

OFF-RESERVE HOMELESSNESS PREVENTION FUNDING

APPLICATION FORM

Program End Date: March 31, 2026

Intake Closes: March 23, 2026 (or when funds are fully expended)

1. Applicant Information

Full Legal Name: _____

Band Registration Number: _____

Date of Birth: _____

Current Off-Reserve Address:

Phone Number: _____

Email Address: _____

2. Household Information

Total number of people in household: _____

List all household members (including dependents):

Name Age Relationship

3. Housing Information

Renting

Homeowner (Mortgage)

Other (explain): _____

Landlord / Mortgage Company Name:

Landlord / Lender Contact Information:

Monthly Rent or Mortgage Amount: \$ _____

Are you currently in arrears?

Yes No

If yes, amount owing: \$ _____

Have you received an eviction notice or demand letter?

Yes No

(Attach copy if applicable)

4. Type of Assistance Requested

Rent

Mortgage

Utilities (specify): _____

Food

Essential Clothing

Fuel Card

Other (must relate to homelessness prevention): _____

Amount Requested: \$ _____

Explain why you require this assistance and how it will prevent homelessness:

5. Income Information

List all sources of household income:

Source	Monthly Amount
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Employment	\$ _____
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Social Assistance	\$ _____
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EI / Disability	\$ _____
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Child Tax / Other	\$ _____
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Other	\$ _____
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Total Monthly Household Income: \$ _____

6. Financial Information

Monthly Expenses:

Expense	Monthly Amount
Rent/Mortgage	\$_____
Utilities	\$_____
Food	\$_____
Transportation	\$_____
Other	\$_____

7. Required Documentation Checklist (Only attach documents as they relate to your request)

Please attach copies of:

- Government-issued ID (Required)
- Proof of Off-Reserve Address (Required)
- Lease Agreement or Mortgage Documents (Required if requesting Rent or Damage Deposit)
- Utility Bills (if applicable) (Required if requesting assistance with utility payments)
- Most Recent 1–2 Months Bank Statements (Only required if requested if Household income is at or above \$80,000.00 Annually)
- Recent Pay Stubs or Proof of Income (Only required if requested if Household income is at or above \$80,000.00 Annually)
- Eviction Notice / Arrears Letter (Required if applicable)

Incomplete applications will not be processed.

8. Declaration

I certify that the information provided in this application is true and complete. I understand that:

- This is a one-time funding program ending March 31, 2026.
- Funding is not guaranteed.
- Payments may be made directly to landlords, lenders, or vendors.
- Providing false information may result in denial of funding.

Applicant Signature: _____

Date: _____