



Application for Accommodation Northern United Place

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N.W.T. COMMUNITY SERVICES CORPORATION

2021 Application Form

OBJECTIVE:

TO PROVIDE ACCOMMODATION FOR, AMONG OTHERS, THE POOR, NEEDY, ELDERLY AND DISABLED IN YELLOWKNIFE

WHAT KIND OF UNIT IS AVAILABLE?

All Units are located in Northern United Place. There are 70 bachelor units and 14 one-bedroom units in the building. We do not have any units larger than a one-bedroom unit.

Please note that we have limitations on the number of people that can occupy our Units and all tenants must be able to live independently. **All units are non-smoking and we do not allow pets.**

WHO MAY APPLY?

Individuals and families whose total gross income is **less than \$45,000 per year**. Gross income is the income of all the people that will be living in the Unit before taxes are deducted (Line 150 of your Income Tax Return gives you this information).

WHAT WILL MY RENT BE?

Rent is calculated at 30% of the gross income. There is a minimum rent of \$699.00 per month for a bachelor unit (\$740 for a one-bedroom unit). This includes your heat, water and electricity. Therefore, you will pay at least \$699.00 per month and you may pay more if you make more than \$27,400 per year.

DO I GET A DISCOUNT IF I AM A SENIOR OR DISABLED?

There may be a \$250.00 per month rebate available to Seniors Citizens and persons with a mobility disability. To qualify, all persons living in the Apartment must be either a Senior or have a mobility disability. Seniors are defined as being 65 years of age and who have lived in the Northwest Territories for a minimum of 2 years. Proof of Age and/or proof of disability will be required.

WHEN DO I GET A UNIT?

There is always a waiting list. Once you have completed this application and provided **ALL** the documentation required, you will be placed on our waiting list. You may wait 12 months or more for a Unit.

You must contact us every 3 months to let us know that you are still looking for a place. Calling weekly will not get you a Unit any sooner so please limit your calls to once

every 3 or 4 months. If we have not heard from you in 6 months, your name will be removed from the waiting list and you will need to start the application process again.

WHAT CAN I DO TO HELP?

1. Ensure that you complete the application form completely (all sections **must** be completed);
2. Provide the necessary back up on the income of ALL persons over the age of 18 who will be living in the Unit;
3. Provide proof of age or proof of disability (medical report) if you are seeking the rebate;
4. Advise us immediately if any of your information changes or if you find a Unit elsewhere;
5. Contact us after you hand in or fax your application to make sure you are not missing any documents that we need and to verify that we have received your application;
6. Then contact us every 3 to 4 months to ensure that your name remains on our waiting list.

Applicants who do not contact us for 6 months will have their application cancelled and they must start the application process again.

Applicants who are offered a unit but refuse it, may request to have their application put back on the waiting list, however, they will be placed at the bottom of the waiting list.



APPLICATION FOR ACCOMMODATION

Please print clearly and complete ALL sections

Single Application

Joint Application

Applying as Senior/Disabled (*Age 65 / mobility disability*)

PERSONAL INFORMATION:

	Applicant #1	Applicant #2
Last Name		
First Name		
Date of Birth		
SIN		

CURRENT ADDRESS:

Address (Street, Apt, Box)	
City, Province	
Postal Code	
Home Phone	
Work/ Cell Phone	
Email	

What is your current accommodation: House

Apartment

Room / other

PREVIOUS HOUSING:

Please list the last places that you lived and paid rent or a mortgage:

	Prior Residence #1	Prior Residence #2
Address		
Did you own or rent?		
If rental, Landlords Name		
Landlord's Phone #		
How long did you live there?		
Why did you leave?		

PUBLIC HOUSING:

Are you currently living in public housing: Yes No

Have you lived in Public Housing? Yes No

If yes, where did you live? _____

When did you live there? (Dates) _____

Do you owe rent or damages to any previous landlord? Yes No

Please explain why you owe rent or damages and provide details on any repayment plan you have in place or indicate if there is no repayment plan in place:

PEOPLE WHO WILL BE LIVING IN THE UNIT WITH YOU:

Please list all persons who will be residing in the Apartment with you. Please note that no more than two adults or one adult and one child under the age of 21 years are allowed to occupy a bachelor apartment:

Name	M/F	Date of Birth	Relationship to You

EMPLOYMENT & INCOME SOURCE

Please complete the following for all persons who will be living in the Unit over the age of 18:

HOUSEHOLD MEMBER	EMPLOYER OR SCHOOL ATTENDING	GROSS INCOME FROM ALL SOURCES	MONTHLY OR YEARLY INCOME?

OR

I will be receiving Income Support Yes

If yes, my Income Support Worker is _____

You MUST include ONE of the following items for each person noted above:

- 1. Letter from Employer(s) verifying your income;**
- 2. Copy of latest Income Tax Return;**
- 3. Financial Statements for self-employed individuals.**

Note that a current Income Tax Return will need to be submitted when you are offered a unit.

ASSETS:

Bank Accounts – please list any bank accounts you hold *(please attach additional lists if required)*

Type of Account (Chequing or Savings)	Bank Name & Address	Current Balance

Investments – please list any Guaranteed Investment Certificates (GIC), term deposits, treasury bills, bonds, debentures etc. that you own *(please attach additional lists if required)*

Type of Investment (GIC, Term Deposit etc.)	Name & Address of Institution	Current Balance

Vehicles – please list any vehicles that you own by yourself or with others *(please attach additional lists if required)*

Vehicle Description	% of Ownership	Personal or Business Use	Assessed Value

Property – please list any property (residential or non-residential) that you own by yourself or with others *(please attach additional lists if required)*

Property Address	% of Ownership	Type of Property (Residential or Commercial)	Assessed Value

Other Assets – please list any mortgages or loans that you have lent to someone else, life insurance with a cash surrender value and any equity stake or share in a business *(please attach additional lists if required)*

Description of Asset (please be detailed)	Current Value

PERSONAL REFERENCES (not relatives):

	Reference #1	Reference #2
Name		
Address		
Phone Number (s)		
Email Address		

I make this application as a Senior Citizen and as such I have lived in the Northwest Territories for a minimum of two years. I am providing a copy of my birth certificate or other document as proof of my age. I confirm that I am capable of living independently and will provide a completed “Medical Information Document” on application and when I am offered a Unit.

Initials: _____

OR

I make this application as a person with a mobility disability. I attach a medical report or Doctor’s letter as proof of my disability. I confirm that I am capable of living independently and will provide a completed “Medical Information Document” on application and when I am offered a Unit.

Initials: _____

DECLARATION:

I / We hereby certify that the information contained herein is true to the best of my/our knowledge and belief. I/We have not concealed or omitted any information needed. I realize if any information that I have given is not true, my application will be cancelled. I understand that all information is confidential.

I understand that this information is not complete until all information requested is provided and I will not be approved for the waiting list until this information is received by N.W.T. Community Services Corporation.

I understand that all units are non-smoking and that there are no pets allowed in the units.

I understand that this application does not promise me housing.

I agree that I must advise the N.W.T. Community Services Corporation of any changes in family size, gross income, employment, assets or change of address.

AUTHORIZATION FOR INFORMATION:

I / We hereby authorize any person, agency or organization, including Federal / Provincial or Municipal Government Departments to release to N.W.T. Community Services Corporation or its Representative(s) information required for the purpose of determining and verifying eligibility for an apartment. Without restricting the generality of the foregoing, I/ we understand this authorization may include requests for information pertaining to my/our marital status, employment, credit records, medical or family conditions and benefits received under other programs.

I/We hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested. Further, that I/we authorize that all documents may be transmitted via public fax machines to and from the N.W.T. Community Services Corporation from time to time, at their discretion.

Dated at the City of Yellowknife this _____ day of _____, 20 _____.

Applicant # 1 - Signature

Application #2 - Signature

Witness – Signature

Witness - Signature