

RURAL AND NATIVE HOUSING QUESTIONNAIRE

PLEASE COMPLETE AND RETURN TO YOUR LOCAL CMHC OFFICE OR DELIVERY AGENT

Protected when completed

This questionnaire is a preliminary step to determine the extent of your housing problem. The RNH program can be of assistance to eligible families and individuals. Completion of this questionnaire does not indicate a commitment by CMHC to provide you with another house.

1. PLEASE CHECK-OFF APPROPRIATE BOXES

- | | | |
|--|---|---|
| <p>a) MY HOUSE DOES NOT HAVE</p> <p><input type="checkbox"/> ELECTRICITY</p> <p><input type="checkbox"/> INDOOR PLUMBING</p> <p><input type="checkbox"/> NONE OF THE ABOVE APPLIES TO MY HOUSE</p> | <p>b) MY HOUSE</p> <p><input type="checkbox"/> NEEDS MAJOR REPAIRS</p> <p><input type="checkbox"/> IS BEYOND REPAIR</p> | <p>(EXAMPLE: DEFECTIVE PLUMBING, HEATING SYSTEM, ELECTRICAL WIRING, STRUCTURAL REPAIRS, ETC.)</p> |
|--|---|---|

2. WHEN WAS YOUR HOUSE BUILT ?

- | | | | |
|--------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> BEFORE 1941 | <input type="checkbox"/> 1941 - 1950 | <input type="checkbox"/> 1951 - 1960 |
| <input type="checkbox"/> 1961 - 1970 | <input type="checkbox"/> 1971 - 1980 | <input type="checkbox"/> 1981 - PRESENT | |

3. HOW MANY PERSONS ARE NOW LIVING IN YOUR HOUSE?

_____ PERSONS

4. HOW MANY ROOMS ARE IN YOUR HOUSE ? (DO NOT INCLUDE BATHROOMS, HALLS, VESTIBULES AND UNFINISHED AREAS USED ONLY FOR WORK OR STORAGE)

_____ ROOMS

5. DO YOU

- OWN YOUR HOUSE ? OR RENT ? (EVEN IF NO CASH RENT IS PAID)

6. FOR RENTERS ONLY

HOW MUCH RENT DO YOU PAY FOR YOUR HOUSE OR APT. ?

- NONE OR \$ _____ PER MONTH

DOES YOUR RENT INCLUDE (CHECK IF YES)

- HEAT ELECTRICITY WATER

7. FOR OWNERS ONLY

WHAT ARE YOUR TOTAL REGULAR MONTHLY MORTGAGE (OR DEBT) PAYMENTS? PLEASE INCLUDE PRINCIPAL, INTEREST AND TAXES (MUNICIPAL AND SCHOOL)

- NONE OR \$ _____ PER MONTH

WHAT IS YOUR AVERAGE MONTHLY PAYMENT FOR HEAT, ELECTRICITY AND WATER?

- NONE OR \$ _____ PER MONTH

8. WHAT WAS THE APPROXIMATE TOTAL INCOME (BEFORE DEDUCTIONS) OF EVERYBODY LIVING IN YOUR HOUSE FOR THE PAST YEAR ENDING DECEMBER 31? INCLUDE INCOME FROM ALL SOURCES (EMPLOYMENT, PENSIONS, RENTS, GOVERNMENT PAYMENTS, ETC.)

- \$0-\$12,000 \$12,001-\$15,000 \$15,001-\$18,000 \$18,001-\$23,000 OVER \$23,000

9. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD CONSIDER YOURSELF TO BE NATIVE? (NATIVE INCLUDES METIS, INUIT, STATUS OR NON-STATUS INDIAN)

- YES NO

FAMILY NAME: _____ GIVEN NAME: _____ INITIAL: _____

MAIL ADDRESS (NO. AND STREET, APT. NO., P. O. BOX NO., R.R. NO.)

(CITY, TOWN OR VILLAGE) _____ (PROVINCE OR TERRITORY) _____ POSTAL CODE _____

AREA CODE: _____ TELEPHONE NO.: _____ DATE: _____

THANK YOU VERY MUCH FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

CMHC SCHL

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Question habitation,
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QUESTIONNAIRE - RURAL AND NATIVE HOUSING PROGRAM (RNH)/PROGRAMME DE LOGEMENT POUR LES RURAUX ET LES AUTOCHTONES (LRA)

APPLICANT/Demandeur	
FAMILY NAME/Nom de Famille	FIRST & MIDDLE NAME/Prénoms
DATE OF BIRTH/Date de Naissance YEAR/Année	SOCIAL INSURANCE NUMBER/Numéro de sécurité sociale

CO-APPLICANT/Demandeur Secondaire	
FAMILY NAME/Nom de Famille	FIRST & MIDDLE NAME/Prénoms
DATE OF BIRTH/Date de Naissance YEAR/Année	SOCIAL INSURANCE NUMBER/Numéro de sécurité sociale

ADDRESS/Adresse
MAILING ADDRESS/Adresse Postal
STREET ADDRESS/Adresse Municipal
TOWN PREFERENCE/Municipalité Prêférêe: _____

TELEPHONE/Têlêphone	HOME/Domicile:	WORK/Travail:	CONTACT/Contacts:
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DEPENDENTS/CHILDREN/Dêpendents/Enfants			
FULL NAME/Nom au Complet	MALE/FEMALE/ Mâle/Femelle	AGE	RELATIONSHIP/ Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISABLED OCCUPANT/Membre Handicappê	NATIVE OCCUPANT/Membre Autochtone
NO/Non _____ YES/Oui _____	NO/Non _____ YES/Oui _____

Canada Mortgage and Housing Corporation

Société canadienne d'hypothèques et de logement

Canada





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INCOME SOURCE/SOURCE de revenu	
EMPLOYMENT/Emploi	
APPLICANT/Demandeur	
EMPLOYER/Employeur: _____ ADDRESS/Adresse: _____ NO. YEARS EMPLOYED/No. d'années employé: _____	
CO-APPLICANT/Demandeur Secondaire	
EMPLOYER/Employeur: _____ ADDRESS/Adresse: _____ NO. YEARS EMPLOYED/No. d'années employé: _____	
SOCIAL ASSISTANCE/Assistance Sociale	
AGENCY NAME/Nom de l'Agence	FIELD WORKER/Représentant

PRESENT ACCOMODATION/Logement Actuel
<input type="checkbox"/> OWN/Propriétaire <input type="checkbox"/> RENT/Locataire <input type="checkbox"/> BOARD/Pension NUMBER OF BEDROOMS/No. de Chambres <input type="checkbox"/>
SHARED ACCOMODATION: <input type="checkbox"/> (YES/Oui/NO/Non) NUMBER OF FAMILIES/No. de Familles <input type="checkbox"/>
CONDITIONS: <input type="checkbox"/> POOR/Pauvre <input type="checkbox"/> FAIR/Moyen <input type="checkbox"/> GOOD/Bon <input type="checkbox"/> CROWDED/Entassé

APPLICANT/CO-APPLICANT ACKNOWLEDGEMENT/Reconnaissance du Demandeur/Demandeur Secondaire

I understand that this questionnaire does NOT constitute an agreement on the part of CMHC to provide me with assistance under the RNH Program. I acknowledge the right of CMHC at any time prior to entering into a legal agreement hereby applied for, to withdraw or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this questionnaire previously made or given. I hereby authorize CMHC to make any inquiries as deemed necessary, including credit inquiries, to establish my eligibility for assistance under the RNH program. I acknowledge that this questionnaire is the property of CMHC and the information contained herein is true to the best of my knowledge.

Je comprends que ce questionnaire ne constitue pas une entente de la part de la SCHL de me fournir assistance sous le programme LRA. Je reconnais le droit de la SCHL, à tout moment avant une entente légale, de retirer ou annuler sans punition ou responsabilité pour dommages ou autrement, n'importe quelle approbation antérieurement faite ou donnée. J'autorise la SCHL de faire les enquêtes nécessaires, incluant les enquêtes de crédit, afin d'établir mon éligibilité pour assistance sous le programme LRA. Je reconnais que ce questionnaire est la propriété de la SCHL et l'information fournie est vraie.

APPLICANT/Demandeur _____

CO-APPLICANT/Demandeur Secondaire _____



Additional Rural and Native Housing Questions

1. Please explain why you want to move from your current home?

2. Are you being evicted? If yes, please explain why. Yes _____ No _____

3. Are you in temporary housing, living with family or friends? If yes, please explain why.
Yes _____ No _____

4. What township do you currently live in? _____ How long have you
consecutively lived in this township? _____ years _____ months

5. Do all people listed on the application currently live in the same house? If no, please
explain why. Yes _____ No _____

6. Do you or anyone listed on the application have any health problems which are made
worse from living in your current home? If yes, please explain. Yes _____ No _____

7. Does your current home have electricity, running water, indoor plumbing, etc. If no,
please explain? Yes _____ No _____

8. Does your current home need major repairs? If yes, please explain. Yes _____ No _____

9. How many people in your home have an income? _____. Add together all sources of
income, ie. employment, employment insurance, social assistance, disability or any other
source of income. Monthly - \$ _____ Annually - \$ _____

10. If heat, hydro or water/sewer charges are not included in your monthly rent how much per
month are you paying for each. Heat _____, Hydro _____, Water/Sewer _____

11. Is/are your child(ren) attending school? Yes _____ No _____ Is/are your child(ren)
working? Yes _____ No _____ Please provide details. Where? _____
Income? \$ _____

DISCLOSURE

16. Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act: I give my consent and authorization to Brantford Native Housing.
- a) To make inquiries to past landlords regarding my tenancy
 - b) To provide information to future landlords about my tenancy with Brantford Native Housing
 - c) To make inquiries to Credit Bureaus and Collection Agencies regarding my financial circumstances
 - d) To disclose any information in my file to Credit Bureaus and Collection Agencies regarding arrears during and after my tenancy with Brantford Native Housing.
 - e) To make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information release the information to Brantford Native Housing.
 - f) To disclose the information given on this form to non-profit housing corporations/co-operative local housing authorities, the Ministry of Municipal Affairs and Housing and other municipal provincial and federal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this application.
 - g) I have read and understand the meanings of income and gross household income as Per Appendix A (attached).
 - h) The information I have given on this form is true and correct to the best of my knowledge.
 - i) I understand that if I get housing, only the people I wrote down on this form can live with me.
 - j) I understand that I must report any changes in the number of people who live with me, AND of any changes in my total income.

Questions about this collection should be directed to:

Brantford Native Housing
318 ½ Colborne Street East
Brantford, ON
N3S 3M9
(519) 756-2205
Fax (519) 756-1764

Applicant's Signature

Co-Applicant's Signature

Date

Please return the completed questionnaire to the address directly above.