



KETEGAUNSEEBEE

GARDEN RIVER FIRST NATION

7 SHINGWAUK STREET, GARDEN RIVER, ON P6A 6Z8

P 705-946-6300 F 705-945-1415 | WWW.GARDENRIVER.ORG

ININIZHIMO – TRANSITIONAL HOUSING PROJECT

APPLICATION PROCESS

1. Any member who meets the eligibility requirements may apply for the Transitional Housing by submitting to the Housing Department a completed applicant information sheet. The Housing Department will provide assistance as necessary.
2. The Housing Department will review all applications for eligibility and completeness using the Housing Department Tenant Selection Criteria (Appendix “A”) and will reject ineligible or incomplete applications.
3. When the Housing Department rejects an application for being ineligible or incomplete, the Housing Department will reach out to and provide the applicant with an explanation about why the applicant is ineligible, and/or indicating the deficiencies in an incomplete application.
4. An applicant may correct an incomplete application and resubmit it at any time. The Housing Department will work with applicants to help correct any deficiencies in applications for rental housing. The application’s recorded date of receipt will be updated to when it was resubmitted and will be put back in queue.
5. If an application submitted by an eligible member is complete, the Housing Department will replace the applicant’s name with an identification number, assess the application within a reasonable time of review, interview the assigned case worker and will endorse the successful application to the senior staff and chief and council for approval.
6. If a selected applicant declines a housing allocation, the Housing Department, senior staff and Chief and Council will consider the another eligible application.



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APPLICATION GUIDELINES

THE APPLICANT INFORMATION SHEET **MUST** BE COMPLETED BEFORE AN APPLICATION IS CONSIDERED FOR THE GARDEN RIVER FIRST NATION HOUSING DEPARTMENT TRANSITIONAL HOUSING PROJECT. IT IS **MANDATORY** TO COMPLETE ALL REQUIRED INFORMATION, OTHERWISE GARDEN RIVER FIRST NATION HOUSING DEPARTMENT RESERVES THE RIGHT TO NOT PROCESS YOUR APPLICATION.

1. The applicant information sheet must be completed in ink and printed clearly OR online and signed with the applicant's signature in pen.
2. The application must be completed in full, and any incomplete information will not be considered.
3. All the information 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 if an application is successful when awarded a unit.
4. The following supporting documents must be attached to your application upon time of submission, otherwise, your application will be rejected.
 - A letter of interest stating reason for requesting a home
 - A copy of the status card identification for applicant, co-applicant and dependents
 - Proof of income for both applicant and co-applicant (pay stub or other verification information issued within the last 3 months)
 - Dependent verification (status card, birth certificate, driver's license)
 - Medical records or doctor's note (if applicable)
 - Reference letter from case worker
 - Current landlord reference letter (if applicable)

Should you have any questions, please don't hesitate to drop by at the GRFN Housing Department office at 7 Shingwauk St., email grfnhousing@gardenriver.org, or or call us at (705) 946-6300 ext. 257.



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TENANT ELIGIBILITY REQUIREMENTS

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

- a) Be a Garden River First Nation Registered Band Member in good standing with the First Nation
- b) Have experienced violence, abuse, or similar traumatic situations
- c) Maximum of 5 family members in the household including the applicant and children of direct decent and/or legal custody
- d) Willing to pay arrears or outstanding historical debt owing to Garden River
- e) Must provide proof of income (pay stub or other verification information issued within the last 3 months) sufficient to meet rent
- f) 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



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ININIZHIMO – TRANSITIONAL HOUSING PROJECT

APPLICANT INFORMATION SHEET

ID # _____

GRFN Registered Band Member

Band # _____

Membership Confirmation

Part 1 - APPLICANT INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____
 DATE OF BIRTH: _____ GENDER: _____
 ADDRESS: _____
Street Name City Province Postal Code
 HOME PHONE: _____ MOBILE PHONE: _____ EMAIL: _____
 MARITAL STATUS: Single Divorced
 Married Widowed
 Common Law

Part 2 - EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 MANAGER OR SUPERVISOR: _____

TYPE OF EMPLOYMENT: WAGE PAYMENT:
 Full-Time Hourly
 Part-Time Salary
 Seasonal/Casual/On-Call

INCOME RANGE: OTHER INCOME (If unemployed):
 Less than \$10,000 Employment Insurance
 \$10,000 to less than \$20,000 Social Assistance
 \$20,000 to less than \$30,000 Funding for school tuition/living allowance
 \$30,000 to less than \$40,000 Disability Pension
 \$40,000 to less than \$50,000 Bursaries/Scholarships
 \$50,000 and over No personal income

Please attach a copy of proof of employment or other source of income issued within the last 3 months.

Part 3 - OTHER EMPLOYMENT (IF EMPLOYED LESS THAN 3 MONTHS WITH CURRENT EMPLOYER)

PREVIOUS EMPLOYER: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 MANAGER OR SUPERVISOR: _____

TYPE OF EMPLOYMENT: WAGE PAYMENT:
 Full-Time Hourly
 Part-Time Salary
 Seasonal/Casual/On-Call



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Part 4 - EMERGENCY CONTACT (MUST NOT BE RESIDING WITH YOU)

FIRST NAME:	_____	MIDDLE NAME:	_____	LAST NAME:	_____
ADDRESS:	_____				
	#	Street Name	City	Province	Postal Code
HOME PHONE:	_____	MOBILE PHONE:	_____	EMAIL:	_____
RELATIONSHIP:	_____				

Part 5 - CO-APPLICANT INFORMATION (IF APPLICABLE)

FIRST NAME:	_____	MIDDLE NAME:	_____	LAST NAME:	_____
DATE OF BIRTH:	_____	GENDER:	_____		
ADDRESS:	_____				
	#	Street Name	City	Province	Postal Code
HOME PHONE:	_____	MOBILE PHONE:	_____	EMAIL:	_____
RELATIONSHIP:	_____				
CURRENT EMPLOYER:	_____				
ADDRESS:	_____				
PHONE:	_____	EMAIL:	_____		
MANAGER OR SUPERVISOR:	_____				
TYPE OF EMPLOYMENT:			WAGE PAYMENT:		
<input type="checkbox"/> Full-Time			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Salary		
<input type="checkbox"/> Seasonal/Casual/On-Call					
INCOME RANGE:			OTHER INCOME (If unemployed):		
<input type="checkbox"/> Less than \$10,000			<input type="checkbox"/> Employment Insurance		
<input type="checkbox"/> \$10,000 to less than \$20,000			<input type="checkbox"/> Social Assistance		
<input type="checkbox"/> \$20,000 to less than \$30,000			<input type="checkbox"/> Funding for school tuition/living allowance		
<input type="checkbox"/> \$30,000 to less than \$40,000			<input type="checkbox"/> Disability Pension		
<input type="checkbox"/> \$40,000 to less than \$50,000			<input type="checkbox"/> Bursaries/Scholarships		
<input type="checkbox"/> \$50,000 and over			<input type="checkbox"/> No personal income		
OTHER EMPLOYMENT (If employed less than 3 months with current employer)					
PREVIOUS EMPLOYER:	_____				
ADDRESS:	_____				
PHONE:	_____	EMAIL:	_____		
MANAGER OR SUPERVISOR:	_____				
TYPE OF EMPLOYMENT:			WAGE PAYMENT:		
<input type="checkbox"/> Full-Time			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Salary		
<input type="checkbox"/> Seasonal/Casual/On-Call					
Please attach a copy of proof of employment or other source of income issued within the last 3 months.					



Part 6 - LIST ALL OTHER PEOPLE (INCLUDING DEPENDENTS) WHO WILL BE LIVING WITH YOU

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP	GRFN BAND MEMBER	MEMBERSHIP CONFIRMATION
				<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	

Note: If expecting a baby, please indicate a due date.

Do all applicants and dependents listed above live in your present accomodation?

Yes No

If "NO", please explain circumstances: _____

Have you or anyone else who will be living with you ever lived in Garden River rental houses or mortgaged houses?

Yes No

If "YES", please explain: _____

Have you or anyone else who will be living with you ever been evicted from any Garden River First Nation rental housing, or otherwise have a history of failure to comply with a Tenancy Agreement?

Yes No

If "YES", please explain: _____

Do you or anyone else who will be living with you have arrears or outstanding historical debt owing to Garden River?

Yes No

If "YES", what is amount owing: _____

Part 7 - REFERENCES (INCLUDING FROM CASE WORKER)

NAME: _____
 TITLE: _____
 RELATIONSHIP: _____
 ADDRESS: _____
 CONTACT NUMBER: _____
 EMAIL: _____

NAME: _____
 TITLE: _____
 RELATIONSHIP: _____
 ADDRESS: _____
 CONTACT NUMBER: _____
 EMAIL: _____

Please attach a reference letter.

Part 8 - Other Considerations (disability requirements, etc.)



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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 does not 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 a property of the Garden River First Nation.

Applicant Name & Signature

Date

Co-Applicant Name & Signature

Date



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CONSENT TO DISCLOSE INFORMATION

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 accounts become delinquent, I/we 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 agree to the terms and conditions set out.

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 Name & Signature

Date

Co-Applicant Name & Signature

Date

GRFN Witness Name & Signature

Date



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APPENDIX - A

TENANT SELECTION CRITERIA

Tenant selection is governed by the following criteria (in no particular order):

- urgency;
- supporting documents (medical report, etc.);
- source of income and stability;
- references;
- household composition and compliance with National Occupancy Standard (NOS);
- credit history;
- past rental and financial history with Garden River; and
- other special considerations (e.g. disability requiring barrier free living, need for emergency housing as a result of fire, etc.).