



# CMHC SECTION 95 APPLICATION GUIDELINES

June 2022

## Eligibility for Rental Housing

### To be eligible for rental housing, a person must:

- a) Be a Garden River First Nation Registered Band Member in good standing with the First Nation
- b) Have no arrears or outstanding historical debt owing to Garden River
- c) Must be 18 years of age
- d) Must provide proof of income sufficient to meet rent; and
- e) Have not been evicted from any Garden River First Nation rental housing, or otherwise have a history of failure to comply with a Tenancy Agreement within the past 5 years

### Who is not eligible for rental housing?

- An application with rental arrears or arrears on any account with the Garden River First Nation is not eligible until the arrears are paid in full and confirmed in writing from the Garden River First Nation Finance Department
- An application with poor tenancy such as breach of a rental/lease agreement and issued a violation where a notice to correct or vacate was issued
- If a violation or breach was issued within two years of the application
- Applications are kept on file for one year upon date of submission and it is your responsibility to ensure updates are documented. If you do not provide any updates throughout the year, your application will be considered null and void

## Completing the Application

The information requested in the Application, is based on the Garden River First Nation Housing Department Policy and Procedures and the purpose is to collect information which will confirm eligibility.

1. The Application must be completed in ink and printed clearly
2. Application must be completed in full, and any incomplete application will not be considered for vacant units
3. All the information provided must be true and to the best of your ability and knowledge. Any false information or statements, may result in denial of a unit upon application, or eviction from a unit in the event that an application is successful when awarded a vacant unit.
4. The following supporting documents must be attached to your Application upon time of submission, otherwise, your application will NOT be processed:
  - a) Letter of interest stating reason for requesting a home
  - b) Two landlord references; these forms are attached to this application and must be completed in full and submitted with your application



- c) If you have not rented before, you must attach two character reference letters (must not be immediate family)
- d) Income verification for both applicant and co-applicant (income statements, paystub and other financial information)
- e) Two Character Reference letters; if no landlord reference (must not be immediate family)
- f) Dependant verification (for both applicant and co-applicant, ie., birth certificate, health card, status cards)

### What are the next steps once the application is completed?

- In person
  - Meet with the Tenant Relations Officer to review the application for completeness
- By mail only if the applicant resides out of town (once received, you will receive a notification letter from the Garden River First Nation Housing Department)
  - Send the completed application to:  
Garden River First Nation Housing Department  
7 Shingwauk Street  
Garden River, ON P6A 6Z8
- Or can be emailed to [grfnhousing@gardenriver.org](mailto:grfnhousing@gardenriver.org) with subject line "Housing Application"

**NOTE: USE THIS "APPLICATION CHECKLIST" AS A GUIDE BEFORE APPLICATION SUBMISSION**

<input type="checkbox"/>	Letter of interest – stating reason requesting a home
<input type="checkbox"/>	Income verification (Applicant and Co-Applicant) <ul style="list-style-type: none"> <li>• Employed – Pay stub</li> <li>• Ontario Works/Ontario Disability Support Program – Income Statement</li> <li>• Canada Child Tax Benefit - Statement</li> </ul>
<input type="checkbox"/>	Identification attached (status card(s) of applicant and dependants)
<input type="checkbox"/>	Dependant - Income statement or proof of subsidy
<input type="checkbox"/>	Landlord Reference Form (must have two references)
<input type="checkbox"/>	Two letters of personal (character) reference (not family members) * will only apply if applicant has no rental history

Should you have any questions, a Housing Team Member is available for assistance at 705-946-6300



# CMHC SECTION 95 RENTAL APPLICATION

Revised: June 2022

## APPLICATION INFORMATION

Identification #:

<input type="radio"/> GRFN Registered Band Member		Band #	<input type="radio"/> Membership Confirmation	
Name:				
Date of birth:		Phone:		Email:
Current address:				
City:		Province:	Postal Code:	
Own	Rent	(Please circle)	Monthly payment or rent: \$ _ _ _ _ _	How long? _ _ _ Months _ _ _ Year(s)

Previous address:				
City:		Province:	Postal Code:	
Owned	Rented	(Please circle)	Monthly payment or rent: \$ _ _ _ _ _	How long? _ _ _ Months _ _ _ Year(s)
Have you ever been evicted or breach a Lease Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			Are there monies or arrears owing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is amount owing? \$	

## Employment Information

Current employer:				
Employer address:				How long? _ _ _ _ _
Phone:		E-mail:		Manager or Supervisor:
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary (Please Check)		Position:	Other Income (If unemployed):
If unemployed, source of income (Please identify source(s) & attach to application:				

## Emergency Contact

Name of a person not residing with you:				
Address:				
City:		Province:	Postal Code:	
Relationship:			Phone:	



### Income

Income means ALL money you or co-applicant (if applicable) receive from all sources:

Source	Total Monthly Income from Source:
<input type="checkbox"/> Ontario Works	
<input type="checkbox"/> Ontario Disability Support Program	
<input type="checkbox"/> Employment Insurance	
<input type="checkbox"/> Ontario Old Age Security	
<input type="checkbox"/> Other	

### Household Information

Please provide information about all person(s) that will be residing in the Unit

First Name	Last Name	Relationship	Date of Birth	GRFN Band Member	Membership Verification
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## CO-APPLICANT INFORMATION (IF APPLICABLE)

GRFN Registered Band Member    
  GRFN Affiliated Member    
  Non Band Member

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Own      Rent      (Please circle)      Monthly payment or rent: \$ \_\_\_\_\_      How long? \_\_\_\_\_ Months \_\_\_\_\_ Year(s)

Previous address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Owned      Rented      (Please circle)      Monthly payment or rent: \$ \_\_\_\_\_      How long? \_\_\_\_\_ Months \_\_\_\_\_ Year(s)

### Co-Applicant Employment Information

Current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ How long? \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Position: \_\_\_\_\_ <sup>^</sup> Hourly    <sup>^</sup> Salary (Please Check)      Annual income: \$ \_\_\_\_\_



**References** (Landlord Reference Document must be completed and attached)

Name:	Address:	Phone:

All statements in this Application are true and to the best of my/our ability and knowledge and have the belief that no information required has been concealed or omitted. Furthermore, I/we fully understand that this Application doesn't constitute an Agreement on part of the Garden River First Nation to provide me with accommodations, and I/we further acknowledge this Application will remain the property of the Garden River First Nation.

As well, I/we give permission to the Garden River First Nation Housing Department to contact references and landlords. Furthermore, all information in this Application will remain strictly confidential.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

By submitting this Application, I/we authorize an investigation of my/our current and employment history and credit history. In the event that my/our account becomes delinquent, I/we do authorize Garden River First Nation Housing Department to forward my account to the Credit Bureau for Collections. By signing below, I/we have read and understand this document and are agreeing to the Terms and Conditions set out.

\_\_\_\_\_  
Applicant Name (please print):

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Co-Applicant Name (please print):

\_\_\_\_\_  
Co-Applicant Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness Name (please print):

\_\_\_\_\_  
Witness Signature:

\_\_\_\_\_  
Date: