



Reaching Home Assistance Application

for Métis families who are homeless or on the verge of being homeless.

APPLICANT INFORMATION – MUST BE COMPLETED

NAME: _____ MNA #: _____

MNA REGION: 1 2 3 4 5 6

ADDRESS: _____

*** MUST INCLUDE CITY IF NO FIXED ADDRESS:**

MAILING ADDRESS: _____

BIRTHDATE: _____ GENDER: _____ MARITAL STATUS: _____ SIN#: _____

PHONE #: _____ VETERAN ID (IF APPLICABLE): _____ EMAIL: _____

WORKING: YES NO RETIRED: YES NO IN SCHOOL: YES NO LEVEL OF EDUCATION: _____

ARE YOU DISABLED? YES NO (IF YES, PLEASE SPECIFY): _____ CURRENTLY RENTING A HOME? YES NO

HOUSEHOLD COMPOSITION EXCLUDING APPLICANT(S) LIST BELOW

NAME	SIN	BIRTHDATE	GENDER	RELATIONSHIP TO APPLICANT

FINANCIAL INFORMATION – MUST BE COMPLETED

GROSS ANNUAL FAMILY INCOME FROM THE PREVIOUS YEAR: _____

TOTAL GROSS ANNUAL INCOME INCLUDING OTHER SOURCES: _____

SOURCE OF FUNDING: _____

PLEASE SELECT ALL THAT APPLIES:

- PREVENTION + REFERRALS (RENTAL + UTILITY ARREARS)
- HOUSING (CURRENTLY HOMELESS, EMERGENCY HOUSING, HOUSING PLACEMENT)
- CLIENT SUPPORT (ECONOMIC INTEGRATION, HEALTH & MEDICAL, ADDICTION & TREATMENT REFERRALS)

PLEASE PROVIDE MORE DETAILS AS TO WHY SUPPORT IS REQUESTED AND MUST BE COMPLETED

A. WHERE ARE YOU CURRENTLY LOCATED (CITY)

B. ARE YOU EXPERIENCING (PLEASE CHECK ONE)

- HOMELESSNESS (COUCH-SURFING, LIVING ON THE STREET, IN A SHELTER)
- FACING EVICTION OR UTILITY DISCONNECTION (SERVED WITH AN EVICTION NOTICE)
- FLEEING DOMESTIC VIOLENCE (IN A WOMEN’S SHELTER, SAFE HOUSE)
- OTHER (PLEASE EXPLAIN)

C. WHY DO YOU NEED SUPPORT FROM REACHING HOME?

DECLARATION

I declare that *I have prepared this application. I have provided an answer to every question on this application. The answers and information are true, accurate and complete to my knowledge, and all required disclosures and other documentation have been provided.* I understand and agree that failure to provide complete and truthful answers will result in my termination from the program to which I have applied.

DATE:

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF CO-APPLICANT:

REQUIRED DOCUMENTS TO BE SUBMITTED FOR FUNDING

Applications will not be processed unless all documents below are submitted

1. Completed and signed original application could be mailed/dropped off at 11923 121A Street NW, Edmonton, AB T5L 0A2 or emailed to reachinghome@metishousing.ca
2. Métis Nation of Alberta citizenship card for applicants
3. Two pieces of identification.
4. Canada Revenue Agency – Notice of Assessment from the previous year.
5. 90 Day Bank Statements from the date of application
6. Signed Consent to Release (attached to application)

For further information or questions, please contact:

Métis Capital Housing Corporation

11923 121A Street

Edmonton, AB T5L 0A2

1-877-458-8684

Email: reachinghome@metishousing.ca

www.metishousing.ca

Only completed applications will be processed. Incomplete applications will be reviewed, the applicant will be notified for any missing information. Once application is completed, the application will be submitted for review.



CONSENT TO RELEASE AND EXCHANGE PERSONAL INFORMATION

Métis Capital Housing Corporation collects and protects personal information under the authority of the Alberta Freedom of Information and Protection of Privacy Act to operate the programs and services of Métis Capital Housing Corporation.

I/We, _____, of the City of _____ in the Province of Alberta state that I/we made an application to the Reaching Home Program ("RHP") owned by Métis Capital Housing Corporation and may receive benefits of the RHP.

I/We hereby authorize the RHP and its agents to exchange, confirm, and verify all information relating to my/our circumstances, including, but not restricted to, my/our personal information.

I/We consent to allow the RHP staff to speak on my/our behalf and to share and receive all information with other relevant agencies regarding myself/ourselves and my/our children. I/We also consent to allow the RHP staff to communicate with me/us via my/our email address(es).

I/We also release and save harmless the RHP and their representatives and all persons and organizations from any or all claims, actions, demands, and expenses in connection with or arising out of such release of information to or by RHP.

My/Our consent remains in effect until I/we submit a letter stating the RHP is no longer allowed to act on behalf of or release any information regarding anything listed above.

Dated this _____ day of _____, 20_____

In the City of _____, in the Province of Alberta.

Applicant Signature

Witness Signature

Co-applicant Signature

Witness Signature