

Squamish Nation Assistance with Rent Program (SNARP) Year 5 - Renewal Application

Submit completed application with supporting documents to:

Hiỷám Housing Squamish Nation Assistance with Rent Program (SNARP)

336 West 4th Street North Vancouver, BC, V7M 1J1

Or email:

snarp@hiyamhousing.com

Please:

- Print clearly.
- Do NOT include original documents (we require photocopies only).
- Do NOT use staples.

Avoid Processing Delays:

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed, and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.

The Hiyam ta Skwxwu7mesh Housing Society (Hiyam Housing) is administering Year 5 of the Squamish Nation Assistance with Rent Program (SNARP) that provides eligible low to moderate income Squamish People with funds paid directly to the renter to help with unaffordable market rates.

Renewal eligibility for SNARP?

Your continued eligibility for SNARP, is based on the following conditions:

- 1. Applicants must be currently receiving the SNARP subsidy;
- 2. Applicants must be a Squamish Nation member in good standing with the Nation and Hiyam Housing;
- 3. Renting in the private market and paying a market rent;
- 4. Able to provide landlord information and renting documentation;
- 5. Must not be in other subsidized housing or receiving similar rent relief payments;
- 6. Have a 2024 household income of less than \$85,000 for households without dependents and \$125,000 for households with dependents;
- 7. Not receiving any other rent subsidy from the Nation or any level of government, including subsidized housing or rent supplements such as Shelter Aid for Elderly Renters (SAFER) or the Rental Assistance Program (RAP).

All applications must be received in our office by May 20, 2025, at 4:00 pm.

For more information on eligibility, please see the SNARP Guide on our website or call Hiyam Housing office at the number below.

Information can also be found on our website at www.hiyamhousing.com



FOR OFFICE USE – PLEASE PRINT CLEARLY

Date Received	roved/De	nied)	Date of Approval		
1. Applicant Information	tion				
	t Name	First Nam	e(s)	Birth Date (dd/mm/yy	ууу)
Phone		Email			Age
Marital Status					
☐ Single – Never Married	d	☐ Married	or Common Law		
☐ Divorced or Separated	i				
Application is for (select one):					
☐ Single person/Couple \$250)				
☐ Single or family with one d	lependent \$500				
☐ Single or family with two o	or more dependents \$75	50			
2. Spouse or Partner with whom the Applicant is livin	Information (if a g in a marriage-like relations	pplicable	e) A spouse is a part	ner through marriage or com	mon-law, or the perso
Status Number (if applicable)*	Last name	First name	e(s)	Birth Date (dd/mm/yyy	y) Age
Does your spouse or partr	ner live with you at you	r residentia	l address? Yes [□ No □	
Is your spouse or partner	a Squamish Nation Mei	mber? Y	es □ No □		
3. Residency Informa	ntion				
3a. Are you currently living a		last year's	application? \square Y	es 🗆 No	
3b. Please list your current ac	Idress:				
Apt # Street #		Street	Name		
City			Province / State	Postal Code / Zip	
Country			On Reserve	Off Reserve	
Mailing Address * If differen	t than above.				
Apt # Street 7	#	Street	Name		
City			Province / State	Postal Code / Zip	
Country					



4. Household Information

4 a. List all otner	· persons	s living with y	ou.	(If required, attach ad	daitionai name	es on a se	eparate sneet)	
Relationship to Applicant	La	st Name		Given Names	Birth Date* (dd/mm/yyyy)		Status #	Monthly Rent Contribution**
								_
*Required for Depend	l dents only i	(Elders 55+ can i	be in	cluded as dependents	l s if thev are p	hvsically (l or financially dep	 endent on vou)
**Rent Contribution r	•				·			·
4b. Is someone I				ilso making an ap aly for spouse and/o			NARP subsidy	? □ Yes □ No
Answers to Question	טווא דנ. נט	TE. are require	u oi	ily for spouse ariu/c	и иерениет	(3).		
4c. Do all the pe	ople liste	ed live with yo	ou f	ull-time right nov	v? □	Yes □	No	
If No , please	provide th	ne name of the	pers	son(s) and number				
Name		Days per wee	:k	Shared custody? (Yes/No)	If not shall live with			s the person not
				(100).10)		,		
If required, attach ac	dditional na	ames on a separa	te sl	heet				
4d. Is any mem	ber of vo	our household	aa	ed 19 or older an	d a full-tim	e stude	ent?	es □ No
If yes, list names _			9					
	not require	d at the time of a	appli	ication but will be requ	uired at a late	r date.		
-	ber of yo	our household	lad	disabled depende	nt for inco	ne tax	purposes? \square $`$	Yes □ No
If yes, list names _		d at the a time a a f	!		.id -t - l-t-			
Note: Proof is r	not require	a at the time of a	арріі	cation but will be requ	iirea at a iate.	r aate.		
5. Landlord I	nform	ation						
5a. Have you mo			SN A	PP application?				
-		-		yes, fill out full Lan	dlord inform	ation		
in no, nii ode the Le		anne ana i none		yes, ill oat fall Earl		acionii		
Landlord Name						Landlord	l Phone	
Landlord Address						Landlord	l Email	



6. Rent Information

6a. Do you: □ Rent □ Rent-to-own	
How much is your rent? \$(Do no	t include hydro, cable, or parking in rent amount)
Is this: ☐ Monthly ☐ Weekly ☐	Nightly/Daily
Does your rent include heat? ☐ Yes ☐	No
Is your rent subsidized? ☐ Yes ☐	No
6b. Check all of the following that apply:	
☐ I live in a self-contained unit	☐ I live with family or friends
(apartment, house, townhouse)	(other than spouse/common-law partner)
☐ I live in a self-contained basement suite☐ I live in a Manufactured/Trailer/Mobile home	☐ I live in a Housing Co-operative ☐ I live in a Hotel/Motel
☐ Other (describe)	I live in a notely notel
7. General Income Information	
7a. Did you earn any tax-exempt income in 2024?	□ Yes □ No
(Tax-exempt incomes include on-reserve employment	and ampleyment incurance, private disability)
*You must include T-slips if you have tax-exempt inco	one.
7b. Income or Payment Type	2024 Gross Monthly Income Amount (before taxes)
Support payments (family, spousal)	
Child Support (do not include Canada Child Benefits or Universal Child Care Subsidy)	
Employment Income	
Employment Insurance Income	
Income Assistance	
Worker Compensation Board	
Student Living Allowance	
Pension	
Foreign Income	
Other (describe i.e. Seasonal, etc.)	
7c. What was the combined gross income on the 202	4 tax returns for total household income?
\$	using Society 604-210-9126 or snarp@hiyamhousing.com
roi information of help with this form contact rilyam in	using society 604-210-3126 or Sharp@hiyaninousing.com



8. Asset Information

8a. Canadian and Foreign Finances: You must answer yes or no in the declaration for each line listed below.

Type of Access (* 1. 1. 11	Do you			Bank, financial		Total Value (\$)		
Type of Assets (including all bank accounts, even with negative balances)	hold any of these assets?		institution, or company name		Applicant	Household		
Chequing and Savings account(s)	□ Yes	□ No						
Stocks, GIC's, Term Deposits	□ Yes	□ No						
RRSP/RESP/RSP/RDSP	□ Yes	□ No						
Trust Funds	□ Yes	□ No						
Bonds/Other Shares/Foreign Funds	□ Yes	□ No						
Other Assets including Cash	□ Yes	□ No						
Other	□ Yes	□ No						
Shares in a company or business*	□ Yes	□ No						
*If you own shares in a company or \ensuremath{I}	ousiness p	rovide the	legal nam	e:				
8b. Do you or anyone in your hou house, cottage, townhouse, cond If yes, please provide the following	ominium	, land, co	-	-		rty? (e.g. □ No		
Type of Property	Locatio	on (Addre	ess)	Year Purchase	d Value (\$)	Equity (\$)		

Note: Proof of assets are not required at time of application but may be required at a later date.



Purpose of this form:

This form collects personal information for contact purposes and to determine eligibility for assistance through the Hiyam Housing SNARP. The information is collected in accordance with our Privacy Policy. If you have any questions about the collection of your information, please call 604-210-9126, email SNARP@hiyamhousing.com or write to 336 West 4th Street, North Vancouver, BC V7M 1J1.

9. Declaration and Consent

PLEASE READ AND SIGN

I/We declare	eclare:	d	Ne	/V	I
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This is my/our application and all the information in it is true, correct, and complete in every respect; fully discloses my/our income from all sources; and accurately represents my current living circumstances.

I/We permit:

 Hiyam Housing to verify any of the information I/we have provided in this application in order to assess my/our eligibility for benefits under the Hiyam Housing SNARP.

I/We acknowledge and understand that:

- □ It is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by Hiyam Housing to determine my/our eligibility for benefits and/or for audit purposes. I/we are responsible to immediately inform Hiyam Housing of any changes in my/our address, rent, marital status, family size, or the people sharing my/our accommodation.
- □ Failure to report changes in my/our address or household composition may result in an interruption or suspension of benefits and may also result in an overpayment, which I/we will be required to repay.
- Hiyam Housing will audit some SNARP applications and benefits may be terminated or adjusted if the audit reveals errors or omissions.
- □ Misrepresentation of the information provided, in writing or by omission, may result in termination of the rent supplement.
- ☐ If I/we wish to withdraw this Declaration and Consent, I/we may do so at any time in writing to Hiyam Housing, however, withdrawal will result in my/our being ineligible for assistance through the Hiyam Housing SNARP.

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date

Next Steps

Attach Supporting Documents (not original documents) and Submit Application



Checklist Squamish Nation Assistance with Rent Program (SNARP)

Before submitting this application for the Hiyam Housing SNARP, please review the following to make sure that all required information is included with the application.

- Applications are effective when they are received or the month in which an applicant is deemed eligible.
- Please do not submit original documents.

1.	Income information□ Proof of income for all household members over the age of 19:
	a. Proof of 2024 income (2024 Notice of Assessment)b. You must include T-slips if you have tax-exempt income
2.	Proof of address (ONLY provide if you have moved since last year's SNARP application. Proof is required for all adult family members)
	$\hfill\Box$ Acceptable proof includes: driver's license, utility bill, pay stub, or mailed items addressed to the tenant at the rental address
3.	Proof of monthly rent amount
	$\hfill\square$ Recent rent receipt showing address, rent amount, date, and landlord name; or
	☐ Copy of recent rent increase notice; or
	☐ Copy of lease or tenancy agreement (if signed within the past 12 months)

SNARP is dependent on funding availability, and renters will need to reapply for the rent assistance funds again the following year. Rent supports will be made in Canadian Dollars.

Please return application to:

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