benefits;
- the gross amount of workers compensation payments or other industrial accident insurance payments or payments made because of illness or disability;
- the gross amount of any old age security, federal guaranteed income supplement and spouses’s allowance and the Ontario Guaranteed Annual Income (GAINS);
- the gross amount of every kind of pension allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state from any other source;
- the gross amount of alimony, separation, maintenance or support payments made to the applicant;
- the gross amount of gains from investments including interest on dividends tocks, shares and other securities and where the actual income cannot be determined, an imputed rate of return set by the landlord from time to time;
- the gross amount interest from savings or checking accounts in a bank, trust company or a credit union;
- the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
- an imputed income account equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time.

HOW TO VERIFY YOUR INCOME

EVERY ADULT MEMBER OF YOUR HOUSEHOLD AND EVERY CHILD MUST DECLARE HIS/HER INCOME.

SOURCE OF INCOME

VERIFICATION OF INCOME

Regularly Employed	A letter from your employer stating your salary before deductions and the number of hours per week you work. If you cannot get a letter and you earn a constant amount each pay cheque, 3 consecutive pay stubs may be submitted.
Irregularly Employed	A copy of your last income tax return including supporting information (T-4's) as well as an affidavit estimating your income for the coming year.
Unemployed receiving EI payments	A copy of three consecutive warrant cards or a Statement from a EI counsellor verifying the amount of benefit.
Social Assistance	A letter from the agency from which you receive benefits (family benefits, DVA, Welfare, Workers Compensation) setting out those benefits.,
Manpower Retraining	A statement from manpower setting out your allowance, as well as an indication of the dates you start and finish the course.
Pension	A photocopy of each of your pension cheques, (OAS, CPP, GAINS, PRIVATE PENSION etc.) or a letter from your financial institution. If you are submitting photocopies of cheques, please mark them "specimen" for your protection.
Self Employed	A statement from a chartered accountant setting out your net business income or total withdrawals from the business as salary in the last 52 weeks or an affidavit with supporting documents such as tax forms declaring your total annual income, sources and amount.
Support Payments	Alimony, separation, or support payment amounts must be verified with legal documents from the family court or a lawyer or if not available an affidavit with supporting documents.