



KOO GAA DA WIN MANITOU HOUSING COMPLEX

INQUIRIES AND FORMS TO:
42 MARY STREET, HAMILTON, ON L8R 3M9
PHONE: 905-540-3564, FAX: 905-540-4921
email: outreach2@bellnet.ca

URBAN NATIVE HOMES INCORPORATED
HEAD OFFICE: 19 ALBERT STREET, HAMILTON, ON L8M 2Y1
PHONE: 905-548-6974, FAX: 905-548-6808
www.urban-native-homes.com

REFERRAL FORM

Referral Date: _____

Intake Date: _____

Referring Agency: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Please fill in referral form as complete as possible. False statements can result in ineligibility. All information is in accordance with our Privacy Policy.

APPLICATION GUIDELINES:

1. Applicant(s) must be **55** years of age or older;
2. Applicant must be **absolute** homeless (living on the streets, without shelter);
3. Native Ancestry is **required**. Native means Indians as declared in the Indian Act (Canada): Status, Non-status Indian, Inuit or Metis.
4. Applicant must be referred to the project by a shelter/community worker.
5. Referral & Homeless status forms must be completed by a shelter/community worker.

INSTRUCTIONS:

- ▶ Complete **all** sections and return to the address noted above. Please print all information in **blue or black ink**.

1. APPLICANT

Full Name: _____

Current Age: _____

Social Insurance Number: _____

Date of Birth: _____
(MM - DD - YYYY)

Address: _____

Gender: Male Female

City / Town: _____

Postal Code: _____

Contact/Shelter Phone: (_____) _____

Cell Phone: (_____) _____

Are you: Native Status Native Non-Status Metis Inuit Not Applicable
(a copy of your status card is required)

Source of Income: _____

I am: Married Single Widowed/er Divorced Separated Common-Law

Person to contact in your absence or to act as your interpreter:

Emergency Contact: _____ Telephone No.: (_____) _____ Relationship: _____

2. CO-APPLICANT (if applicable)

Full Name: _____

Current Age: _____

Social Insurance Number: _____

Date of Birth: _____
(MM - DD - YYYY)

Address: _____

Gender: Male Female

City / Town: _____

Postal Code: _____

Contact/Shelter Phone: (_____) _____

Cell Phone: (_____) _____

Are you: Native Status Native Non-Status Metis Inuit Not Applicable
(a copy of your status card is required)

Source of Income: _____

I am: Married Single Widowed/er Divorced Separated Common-Law

Person to contact in your absence or to act as your interpreter:

Emergency Contact: _____ Telephone No.: (_____) _____ Relationship: _____

3. WHERE YOU LIVE NOW

A. Are you currently:

Living in temporary accommodation (i.e in a shelter, or with out shelter, etc.)

Please specify: _____

_____ (Please provide supporting documents - Homeless Status form must be completed by Social Worker)

4. SPECIAL NEEDS / EXCEPTIONAL CIRCUMSTANCES

A. Do you require wheelchair accessibility? Yes No

B. Do you require any other modifications? Yes No

C. Are you able to live independently? Yes No

D. Do you have problems with mobility? Yes No

E. Do you have an Occupational Therapist? Yes No

If "yes" to any of the above please provide further details:

5. RELEASE OF INFORMATION

Here is your legal agreement with us. Please read it carefully and sign in the spaces below.

1. I understand that there are laws that allow Urban Native Homes Incorporated to collect personal information about me.
2. I understand that Urban Native Homes Incorporated will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
3. I allow Urban Native Homes Incorporated to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under City of Hamilton Guidelines (rent supplement), the Ontario Works Act 1997, the Ontario Disability Support Program Act 1997 or the Day Nurseries Act.
4. I allow Urban Native Homes Incorporated to give the information on this form and any attachments to the government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.
5. I allow Urban Native Homes Incorporated to give the information on this form and any attachments to any government or body with whom Urban Native Homes Incorporated has made an agreement under City of Hamilton Guidelines (rent supplement), without further notice to me, for the purpose of conducting research to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by Urban Native Homes Incorporated to a body listed above is confidential and will only be given in accordance with City of Hamilton Guidelines (rent supplement) and associated regulations.
7. To co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect you and us from fraudulent transactions; and
8. Disclose your personal information where necessary to protect your interests, and ours.

Personal information contained in this form or in attachments is collected by Urban Native Homes Incorporated pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 cF31.) Or the Municipal Freedom of Information and determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.

The information given on this form is accurate and complete as requested.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Referring Agency Signature: _____

Date: _____