# الا Hiỷáṁ ۲۲ Housing

# Housing Application – Affordable Homes with Supports

Eskékxwi7ch tl'a Sp'ákw'us Place (the gathering place of eagles)

# Es<u>kék</u>xwi7ch tl'a Sp'ákw'us Place (the gathering place of eagles)

Location: Siyich'em Reserve 41139 Government Road Squamish, BC

27 Units: a mix of Studios, One Bedroom, and Two Bedrooms

# 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
- To see if this type of housing is suitable to your needs.

# Who should use this form?

You may be eligible for affordable homes with support at Es<u>kék</u>xwi7ch tl'a Sp'á<u>k</u>w'us Place if you:

- Are a Squamish Nation Member or caring for a Squamish Nation Member
- Are homeless or at risk of homelessness.
- Are low income.

# Information for Outreach Workers or Applicant Advocates:

Please speak to Hiỷáṁ Housing staff to discuss options for submitting a letter of support or if you have further questions.

# **Affordable Homes with Supports**

Each tenant will receive ample support in these units to ensure long-term stability and wellness while paying the maximum shelter rental rates for Income Assistance.

# What does at Risk of Homelessness mean?

"At Risk of Homelessness" includes those who have been given a notice to vacate within three months without another place to live or living in a time-limited housing situation and waiting for a permanent form of housing, for example: living in a hotel, transitional home, staying with friends or family (couch surfing), or leaving an institution.

## Eligibility

These homes will be exclusively for Squamish Nation Members: priority is given to vulnerable women and their children experiencing or at risk of homelessness. The second priority is for the homeless or at the risk of homeless who are families, elders, people with disabilities, and LGBTQ2SIA+.

## How much is the Rent?

Income Assistance Maximum Shelter Rate.

# How to submit your application for Eskékxwi7ch tl'a Sp'ákw'us Place:

- In person during office hours at 336 West 4<sup>th</sup>, North Vancouver or
- By email: applications@hiyamhousing.com or
- By regular mail: 336 West 4<sup>th</sup> 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 question 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.



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# **Please Print Clearly**

Hiyám Housing: FOR OFFICE USE ONLY

Date Received:

# 1. Are you a Squamish Nation Member or Caring for Squamish Nation Member? (If <u>NO</u>, please do not continue, as you are not

eligible	eligible.)							
No	🗌 Yes	Band #						

#### 2. Applicant Information:

Last Name	First Name(s)		Alias or Nickname (Optional)	
Birth Date (dd/mm/yyyy)		Identified Gender		
To help us determine your eligibility, please check the boxes that may apply to you.				
Are you currently: 🗌 homeless 🗌	Are you currently: 🗌 homeless 📋 or at risk of homelessness (see page front page for an explanation)			

#### 3. Household Information – family members who will be living with you.

Last Name	First Name	Relationship (to the applicant)	Birth Date (dd/mm/yyyy)	Age	Identified Gendered
1.					
2.					
3.					
4.					

3a.	Are you working towards having your children returned to your care? Yes	No 🗌	
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If yes, please provide the information about your children below.

Last Name	First Name	Relationship (to the applicant)	Birth Date (dd/mm/yyyy)	Age	Identified Gendered
1.					
2.					
3.					
4.					

#### 4. Please provide a mailing address and contact information:

Apt #	Street #	Street Name:
City		Postal Code
Your Phone #		Your Email Address #



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#### 5. 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.

5a. Are you currently receiving support services from Ayás Ménmen Child & Family Services? Yes 🗌 No 🗌

#### 6. 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- Person with Disability or Persons with	
Persistent Multiple Barriers	
Income Assistance – Employable	
Employment Income	
Employment Insurance Income	
Worker Compensation Board	
Pension	
Student Living Allowance	
Other: describe (i.e., Self-employed, contract work)	

#### 7. Housing Needs & Current Living Situation.

	Do you currently pay rent?					
Do you require a bed(s)?		Do you need other fu If yes, please describ				
	Staying with friends/relat	ives	Treatment facility/detox			
	Sleeping outside		Hospital			
	At an Emergency Shelter		Private Market – Single Room Occupancy Hotel			
	<b>Correctional Facility</b>		Private Market – separate unit/suite			
	Transitional Housing /2 <sup>nd</sup> Stage					
Is there a deadline to leave your current living situation? 🗌 Yes 🗌 No 🛛 If Yes, what is the date?						
Are you fleeing violence?  Yes No						



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

Mental Health	Substance Use
Physical Health	Other

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

Stairs are OK No Stairs	Limited number of stairs. How many?	
Do you require wheelchair-accessible hous	sing? 🗌 Yes 🔲 No Do you use a scooter? 🗌 Yes 🗌 No	

#### 10. Health and Support Services. Let us know if you have health concerns or require some support.

Are you receiving ongoing medical treatment?  Yes No If yes, please share some details:
Is your health affected by your current living situation?
Please describe any support you may need in your housing: (e.g., life skills, parenting supports/programs, careers skills, counseling, etc.)

#### **11. Pets:** Please tell us about any pets you have.

Do you have any pets? 🗌 Yes	🗌 No	If yes, how many?	Describe	

**12.** 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. *You can add a page to your story if needed.* 



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#### 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 understand that Hiyám Housing may need more documents, and I/we agree to provide them if requested.
- □ 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

#### 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



# Applications are due on Friday, September 29, 2023, and MUST BE received in our office by 4:30 pm.

This application is only for Es<u>kék</u>xwi7ch tl'a Sp'ákw'us 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 Hiỷám 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 Hiýám 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.