

WIIJI'IWEWIN: RENT SUPPLEMENT APPLICATION FORM

The Wiiji'iwewin Rent Supplement Program is governed by the Giwetashkad: Homelessness Prevention Strategy at Atlohsa Family Healing Services and funding is provided by Ontario Aboriginal Housing Services (OAHS). It is a part of Giwetashkad's goal to provide Indigenous people with secure and affordable housing. Eligible applications could receive up to \$500 a month as a rental supplement.

Eligibility Requirements:

To be eligible for the Wiiji'iwewin Rent Supplement Program, applicants must meet the following criteria:

- 1. Applicant must reside within the city limits of London, Ontario.
- 2. Applicant's monthly rent payments must exceed more than 35% of their gross household income.
- 3. Applicant must **not** be currently receiving a rent supplement from any other source(s), e.g., COHB, St. Leonard's, RGI Subsidized Housing, etc.
- 4. Applicant must be an Indigenous Person as defined in Canada and in the province of Ontario.
- 5. At least one member of the household must be 16 years of age or older.
- 6. At least one member of the household can live independently, with or without support services.

Application Instructions:

Step 1. Gather required supporting documentation which includes:

- 1. **Photocopy proof of identification**, e.g., valid birth certificate, Ontario Health Card, Certificate of Indian Status, Ontario Driver's License, etc.
- 2. Copy of current Lease or Rental agreement
- 3. **Copy of rent receipts for the most recent 3 months.** *If you have only just begun paying rent, please provide a receipt for the first month you have paid.*
- 4. **Proof of Income**: the following list shows acceptable proof of income documentation.

Income Source	Description of required documentation	
Pay Stubs	At least two (2) months' worth. Must show employee's name, employer's name, and address, pay periods covered, and gross earnings.	
Most recent Notice of Assessment or T-4	Option C print from Revenue Canada or audited financial statements for the most recent fiscal year.	



Employment Insurance (EI) benefit	At least two (2) months' worth of receipts. Must show recipient's name, gross income, date, and frequency of payments.		
Social Assistance receipts (OW, ODSP, etc.)	At least two (2) months' worth. Please include your "Proof of Eligibility" letter from your income support worker that identifies the number of beneficiaries, type of assistance, the net earned, and the shelter amount.		
Social Support payments (CPP, OAS, CAS, GIS, EI, etc.)	At least two (2) months' worth. Ensure statements show the recipient's name, gross income, date, and frequency of payments.		
Spousal/Child Support payments	Copy of the legal agreement, cheque copies, lawyer's letter, a letter from the Family Responsibility Officer, or a statutory declaration showing recipient's name, amount of each payment, and frequency of payments.		
Bank Statements	Highlight the amount(s) coming into the account and make sure to mark them "specimen" for your protection.		
Letter	A letter from the source of income that should cover at least a two (2) month period.		

Step 2. Submit completed application along with supporting documentation:

In Person:

At Reception Office Atlohsa Family Healing Services 343 Richmond Street London, Ontario, N6A 3C2

By Mail:

Atlohsa Family Healing Services c/o Wiiji'iwewin 343 Richmond Street, Unit 109 London, Ontario, N6A 3C2

By Email:

rentsupplement@atlohsa.com

Subject: Rent Supplement Application

<u>IMPORTANT</u>: All supporting documents must be submitted with the application. Any missing documents will result in the application being incomplete and can cause delays of approval.



1.1 Applicant Information				
_ast Name: First Name:				
Preferred Name:				
Address:				
City:	Province:	Postal Code:		
Phone Number:		Email:		
Indigenous ancestry? ☐ Yes ☐ If yes, Nation or Home Communit	emale	inary		
1.2 Co-Applicant Information (If a Last Name:		First Name:		
Preferred Name:				
Address:				
City:	Province:	Postal Code:		
Phone Number: Email:				
Date of Birth:/				
Clan Name	2:			



1.3 Emergency Contact Information (please provide	two (2) emergency contacts)			
1.				
Last Name:	First Name:			
Relationship to Applicant:				
Phone Number:	Email:			
2.				
Last Name:	First Name:			
Relationship to Applicant:				
Phone Number:	Email:			
2.1 Current Landlord Information				
Landlord Full Legal Name:				
Address:				
City: Province:	Postal Code:			
Phone Number:	Email:			
2.2 Current Residence Information				
Base Monthly Rent Cost: \$				
Tenancy Start Date:/				
Please describe your tenancy by selecting from one of the following options:				
☐ This tenancy is for a fixed length of time ending of	on:/ 			
☐ This is a monthly tenancy.	aaii yeei			
Other (e.g., daily, weekly, please specify):				



2	2	Hai	ıcah	Ald.	Info	rmation	_
∠.		пυι	12611	CHILL	11111	11 11111111111111	

Please list all members of your household and provide photocopy proof of identification for each member over the age of 18.

	Full Name	Date of Birth	Gender? M or F	Relationship to Applicant	Custody? Sole or Joint?
1					
2					
3					
4					
5					
6					
7					
8					

3.1 Income Source: (check all that apply, and list amount received)

☐ Full time employment:	Part-time employment:		☐ Casual employment:		Ontario Works:
\$/month	\$/month		\$	/ month	\$/month
Canadian Pension Plan:	Child Tax Benefit:		Guaranteed Income Supplement		☐ Ontario Disability Support Program:
\$/month	\$/month		\$	/month	\$/month
☐ Spousal Support: ☐ Child Support:			☐ Education living allowance, e.g., OSAP, Band funding		
\$/month		า	\$/mont	:h	
Other income (please describe):					
Amount received: \$/month					
What is your total income from all sources? \$/month					



1.	Employer Name:						
	Employer Address:						
	Position title:						
	Supervisor Name:	Supervisor Phone:					
	Start Date:	End Date:					
2.	Employer Name:	Employer Name:					
Employer Address:							
	Position title:						
	Supervisor's Name:	Supervisor Phone:					
	Start Date:	End Date:					
		•					
4.1	Atlohsa Participant Information						
Are	you currently a registered participa	ant in any Atlohsa program or service? 🔲 Yes 🔲 No					
If ye	es, please list:						
5 1	Additional Information						
		you feel is important to your application:					
1100	se and any additional information	70d reer is important to your application.					



,	rmation provided is complete, accurate and true to the understand that an incomplete application may result in before it can be accepted for review.
Applicant Signature	Date
Co-Applicant Signature (If applicable)	Date

The personal information you provide on this form and any supporting documentation submitted is collected in accordance with Ontario privacy legislation, as well as the Freedom of Information and Protection of Privacy Act, and Atlohsa Family Healing Services' Information Privacy and Confidentiality Policy. The information you provide will be used for the purpose of administering the Wiiji'iwewin Rent Supplement Program to determine and verify your eligibility. If you have any questions about the collection of this information, please contact Atlohsa Family Healing Services' Information Privacy Officer at privacyofficer@atlohsa.com or 519-438-0068.