

**Grant Application**

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

Address: \_\_\_\_\_

**Applicant Information**

Citizen # (Identification) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Income: \_\_\_\_\_  
 (Please provide copy of paystub)

**ADVOCATE OR EMERGENCY CONTACT INFORMATION:**

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CURRENT LIVING CONDITIONS:**

Living Arrangement:  UPPER  Basement  Relative  Other

Notes: \_\_\_\_\_

**OTHERS LIVING IN THE HOME (household members/friends/family)**

	<i>Date of Birth</i>	<i>Relation</i>
Household Names		
1. Names:		
2. Names:		
3. Names:		
4. Names:		
5. Names:		

Please indicate if there are any current health conditions or medication needs for those whom you live with that we should be aware of to protect yourself and those you live with?

**Priority Support**

Consistent with Nisga'a values we prioritize taking care of the most vulnerable; accordingly, we prioritize services and support for persons who identify as: (Check all that apply to your household, if none apply, please leave blank)

an Elder?  Yes I am \_\_\_\_\_ years \_\_\_\_\_

Pregnant?  Yes I am \_\_\_\_\_ months along \_\_\_\_\_

Person with mobility challenges  Yes I require assistance;  Yes I require modifications for accessibility;

Person with compromised immunity?  Yes, please provide details here: \_\_\_\_\_

Fleeing violence?  Yes, fleeing by myself  With children or dependents  With pets

Experiencing a crisis  Yes, please provide details \_\_\_\_\_

At Risk?  Yes, please provide details \_\_\_\_\_

**Client Current Services:**

Are you receiving assistance from another organization? If so, from which one(s) & what for:

Organization	Type of Assistance	Amount	Date Received Funds

Provide a copy of all documents if applied for other organizations for financial assistance.

**NAVIGATOR NOTES:**

**Client Program Services**

Please identify which services you are applying for today, from the following:

Housing Services	Amount
1st months rent/Prorate	\$ _____
Security Deposit (1/2 Rent)	\$ _____
Housing Set-up Max \$200	\$ _____
Furniture Max \$1,000	\$ _____
Moving Expense Relocation to Nisga'a Lands	\$ _____
Hydro Deposit BC Hydro Invoice	\$ _____

Groceries	Max \$350		\$
<b>Total Housing Services</b>			
<b>Prevention &amp; Shelter Services</b>			<b>Amount</b>
<i>Rent Supplements</i>	(Income tested)		\$
<i>Rental Arrears</i>	(due to medical)		\$
<i>Utility Arrears</i>	(Current)		\$
<i>Food Voucher/Winter</i>	See Grid		
<i>Appliance Replacement</i>			\$
<b>TOTAL Prevention &amp; Shelter Services</b>			
<b>TOTAL HOUSING &amp; PREVENTION</b>			

**Please note:**  
 Your funding application could be deemed ineligible if clients are obtaining duplicate resources from other organizations, e.g. Village Government Social Development. Funding may not exceed amount of financial assistance provided by other funding programs or rental supplement programs.  
 Due to limited funding we ask that you apply for only your current needs, allowing us to provide service to more Nisga'a citizens with current limits.  
 All completed applications will be accepted, reviewed, and approved on a first come basis until funds are exhausted.  
 Any Approved support that is not utilized by the client will not affect the client's ability to apply for future support.

**Reaching Home Navigator Cheryl McMillan, Business Management**

**Landline:** 778-702-1726

**Cell Phone:** 250-975-2160

**email:** [cmcmillan@nisgaanation.ca](mailto:cmcmillan@nisgaanation.ca)

**DECLARATION AND CONSENT**

**This is your legal agreement with NLG's Reaching Home program. Please read and sign:**

1. I certify that the information provided on this form is true and complete.

2. I authorize NLG to make any inquiries the deem necessary to verify the information provided and determine eligibility. And I authorize any person, corpportaiton, or social agency with this information to release it to the NLG Navigator

3. I agree that any individual I have included in this application as my identified emergency contact or advocate may have access to my personal information for the purposes of supporting the effective delivery of NLG services

4. I understand that this application is not an agreement on the part of the NLG to grant assistance.

**Client Signature**

**Date**

**Navigator Signature**

**Date**

### ***Document Checklist***

**All of the following documents must be attached to your application form:**

- photo identification - Government I.D; Status Card: Citizen Card
- Any current Housing agreements you have, indicating address, rent and any additional monthly charges for which you need support.
- Any past due utility bills you have and any additional monthly costs for which you need support (e.g childcare)
- Proof of income with bank statements within the proceeding four to twelve weeks (e.g. paystub with employe's name and phone number) and other income being received by any adults in your household (if applicable)
- Copies of any relevant invoices, disconnection notices, eviction notices, moving company quotes, furniture appliance quotes, bed bug treatment, COVID 19 sterilization supplies, and furniture that can ensure safe accomodation is available to yourself and those in your household, as appropriate.

#### **Note:**

Cheques will be disbursed directly to vendor or landlord.

Purchased order's will be issued to vendor's for furniture and groceries for Save-on.

If applicant has paid rent/security in advance of application, applicant will be reimbursed upon receipt of paid rent.

*Personal information contained in this form of in attachments is collected by the NLG, in accordance with the Personal Information Protection Act, and is used exclusively to determine eligibility for the Reaching Home support.*

**OFFICE USE ONLY**

**Client ID:** \_\_\_\_\_

**Application Approval**

- Approved
- Declined

**Amount: \$** \_\_\_\_\_

**Cheque Pickup date:** \_\_\_\_\_

**P.O#** \_\_\_\_\_

**Signatures:**

Eric Nyce

X  
**Director Approval**

X  
**Date**

Cheryl McMillan

X  
**Navigator - Intake**

X  
**Date**

X  
**Client Received**

X  
**Date**