

Estítkw Place means a safe place.**Location:**

239 Lower Capilano Road
West Vancouver, BC
V7P 1N9
Behind the Staples/The International Plaza
Building @ Capilano Rd & Marine Drive.

Purpose of this Form

This form collects personal information in accordance with section 26(c) of the Freedom Information and Protection of Privacy Act.

Your personal information is collected for the following purposes, and Hiyám Housing will use your information to:

- Determine eligibility;
- Assess housing needs; and
- Determine the suitability of this housing unit to match the needs.

Who should use this form?

You may be eligible for Supportive Housing at **Estítkw Place** if you:

- are a Squamish Nation Member
- are homeless or at risk of homelessness
- are low-income
- may have mental health and/or mental and physical health needs
- require support services to help maintain a successful tenancy

What is Supportive Housing?

Supportive Housing provides a private room or apartment in a building with support services. Most supportive housing units are studios suitable for a single individual.

How much is the Rent?

Income Assistance Maximum Shelter Rate

Eligibility for Estítkw Place

These homes will be exclusively for Squamish Nation Members: priority is given to people experiencing or at risk of homeless, people with disabilities, LGBTQAI2S+ (Two-spirited), and People with mental health and addictions.

How to submit your application for Estítkw Place:

- **In person** during office hours at 336 West 4th, North Vancouver **or**
- **By email:** applications@hiyamhousing.com **or**
- **By regular mail:** 336 West 4th Street, North Vancouver, BC V7M 1J1

If you need help filling out the form:

- Phone 604-210-9126 and make an appointment to meet with a staff member, or we can answer your questions over the phone.

Other Important Information

Hiyám Housing applicants may be contacted for more information, which may involve asking for more information, such as providing supporting documents.

Applicants who are offered and accept a unit will be asked to sign a tenancy agreement and may be asked to sign tenancy agreement addendums that cover topics such as pets, parking, smoking, crime-free housing, etc.

Information for Outreach Workers or Applicant Advocates:

If you are working with the staff at Hiyám Housing, please speak to them to discuss how and where to submit a letter of support. Or if you have further questions.

Hiyám Housing: FOR OFFICE USE ONLY

File:

Date Received:

Please Print Clearly
1. Applicant Information:

Last Name	First Name(s)	Alias or Nickname (Optional)
Birth Date (dd/mm/yyyy)	Identified Gender	
To help us determine your eligibility for Estítkw Place, please check the boxes that may apply to you:		
Are you currently: <input type="checkbox"/> homeless <input type="checkbox"/> or at risk of being homeless <i>example: couch surfing/living with family or friends</i>		
<input type="checkbox"/> Person with Disabilities	<input type="checkbox"/> LGBTQAI2S+	
<input type="checkbox"/> Person with Substance Use Issues	<input type="checkbox"/> Person with Mental Health Issues	

2. Spouse or Partner Information: Please enter if you are applying with a spouse or partner.

Last Name	First Name(s)	Alias or Nickname (Optional)
Birth Date (dd/mm/yyyy)	Identified Gender	Squamish Nation Member? <input type="checkbox"/> Yes or <input type="checkbox"/> No

3. Are you a Squamish Nation Member? (If NO, please do not continue, as you are not eligible.)

<input type="checkbox"/> Yes Status Registry # _____ and spouse/partner Status Registry # _____
<input type="checkbox"/> No

4. What is your home address? If you have no home address, where can you receive mail?

Your home address or address where you can receive mail	If you cannot provide an address, where can we locate you?
Is there a specific location (neighborhood) you stay in? (optional)	How long have you been there?

5. How can we reach you?

Your Phone #	Your Email Address
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6. If we cannot reach you, do you have a support worker/advocate or family member helping whom we can contact?

Contact Person or Organization Name	Phone Number	Email	Contact's relationship to you	*Authorized Contact (Yes/No)

*By saying Yes under Authorized Contact, you confirm that you have permitted that person to exchange information to maintain and update your housing application on your behalf. To change your contact's name, please get in touch with us.

7. What is your monthly income? Please fill out the below and tell us the monthly income before taxes.

Type of Income	Monthly Income Before Taxes
Income Assistance	
Employment Income	
Employment Insurance Income	
Worker Compensation Board	
Pension	
Student Living Allowance	
Other: describe (i.e., Self-employed, contract work)	

8. Housing Needs & Current Living Situation: *The following questions will assist with assessing your eligibility for supportive housing.*

Do you currently pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you pay in rent? _____	
Do you have your own bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Staying with friends/relatives <input type="checkbox"/> Sleeping outside <input type="checkbox"/> At an Emergency Shelter <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Transitional Housing /2 nd Stage	<input type="checkbox"/> Treatment facility/detox <input type="checkbox"/> Hospital <input type="checkbox"/> Private Market – Single Room Occupancy Hotel <input type="checkbox"/> Private Market – separate unit/suite
Does your bathroom have a bathtub/shower and running water? <input type="checkbox"/> Yes or <input type="checkbox"/> No Other _____ Is your bathroom shared? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Does your kitchen have a fridge and stove? <input type="checkbox"/> Yes or <input type="checkbox"/> No Is your kitchen shared? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Is there a deadline to leave your current living situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the date? _____	

9. Health Condition and/or Disability: Please provide brief details.

<input type="checkbox"/> Mental Health _____	<input type="checkbox"/> Substance Use _____
<input type="checkbox"/> Physical Health _____	<input type="checkbox"/> No Health Conditions _____

10. Stairs and Wheelchair Access: Let us know if you have difficulty with stairs or use a wheelchair/scooter.

<input type="checkbox"/> Stairs are OK <input type="checkbox"/> No Stairs <input type="checkbox"/> Limited number of stairs. How many? _____
Do you require wheelchair-accessible housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use a scooter? <input type="checkbox"/> Yes <input type="checkbox"/> No

11. Health and Condition: Let us know if you have health concerns and receive ongoing medical treatment.

Are you receiving ongoing medical treatment? Yes No

At what location is the medical treatment provided? _____

How often do you need to access the treatment (daily, weekly?) _____

Is your health affected by your current living situation? If yes, please explain:

11. Special Requirements:

Please describe any requirements or features that you may need in your housing: (e.g., grab bars, near transit)

12. Pets: Please tell us about any pets you have.

Do you have any pets? Yes No If yes, how many? _____ What kind? _____

Do you have a registered therapy or service animal? Yes No If yes, please describe: _____

13. What is your narrative? Examples: Tell us about your story. Why do you need or want to move? Describe some of the challenges you have faced searching for stable housing.

PLEASE READ AND SIGN

Declaration and Consent
I Declare:

- This is my/our application; and
- That the information provided herein is true and correct and realize that any false information provided will result in cancellation of the application; and
- It is my/our responsibility to inform Hiyám Housing if the contact information on our application changes.

I Authorize:

- Hiyám Housing to make any necessary inquiries to verify the information given in this application, including that of Squamish Nation.
- Any person, corporation, or social agency to release to Hiyám Housing any information pertinent to the assessment of my/our application.
- To health authorities, shelter providers, and/or outreach providers who are directly involved in finding suitable housing for me to make any necessary inquiries to verify the information given in the application; and for any person, corporation, or social agency to release information required to the assessment of my eligibility for supportive housing.
- To members of supportive services agencies to exchange information with my Authorized Contact(s) to maintain and update my application.
- Income Assistance (on or off reserve) to release information regarding my/our income assistance to Hiyám Housing.

I Understand:

- This application is not an agreement by Hiyám Housing or its members to provide me/ us with housing.
- That if I/we are being considered for an available unit, Hiyám Housing will gather additional information to assess my/our ability to uphold the obligations of a tenancy agreement, and it is my/our responsibility to provide or cause to be provided the information requested to assist with this assessment.
- It is my/our responsibility to tell Hiyám Housing of any changes to the information given in this application and to provide any supporting materials required.
- That false information given by me/us may result in my/our application being canceled from consideration.
- I agree that the rental unit will be my primary residence once I move in.
- If I wish to withdraw from this Declaration and Consent, I may contact Hiyám Housing; however, the withdrawal will result in my no longer being considered for supportive housing.
- I will be required to provide proof of income: Income Tax Verification, recent bank statements, paystub, and proof of income assistance.
- I will be required to provide a copy of my photo identification and status card.
- If I am working with an advocate/support worker, they can provide a letter of support for me to be housed.

Applicant Name (Print)	Applicant Signature	Date
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Purpose of this form:

Personal information is collected on this form to identify and contact you, assess your eligibility for supportive housing, and determine the accommodation that meets your needs. The data is collected by section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about your personal information, please call or write to 604-210-9126

Office Use Only:

Processed by:	Date:
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This application is only for Estítkw Place.

Please do not use this application form to apply for other properties under Hiyám Housing. Visit our website, hiyamhousing.com, for information on our other properties, their criteria, and the application process.

Before you hand in your application form, please make sure to:

- Answer all questions to the best of your ability.
- Clearly print if you are filling your form in by hand.
- Give us a mailing address or email address so we can send you a “Letter of Confirmation.”
- Sign the application.

What to expect after you submit your application:

1. You will receive a letter confirming that we have received your application.
2. If Hiyám Housing needs more information on your housing application, we will contact you by mail, email, or phone.

Reminder: If you need assistance filling out the application or have questions, please get in touch with us. A Hiyám Housing staff member can meet you in person where you are located, or you can come into our office. We can be reached at 604-210-9126.