

Date received: ____/____/____25

Reviewed by: _____

Verified by: _____

SOCIAL HOUSING APPLICATION 2025

Deadline: _____, 2025.

This application must be completed in FULL. Please contact the housing department at the Department of Public Works, if you need assistance in completing this application. All information submitted will remain strictly confidential and will not be shared. No obligation is assumed when completing this application.

1. APPLICANT INFORMATION

(If you answered yes on section 7 and/or 11, please attach letter from your landlord to confirm you are in good standing with the social housing and/or subsidized housing program)

1. Full name (first and last):	2. Naskapi beneficiary number:
3. Current address:	
4. If temporary, please list previous addresses:	
5. How can we contact you? Home phone: _____ Work _____ phone: _____ Email: _____	
6. What is your civil status? <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Single <input type="checkbox"/> Other:	7. Are you currently renting a subsidize housing unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Date of birth: Month: _____ Day: ____ Year: _____	9. Rental rate currently paying (if above is yes): \$ _____ Weekly/Monthly
10. Do you owe to a Social Housing Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. If yes, on section 10. Do you have an agreement to repay the debt? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. CO-APPLICANT INFORMATION

(If you answered yes on section 7, 10 or 11 above sections, please attach letter from your landlord to confirm you are in good standing with the social housing and/or the subsidized housing program)

1. Full name (first and last):	2. Naskapi beneficiary number:
3. Current address:	
4. If temporary, please list previous addresses:	
5. How can we contact you? Home phone: _____ Work _____ phone: _____ Email: _____	
6. What is your civil status? <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Single <input type="checkbox"/> Other:	7. Are you currently renting a subsidize housing unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Date of birth: Month: _____ Day: _____ Year: _____	9. Rental rate currently paying (if above is yes): _____ Weekly/Monthly
10. Do you owe to a Social Housing Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	11. If yes, on agreement to section 10. Do you have an repay <input type="checkbox"/> the debt? Yes <input type="checkbox"/> No <input type="checkbox"/>

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3. TYPE OF HOUSING PREFERENCE

(please check all that apply for your preference is housing type and number of bedrooms you require)

a. Number of Bedrooms Required

- 1 Bedroom 2 Bedroom 3 Bedroom 4 or more

b. Type of Housing Preference

- Single-Unit Housing (e.g. Bungalow) Semi-Detached Units (e.g. Duplex/Triplex) Multiplex (e.g. Apartments, townhouses, etc.) Flats/ Maisonettes (e.g. 1 floor units) No Preference

c. Are there any family members that'll require mobility access or special needs requirements? Yes No

d. If answered yes for answer on section c above, please specify and attach occupation therapists report:

4. CURRENT ACCOMMODATION

(please attach additional sheet if you need more space)

a. Current living situation (Check all that apply, please attach letter to explain)

- Shelter Relative's Residence Renting an Off-Reserve Unit Inadequate Housing (please specify) Parent /Grandparent Residence Other (Specify): _____

b. Household Composition and Number of Bedrooms *(please add more if needed)*

Number of Room(s)	Names of current household members	How long have they been living here?	Year of birth
Room #1			
Room #2			
Room #3			
Room #4			

5. EMPLOYMENT INFORMATION AND SOURCE OF INCOME

a. Source of Income for Applicant

Social Welfare Employment Benefits

Full-Time Employment Other (Specify, e.g. Student): _____

Part-time/Seasonal Position

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b. Source of Income for Co-Applicant: *(Does not apply if no co-applicant)*

Social Welfare Employment Benefits Full-Time Employment Other, Please Specify (e.g. Student):

Part-time/Seasonal Position _____

c. Employer Information *(Does not apply if not currently employed)*

Applicant	Co-applicant
Annual gross income and benefits received:	Annual gross income and benefits received:
Employer and position:	Employer and position:
Total annual household income:	

****Please provide proof of annual income if your annual household income is less than \$47,000.***

6. FUTURE ACCOMMODATION INFORMATION

a. Please list the number and the names of all persons and dependents, including their date of birth or age as of November 2020, that will occupy the unit with you:

Number	Name (s)	Age	Relationship to applicant(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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7. CONDITIONS

I understand that this application is not an agreement on the part of the Naskapi Nation of Kawawachikamach (“NNK”), or its agent, to provide my household with a dwelling.

I hereby authorize the NNK, or its agent, to make any inquiries necessary to verify the information provided in this application.

I hereby authorize an inspection of the unit where I currently reside.

I hereby authorize my employer to deduct weekly or bi-weekly from my salary or training allowance, and to remit said deductions to the NNK for the payment of my rent and arrears.

The deductions do not exceed the maximum amount that is subject to seizure under the provincial laws of Quebec, which is determined by the level of my income and the number of my dependents.

I have completed the application to the best of my knowledge.

_____, 2025
Date

Applicant's signature

Co-applicant's signature

_____, 2025
Date

Name & Signature of Witness

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