



A'nowaráhne - Application Form

P.O. Box 1440
Kahnawake, Quebec
J0L 1B0

Telephone Number: (450) 632-5499
Fax: (450) 632-2283



Before completing this application please refer to the Admission Criteria on the back to ensure you are eligible to apply.

1. Applicant Information:

a) Maiden Name: _____ b) Married Name: _____
c) First Name: _____ d) Date of Birth: _____
e) Age: _____ f) Male Female g) Address: _____
h) Telephone #: _____ i) Mohawk Council of Kahnawake Membership #: _____

2. Co-Applicants Information (if applicable):

a) Maiden Name: _____ b) Married Name: _____
c) First Name: _____ d) Date of Birth: _____
e) Age: _____ f) Male Female g) Address: _____
h) Telephone #: _____ i) Mohawk Council of Kahnawake Membership#: _____

3. Current Situation:

a) Please check off your current living situation:

Own Home Rent Home/Apartment Live with family member(s) Other, Please specify: _____

b) To assist us in determining your eligibility, please provide us with the reason why you are applying for residency at the A'nowaráhne:

c) If applicable, please provide the name and telephone number of your current and previous landlords:

Current Landlord:
Name: _____ Telephone #: _____
Previous Landlord:
Name: _____ Telephone #: _____

By signing this application form I attest that the information above is accurate and valid to the best of my knowledge.

Applicant's Signature _____

Co-Applicant's Signature _____

Note: This application may be hand delivered to the office of Home and Community Care Services, sent by mail to the above mentioned address or faxed to the above number.

All fields of the application form must be filled out. Any incomplete applications will not be considered and will be returned to the applicant for completion.

For Office use only:

Date received: _____ Time received: _____ a.m. p.m.
Received by: _____

Criteria for Admission to the A'nowaráhne

All Kahnawakeron:non who are in need of housing, meet the Mohawks of Kahnawake Membership Guidelines, meet the minimum age requirement, and who are independent and self-sufficient are eligible to apply for residency to the A'nowaráhne.

****Please Note KSCS Reserves the Right to Revise or Amend Admission Criteria as Necessary.****

1. Application Procedure:

- 1.1. Applicant(s) may apply as a single person or as a couple.
- 1.2. All applications will be screened for Mohawk Membership eligibility. The Mohawk Council Membership Department will be consulted for the applicant's Mohawk status.
- 1.3. Applicant(s) should be at least fifty-five (55) years of age or older to apply for residency. Consideration will be made to those applicants below the age of fifty-five (55) years of age who have a physical limitation(s), taking into consideration the structure of the unit.
- 1.4. Applicant(s) should be independent and self-sufficient.
- 1.5. The applicant(s) must complete an Application for Residency and give all their vital information. The application will be dated, and time received. All fields on the application form are required. Any applications submitted with missing information will not be considered and will be returned to the applicant(s).
- 1.6. Each application will go through a screening process by the A'nowaráhne Committee to determine the applicant's state of health and whether they are able to live independently at the A'nowaráhne. In order to prioritize needs, further assessment may be required which may include an interview.

2. A'nowaráhne Waiting List

- 2.1. When an applicant(s) meets all of the above requirements, their application will be put on the A'nowaráhne waiting list.
- 2.2. When occupancy becomes available the waiting list will be reviewed by the A'nowaráhne committee and the applicants will be prioritized based on their current needs.
- 2.3. In the event that a person selected is unable to move in when notified the next priority applicant will fill the occupancy if applicable. The applicant who is unable to move in will remain on the waiting list and will be subject to 2.2 when the next occupancy becomes available.