

**PRELIMINARY SURVEY OF NEED**

Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Co-Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Dependents**

Family Formation	Age	Sex	Relationship	Income

**Income Source**

**APPLICANT'S EMPLOYMENT**

Name of Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYMENT**

Name of Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_

**SOCIAL ASSISTANCE**

How much per month? \_\_\_\_\_  
Who is your Income Maintenance Officer: \_\_\_\_\_

**BANKING INFORMATION**

Name of Bank and Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Bank and Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Are you aware of any judgements, writs, executions or pending court actions: (circle one) Yes No

**DETAILS ON PRESENT RENTAL ACCOMMODATIONS:**

What do you rent at present? (circle one) House Apartment Other

Briefly describe your present accommodations: \_\_\_\_\_

What is your monthly rent? \_\_\_\_\_

Does your rent include heat, hydro and water: (circle one) Yes No

If the utilities are not covered in your rental payment, how much do your utilities cost you a month:

Heat \_\_\_\_\_ Hydro \_\_\_\_\_ Water \_\_\_\_\_

How many bedrooms do you have? \_\_\_\_\_

What is the age and general condition of the housing unit? \_\_\_\_\_

Is the unit a government assisted rental unit: (circle one) Yes No

Have you applied for any other subsidized housing program? (circle one) Yes No

If you circled **YES** above, please explain: \_\_\_\_\_

**General Information**

How long have you or your spouse lived in this community: \_\_\_\_\_

Please provide your residence history for the past five years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Why do you feel that you need assistance under this program? \_\_\_\_\_

For statistical purposes, are you or your spouse of Native Ancestry? (Native ancestry includes Status Indian, Non Status, Metis, or Inuit)

(circle one) Yes No

Have you ever rented or owned a home from C.M.H.C.? (circle one) Yes No

If **yes** where and when? \_\_\_\_\_

In which township are you currently living? \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Please give details for three family members including their address and telephone no.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**ASSETS AND LIABILITIES**

**ASSETS**

Cash \_\_\_\_\_  
Car \_\_\_\_\_  
Furniture \_\_\_\_\_  
Investments \_\_\_\_\_

**CASH VALUE OF**

Insurance \_\_\_\_\_  
Real Estate \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**LIABILITIES**

	<b>BALANCE</b>	<b>MONTHLY PAYMENT</b>
Personal Loans	_____	_____
Car Loans	_____	_____
Other Loans	_____	_____
Credit Cards	_____	_____
	_____	_____
	_____	_____
	_____	_____
Other	_____	_____
<b>TOTAL LIABILITIES</b>	_____	_____

**APPLICANT ACKNOWLEDGEMENT:**

I understand this survey of need does not constitute an application or commitment on the part of OAPMC to provide me with housing accommodation.

The Personal Information provided is collected, retained and disclosed pursuant to OAPMC "Privacy Policy"

I acknowledge that this survey is the property of OAPMC and the information contained herein is true to the best of my knowledge.

I hereby authorize Ontario Aboriginal Property Management Corporation to make any inquiries as deemed necessary including a credit investigation to establish my eligibility for assistance under the Rural and Native Housing Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CLIENT AFFORDABILITY ANALYSIS

CONFIDENTIAL

APPLICANTS NAME

RNH ACCOUNT NO

CO-APPLICANT'S NAME

DESIGNATED AREA FOR DELIVERY

A. FIXED MONTHLY COSTS

CURRENT

HOUSING \_\_\_\_\_ RENT \_\_\_\_\_ MORTGAGE \_\_\_\_\_

TAXES \_\_\_\_\_

UTILITIES \_\_\_\_\_

TELEPHONE \_\_\_\_\_

HEAT \_\_\_\_\_

HYDRO \_\_\_\_\_

WATER \_\_\_\_\_

DEBT PAYMENTS IDENTIFY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURANCE

HOUSE \_\_\_\_\_

LIFE \_\_\_\_\_

AUTO \_\_\_\_\_

MAINTENANCE ALLOWANCE: \_\_\_\_\_

B. MONTHLY LIVING COSTS

FOOD \_\_\_\_\_

CLOTHING \_\_\_\_\_

MEDICAL AND DENTAL \_\_\_\_\_

TRANSPORTATION - CAR/TRUCK \_\_\_\_\_

OTHER \_\_\_\_\_

INCIDENTALS (BOOKS, GIFTS, SCHOOL SUPPLIES ETC.) \_\_\_\_\_

CUMULATIVE TOTALS A & B \_\_\_\_\_

C. CURRENT MONTHLY INCOME - ALL SOURCES (TAKE HOME)

C. \_\_\_\_\_

D. DISPOSABLE MONTHLY INCOME C-(A+B)= \_\_\_\_\_

## COMMENTS

WE VERIFY THAT WE HAVE DISCUSSED THE AFFORDABILITY ANALYSIS AND THAT ALL ASPECTS OF THE APPLICATION PACKAGE ARE UNDERSTOOD BY ALL OF THE UNDERSIGNED

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

AGENCY FULL NAME

DATE

**VERIFICATION OF INCOME**  
**SOCIAL ASSISTANCE**

**CONFIDENTIAL**

TO: ONTARIO ABORIGINAL HOUSING SUPPORT SERVICES CORPORATION	DATE
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The following verification is provided to Ontario Aboriginal Property Management Corporation in strict confidence, as requested by the recipient to support his/her application for housing.

RECIPIENT'S NAME	ADDRESS	
TYPE OF BENEFIT/ ASSISTANCE PROVIDED:		
FINANCIAL ASSISTANCE BREAKDOWN		
A. BASIC NEEDS	\$	_____
B. SHELTER COMPONENT	\$	_____
C. HEATING ALLOWANCE	\$	_____
D. OTHER ALLOWANCES (MEDICAL ETC.)	\$	_____
FIELDWORKER'S COMMENTS		
FIELD WORKER'S SIGNATURE	OFFICE ADDRESS	TELEPHONE

FRANCAIS AU VERSO

**CONFIDENTIAL** **VERIFICATION OF INCOME**  
TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

To: ONTARIO ABORIGINAL HOUSING SUPPORT SERVICES CORPORATION	DATE
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The following salary or wage verification is provided to Ontario Aboriginal Property Management Corporation in strict confidence as requested by the employee to support his application for housing.

EMPLOYEE'S NAME	EMPLOYEE'S ADDRESS	
NAME OF EMPLOYER		
NO. OF YEARS EMPLOYED	PRESENT POSITION OR JOB CLASSIFICATION	GROSS EARNINGS PREVIOUS YEAR
PRESENT REGULAR SALARY OR WAGE RATE		
\$ _____ PER HOUR	\$ _____ PER WEEK	\$ _____ PER ANNUM
Details regarding earnings from overtime work, bonuses, commissions, etc., that employee may receive during the year are as follows:		
PROSPECTS OF CONTINUED EMPLOYMENT		
Other Remarks _____		
SIGNATURE: Certified that the above information is true and correct		TITLE