



COVID-19 Housing Assistance Program Application

Information provided remains confidential.

Please submit completed applications to the MN-S Regional Director for your area. Contact information of Regional Directors can be found at: <https://www.metisnationsk.com/governance/#executive>

Full Name:	
Home Address:	
City/Town/Community:	
Postal Code:	
Telephone Number:	Email:
Sexual Orientation: (Male, Female, Non-Binary)	
Number of Children:	
Métis Status <input type="checkbox"/> Métis, registered citizen with MN-S Registry <input type="checkbox"/> Self-Declared <input type="checkbox"/> In-progress, applied with MN-S Registry for citizenship	
Housing Situation <input type="checkbox"/> Renter <input type="checkbox"/> Homeowner <input type="checkbox"/> Supported Living <input type="checkbox"/> Living with Family/Friends <input type="checkbox"/> Other (please specify) _____	

What housing issue are you experiencing due to COVID-19?

- Making Rent Payment
- Making Mortgage Payments
- Emergency Repairs Needed
- Payment of Utility Bills
- Damage Deposit
- Other (please specify) _____

Have you received any other financial supports to assist you in pandemic responses? If so, please identify.

***This is to help us understand what other organizations are helping Métis people.**

Household Income prior to COVID-19:

Current Household Income:

Have you experienced any employment adjustments due to COVID-19? If so, How?

Are you successfully self-quarantined? Yes No

Do you feel additional wellness support is needed to assist in quarantine success? If so, what types are you suggesting?

Are you or any one in your household considered high risk?

- Elderly
- Immune Compromised
- Pre-existing health Conditions
- Other (please specify) _____

I agree that all the above information provided is correct to my knowledge. This declaration is made voluntarily and in good faith and is intended solely for the purpose of confirming my eligibility for access to MN-S COVID 19 support programming. It is not intended to be used for any other purpose.

Signature of Applicant

Date

For Internal Use:

Does the Applicant Quality?

- Yes
- No

Has Self-Declaration been received, if required?

- Yes
- No

Name of MN-S Region: _____