

**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 Brantford Native Housing to provide me with housing accommodation.

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

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

I hereby authorize Brantford Native Housing 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: BRANTFORD NATIVE HOUSING	DATE
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The following verification is provided to BRANTFORD NATIVE HOUSING 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

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**CONFIDENTIAL**

**VERIFICATION OF INCOME**

TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

To: BRANTFORD NATIVE HOUSING	DATE
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The following salary or wage verification is provided to BRANTFORD NATIVE HOUSING 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

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 inquires 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.