



APPLICATION FORM – MIYOSKAMIN SECOND STAGE HOUSING PROGRAM

1. Personal Information

First Name : _____ Last Name : _____

Preferred Name: (If other than first name) _____

Email address : _____ Cellphone : _____ Other phone number : _____

Mailing Address: _____ Apt : _____ City : _____ Postal Code : _____

Marital Status : Single Divorced Separated Married

I identify as one of the following: woman, trans-woman, 2-spirited individual : Yes No Are you Canadian citizen or permanent resident : Yes No

Have you lived anywhere other than the province of Quebec in the last 24 months? Yes No

If yes, please specify: _____

Indigenous Group : First Nations Inuit Metis Name of Community(s) you are from (if applicable) : _____

Do you hold any of the following government-issued forms of Indigenous Identification (if applicable)

Indian Status Card Band Number: _____ Band Affiliated with: _____

Inuit Beneficiary Card Beneficiary Number _____ Region Affiliated with : _____

Other : _____



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2.Current Living Circumstances

Current Living Situation: Staying in a shelter or temporary housing staying with family/friends renting a house or apartment

Current Living Address: Same as mailing address Different from mailing address

If different than mailing address:

Street Name: _____ Apt : _____ City : _____ Postal Code : _____

How long have you been staying at this address: _____

of closed bedrooms: _____ #of Bathrooms _____ Number of adults living here _____ Number of Children Living here: _____

Do you have any pets ? Yes No If yes, which ones and how many : _____

Please indicate the conditions of your current apartment :

Sanitary conditions Good Average Bad

Safety (family, neighborhood, etc.) Good Average Bad

Distance from daily activities Good Average Bad

For those renting:

Monthly cost of rent: _____ Is your name on the lease? Yes No When does your lease

end? _____



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3. Household composition

| Relationship | First Name Last Name | Gender M/F | Birth date YYYY-MM-DD | *Annual gross income 2022 (line 199 of the provincial Notice of assessment) | Percentage of custody time (%) |
|--------------|----------------------|------------|-----------------------|---|--------------------------------|
| You | | | | | |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |
| Other: _____ | | | | | |

TOTAL : \$ _____

* please note that in order to participate in the program you will need to have filed your taxes

At the time of submitting your application, can you confirm:

I've filed my 2022 taxes and have received my return
 I've filed my 2022 taxes and am waiting to receive my return
 I haven't filed my 2022 taxes

4. Household needs

Size of the requested apartment : 3 ½ (1 bedroom) 4 ½ (2 bedrooms) 5 ½ (3 bedrooms)

Maximum household income for housing with Rent Supplement

Program

\$38,000 for a single person or a couple

\$43,500 for 2 (non couple) ou 3 persons

\$53,000 for 4 or 5 persons

\$70,000 for 6 or 7 persons

Your household income is eligible to the Rent Supplement Program :

Yes Non

Do you currently receive benefits under the Rent Supplement Program ?

Yes No

Adaptable housing

Do you need an adaptable housing for a person with functional limitations ?

Yes No

If yes, required adaptations : Majors (ex : wheelchair)

Grab bars

Can you provide an occupational therapist's report to validate the required adaptations ? Yes No

Which member of your household requires the adaptations ?



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5. Other information

| | |
|---|--|
| <p>Have you accessed services or supports from the Native Women’s Shelter of Montreal (NWSM) within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what types of services or supports did you receive?</p> <hr/> <hr/> | <p>Do you understand that Maison Miyoskamin is a dry environment (no alcohol or drugs on site)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are you open to participating in an educational, vocational, or training program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Have you recently been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE IN YOUR APPLICATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION FORM IS CORRECT.

Date : _____

Signature : _____



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----- DO NOT COMPLETE – SECTION RESERVED FOR THE SELECTION COMMITTEE -----

| | |
|---|--|
| <p>Comments :</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <p>Date : _____</p> <p>Signature : _____</p> |
|---|--|