



Reaching Home Assistance Application

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

APPLICANT INFORMATION

NAME:		MNA #:	
ADDRESS:			
MAILING ADDRESS:			
BIRTHDATE: MM/DD/YYYY	GENDER:	MARITAL STATUS:	SIN#:
PHONE #:	VETERAN ID (IF APPLICABLE):	EMAIL:	
WORKING: <input type="checkbox"/> YES <input type="checkbox"/> NO	RETIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IN SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO	LEVEL OF EDUCATION:
ARE YOU DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE SPECIFY):		CURRENTLY RENTING A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSEHOLD COMPOSITION EXCLUDING APPLICANT(S) LIST BELOW

NAME	SIN	BIRTHDATE	GENDER	RELATIONSHIP TO APPLICANT
1.		MM/DD/YYYY	GENDER	RELATIONSHIP TO APPLICANT
2.		MM/DD/YYYY	GENDER	RELATIONSHIP TO APPLICANT
3.		MM/DD/YYYY	GENDER	RELATIONSHIP TO APPLICANT
4.		MM/DD/YYYY	GENDER	RELATIONSHIP TO APPLICANT

FINANCIAL INFORMATION

GROSS ANNUAL FAMILY INCOME FROM PREVIOUS YEAR:
TOTAL GROSS ANNUAL INCOME INCLUDING OTHER FUNDING:
SOURCE OF FUNDING:
YOUR RENT PER MONTH: \$
SECURITY DEPOSIT: \$
REQUESTED FUNDING: \$

PLEASE SELECT ALL THAT APPLIES:

- | | | |
|---|--|---|
| <input type="checkbox"/> EMERGENCY HOUSING | <input type="checkbox"/> HOUSING SET-UP | <input type="checkbox"/> HOUSING PLACEMENT |
| <input type="checkbox"/> CLIENT SUPPORT | <input type="checkbox"/> HEALTH AND MEDICAL SERVICES | <input type="checkbox"/> CLINICAL + TREATMENT |
| <input type="checkbox"/> PREVENTION + REFERRALS | <input type="checkbox"/> ECONOMIC INTEGRATION | <input type="checkbox"/> SOCIAL + COMMUNITY INTEGRATION |

Please provide more details to explain **your situation and why** supports are requested:

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 the best of my knowledge, and all required disclosures and other documentation has been provided.* I understand and agree that failing to provide full and truthful answers will result in my termination from the program which I have applied.

DATE:

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF CO-APPLICANT:

REQUIRED DOCUMENTS TO BE SUBMITTED FOR FUNDING

1. Completed and signed original application could be mailed/dropped off at 11923 121A Street NW, Edmonton, AB T5L 0A2 or could be 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 previous year.

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.