

## HOMELESSNESS ASSISTANCE FUND APPLICATION

The Homelessness Assistance Fund (HAF) works with referral agents in all NWT communities to support residents to address their housing crises and prevent or resolve homelessness. Please ensure all sections are completed in this application. Missing information may cause delays in processing this application.

REFERRAL AGENT INFORMATION:			
Referral Agent Name:		Agency/ Position:	
Phone:		Email:	
Community:		<input type="checkbox"/> Self-Referral <input type="checkbox"/> MLA Inquiry <input type="checkbox"/> Housing Minister's Office	

**Documents needed:**

- ☐ Consent Attached: ☐ NWT HC Third Party consent
- ☐ Bank statements for the past 30 days
- ☐ Confirmation as per type of assistance requested

### ELIGIBILITY:

**Is the applicant a homeowner? *If yes, applicant is not eligible. Do not complete application.***

Is the applicant a NWT resident?

☐ Yes ☐ No

Has the applicant previously received HAF?

☐ Yes ☐ No ☐ Withdrew application

**IS THIS SITUATION A DIRECT RESULT OF CO-VID 19?**

☐ Yes ☐ No

APPLICANT INFORMATION:			
Applicant #1 Name:		Date of Birth:	
Applicant # 2 Name:		Date of Birth:	
Community:		Phone/Email:	

**BRIEF OUTLINE OF CURRENT SITUATION (Attach additional pages, if necessary):**

**WHAT WILL COULD HAPPEN IF THEY DO NOT RECEIVE THIS FUNDING?**

**TYPE OF ASSISTANCE REQUESTED:** Please click box(es) to indicate what specific assistance the applicant is requesting and complete request for additional information.

<input type="checkbox"/>	<b>Utility Arrears:</b> <i>Attach disconnect notice and/or copy of last bill</i>	<ul style="list-style-type: none"> <li>• Was a disconnection notice received? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Date of disconnection: _____</li> <li>• Was there an attempt to develop a payment plan made by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
	<b>AMOUNT REQUESTED:</b> \$	
<input type="checkbox"/>	<b>Rental Arrears: Private Market</b> <i>Attach letter from landlord or eviction notice or statement of arrears owing to prevent eviction. Will need confirmation from landlord payment will stop eviction.</i>	<ul style="list-style-type: none"> <li>• <b>Did you receive an eviction letter or Rental Order?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• <b>Does payment of arrears prevent eviction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• <b>Has landlord agreed for the applicant to remain if payment is received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• <b>Is there a plan developed to ensure consistent payments are made in the future?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
	<b>AMOUNT REQUESTED:</b> \$	
<input type="checkbox"/>	<b>Damage deposit to obtain housing:</b>	<ul style="list-style-type: none"> <li>• Attach confirmation of rent from landlord and/or copy of lease</li> <li>• Include landlord name and contact information</li> </ul>
	<b>AMOUNT REQUESTED:</b> \$	
<input type="checkbox"/>	<b>One month's rent to obtain housing or remain housed:</b>	<ul style="list-style-type: none"> <li>• Attach confirmation of rent from landlord and/or copy of lease</li> <li>• Include landlord name and contact information</li> </ul>
	<b>AMOUNT REQUESTED:</b> \$	
<input type="checkbox"/>	<b>Travel Assistance:</b> See below	

**TRAVEL DETAILS:** *Travel assistance provides a one-time, one-way travel (by air, bus, etc) in order for a person to return to their home community where they will no longer be homeless. NWTHC does not provide spending cash or funding for meals during applicant's travel. Applicants must provide confirmation that they have somewhere to stay in that community. This can be confirmed by the referral agent. Travel will be booked through a travel agent.*

**CONTACT INFORMATION FOR THE PERSON THE APPLICANT WILL RESIDE WITH:**

<b>Name:</b>			
<b>Contact information:</b>			
<b>Applicant is allowed to reside with them:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Departure Community:</b>			
<b>Arrival Community:</b>			
<b>Desired Departure date:</b>		<b>Estimated Costs:</b>	

**MONTHLY HOUSEHOLD BUDGET: Include spouse and adult children's income**

Household Income	Amount	Expenses:	Amount
Employment	\$	Rent	\$
Income Assistance	\$	Food	\$
Child Tax Benefit	\$	Utilities	\$
Old Age Security/Pension	\$	Internet/Phone	\$
Employment Insurance	\$	Child care	\$
Child Support / MEP	\$	Repayment plans	\$
Other:	\$	Monthly debts (Car/Insurance)	\$
Other:	\$	Other:	\$
<b>TOTAL:</b>	<b>\$</b>	<b>TOTAL:</b>	<b>\$</b>

**IDENTIFY FACTORS/HOUSING BARRIERS LED TO HOUSING INSTABILITY: Check all that apply.**

<input type="checkbox"/>	Family Violence	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	Relationship breakdown
<input type="checkbox"/>	Mental/Physical issues	<input type="checkbox"/>	Budgeting	<input type="checkbox"/>	Addictions
<input type="checkbox"/>	Loss of Employment	<input type="checkbox"/>	Loss of Income	<input type="checkbox"/>	Lack of Affordable Housing
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

**WHAT SUPPORTS AND RESOURCES IS THE APPLICANT WORKING WITH TO ADDRESS ISSUES THAT LED TO HOUSING INSTABILITY?**

<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	Elder/Traditional	<input type="checkbox"/>	Mental Health Worker
<input type="checkbox"/>	Income Assistance	<input type="checkbox"/>	Career Development	<input type="checkbox"/>	Community Counsellor
<input type="checkbox"/>	Integrated Case Mgmt	<input type="checkbox"/>	Transitional Rent Supplement	<input type="checkbox"/>	NGO :
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Given the emergency nature of the applicant's situation, extenuating circumstances may be considered. Is there any other information you would like to provide that may be taken into consideration? ☐ Yes ☐ No

## CLIENT CONSENT FORM TO SHARE INFORMATION:

*If there are technological barriers that the applicant is unable to provide signature, please check the boxes and place your initials in the places provided. This will confirm that you received verbal confirmation from the applicant after you've read the consent form.*

I, \_\_\_\_\_ (applicant) born on \_\_\_\_\_, hereby authorize the consent to **receive, obtain and share** my personal information held in the custody and/or control with the following public bodies identified below to the identified representatives of the NWT Housing Corporation, Homelessness Assistance Fund and where appropriate and consented conduct referrals to other government Departments listed below program for further assistance. ☐ \_\_\_\_\_

I, the above-mentioned applicant, agree that at this time, I require additional support to meet some of my own needs. I acknowledge that by submitting an application to receive HAF I am seeking assistance from referral sources in the community to assist me with a plan to stabilizing my housing. ☐ \_\_\_\_\_

Personal information shared within the Homelessness Assistance Fund will be limited to specific personal information necessary for any of the identified representatives to assist in the review of my application to access the Homelessness Assistance fund. ☐ \_\_\_\_\_

I understand that the personal information disclosed will only be used for the administration of my case file within the Homelessness Assistance Fund and that my consent is in effect for one (1) year from date of signing or the termination of my relationship with the Homelessness Assistance Fund (whichever is sooner). I reserve the right to remove consent at any time. ☐ \_\_\_\_\_

**I certify that the information that has been provided in this application is accurate, complete and an honest and true description of the HAF applicant's current circumstances. I have signed consent to share private information with HAF administrators, as well as other agencies that may be involved in processing my application.**

\_\_\_\_\_  
Signature of Referral Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HAF Applicant

\_\_\_\_\_  
Date

☐ Verbal consent was provided to the referral agent

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

☐ Verbal consent was given to NWT HC staff

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

\*Please also note with the signature of consent the NWT HC may complete a 6, 12 month follow up on a HAF applicant for evaluation purposes.