

## MIYOSKAMIN HOUSING APPLICATION CHECKLIST

A complete application contains the following documents:

- ☐ Signed “Need to Know: Before You Apply”
- ☐ Completed “Project Plan”
- ☐ Completed Miyoskamin Application Form
- ☐ Revenu Quebec Notice of Assessment (2024)
- ☐ Letter of Reference (from a worker, employer, teacher, etc)

**Please send all documents to [info@miyoskamin.com](mailto:info@miyoskamin.com)** Once the application is received, we will call you for an interview



## NEED TO KNOW: BEFORE YOU APPLY

If accepted, we will review the Code of Conduct as Building Regulations with you - however, we want to make sure you know a few of the main rules before you apply. This is to help you determine if Miyoskamin is the right fit for you

- Miyoskamin is a **DRY** environment - **no drugs or alcohol are allowed**
- **Guests** can visit participants but **cannot stay overnight more than 2 nights per week**
- All **participants are required to meet regularly (minimum one time every two weeks)** with their assigned Empowerment Worker
- All participants must attend **bimonthly resident meetings**
- Housing agreements are renewed every year, with a maximum stay of 5 years

I understand these rules and confirm I will respect them if selected for Miyoskamin's housing program:

NAME:

SIGNATURE:



## MIYOSKAMIN APPLICATION PROJECT PLAN

Please describe what goal(s) you wish to achieve while living at Miyoskamin:

Please share what steps you have already taken to reach these goals? (i.e. applications you have made)

Please share why you think Miyoskamin's housing program is the right fit for you:

How long do you see yourself living at Miyoskamin? (please circle)

1 year

2 years

3 years

4 years

5 years





ONCE COMPLETED, EMAIL TO [info@miyoskamin.com](mailto:info@miyoskamin.com)

APPLICATION FORM – MIYOSKAMIN SECOND STAGE HOUSING PROGRAM

1. Personal Information

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Preferred Name: (If other than first name) \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

Email address : \_\_\_\_\_ Cellphone : \_\_\_\_\_ Other phone number : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt : \_\_\_\_\_ City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Marital Status : ☐ Single ☐ Divorced ☐ Separated ☐ Married

I identify as one of the following: woman, trans-woman, 2-spirited individual : ☐ Yes ☐ No Are you Canadian citizen or permanent resident : ☐ Yes ☐ No Have you lived anywhere other than the province of Quebec in the last 24 months? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Indigenous Group : ☐ First Nations ☐ Inuit ☐ Metis Name of Community(s) you are from (if applicable) : \_\_\_\_\_

Do you hold any of the following government-issued forms of Indigenous Identification (if applicable)

☐ Indian Status Card Band Number: \_\_\_\_\_ Band Affiliated with: \_\_\_\_\_

☐ Inuit Beneficiary Card Beneficiary Number \_\_\_\_\_ Region Affiliated with : \_\_\_\_\_

☐ Other : \_\_\_\_\_



## APPLICATION FORM – MIYOSKAMIN SECOND STAGE HOUSING PROGRAM

### 2. Current Living Circumstances

Current Living Situation: ☐ Staying in a shelter or temporary housing ☐ staying with family/friends ☐ renting a house or apartment

Current Living Address: ☐ Same as mailing address ☐ Different from mailing address

If different than mailing address:

Street Name: \_\_\_\_\_ Apt : \_\_\_\_\_ City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

How long have you been staying at this address: \_\_\_\_\_

# of closed bedrooms: \_\_\_\_\_ #of Bathrooms \_\_\_\_\_ Number of adults living here \_\_\_\_\_ Number of Children Living here: \_\_\_\_\_

Do you have any pets ? ☐ Yes ☐ No If yes, which ones and how many : \_\_\_\_\_

Please indicate the conditions of your current apartment :

Sanitary conditions ☐ Good ☐ Average ☐ Bad

Safety (family, neighborhood, etc.) ☐ Good ☐ Average ☐ Bad

Distance from daily activities ☐ Good ☐ Average ☐ Bad

For those renting:

Monthly cost of rent: \_\_\_\_\_ Is your name on the lease? ☐ Yes ☐ No When does your lease end? \_\_\_\_\_



# APPLICATION FORM – MIYOSKAMIN SECOND STAGE HOUSING PROGRAM

### 3. Household composition

Relationship	First Name    Last Name	Gender M/F	Birth date YYYY-MM-DD	*Annual gross income 2024 (line 199 of the provincial Notice of assessment)	Percentage of custody time (%)
You					
Child					
Child					
Child					
Child					
Child					
Other: _____					

**TOTAL : \$**\_\_\_\_\_

\* please note that in order to participate in the program you will need to have filed your taxes

At the time of submitting your application, can you confirm:

☐ I've filed my 2024 taxes and have received my return ☐ I've filed my 2024 taxes and am waiting to receive my return ☐ I haven't filed my 2024 taxes

#### 4. Household needs

Size of the requested apartment : ☐ 3 ½ (1 bedroom) ☐ 4 ½ (2 bedrooms) ☐ 5 ½ (3 bedrooms)

#### Maximum household income for housing with Rent Supplement Program

\$40,000 for a single person or a couple  
\$46,000 for 2 (non couple) ou 3 persons  
\$56,000 for 4 or 5 persons  
\$70,000 for 6 or 7 persons

Your household income is eligible to the Rent Supplement Program :

☐ Yes ☐ Non

Do you currently receive benefits under the Rent Supplement Program ?

☐ Yes ☐ No

#### Adaptable housing

*Do you need an adaptable housing for a person with functional limitations ?*

☐ Yes ☐ No

If yes, required adaptations : ☐ Majors (ex : wheelchair)

☐ Grab bars

Can you provide an occupational therapist's report to validate the required adaptations ? ☐ Yes ☐ No

Which member of your household requires the adaptations ?

\_\_\_\_\_



APPLICATION FORM – MIYOSKAMIN SECOND STAGE HOUSING PROGRAM

5. Other information

Have you accessed services or supports from the Native Women's Shelter of Montreal (NWSM) within the last 5 years? ☐ Yes ☐ No

If yes, what types of services or supports did you receive?

\_\_\_\_\_

\_\_\_\_\_

Do you understand that Maison Miyoskamin is a dry environment (no alcohol or drugs on site)? ☐ Yes ☐ No

Are you open to participating in an educational, vocational, or training program? ☐ Yes  
☐ No

Have you recently been convicted of a crime? ☐ Yes ☐ No

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE IN YOUR APPLICATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION FORM IS CORRECT.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_



MIYOSKAMIN FORM- MIYOSKAMIN SECOND STAGE HOUSING PROGRAM

----- DO NOT COMPLETE – SECTION RESERVED FOR THE SELECTION COMMITTEE -----

<p>Comments :</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Date : _____</p> <p>Signature : _____</p>
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