

# NIIGAANIIN

Client and Community Newsletter

August 7, 2025



## Niigaaniin Hours

SUMMER HOURS STARTING

JULY 2ND

Mon-Thurs 8:30-4:30 - Fridays 8:30-12:30

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Service Canada

August 19, 2025 9:30am-3pm

@ Niigaaniin Office

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## OESP PROGRAM

CHECK YOUR HYDRO BILL FOR OESP EXPIRE

RENEWAL YEARLY

CALL Darrell Jacques

705 356 1621 Ext 2235

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Attention OW Clients if you would like your  
income statement/rent receipt emailed,  
please email Samantha Boyer  
Niigaaniinreception@mississauga.com

## INFORMATION

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OW CLIENTS

Income Statements Due

August 16, 2025

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Niigaaniin Case Worker

Stacey Pilon

705-356-1621 ext 2215

ncworker@mississauga.com

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## "QUOTE OF THE WEEK"

"Self Confidence is a super power,  
once you start to believe in yourself  
magic starts happening"

~Unknown~

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OFFICE WILL BE CLOSED ON

August 14 for Staff R&R Day

# Mississauga First Nations

LOCAL AREA - JOB OPPORTUNITIES		
Position	Employer/Location	Closing date
Various Positions Available	Garden River FN	until filled
Various Positions Available	Serpant River FN	until filled
Various Positions Available	Sagamok FN	until filled
Various positions	NOG/various communities	until filled
Various positions	Mamaweswen	until filled
Various positions	Algoma Manor/Thessalon	until filled
Various positions	MFN – check website	until filled
Equipment Operator	Town of Blind River	8/15/25
Customer Service Repr	McDougall's/Blind River	8/11/25
Early Childhood Educator	MFN	8/8/25
Team Members	Tim Horton's/Blind River	10/3/25

Other Websites for job postings: Indeed; LinkedIn; Google jobs; Job-Bank.gc.ca; employment solutions

Also: Gas Attendants/Cashiers / Casual Parttime - Broken Canoe

If you are on OW or EI or not working or need training ISETP's can offer you the following:  
 Apprenticeships; Employment Supports/Startup; wage subsidies; Mobility/relocation assistance;  
 Skills enhancement/Direct Course Purchase; Youth Work Experience; Student Employment; Career  
 and Educational development: Self Employment Assistance \*

When applying for any position/job the process involved is: Where do you apply; in person; mail; fax; email or phone. Before applying, please read and follow all the instructions that is required from the employer, or you may be screened out and not get that interview.

If you need help or assistance, you can call Rob our employment Counsellor at 705-356-1621 ext.2237 but please do not wait for the last minute. Call and make an appointment.



## **CALLOUT: BOARD MEMBER(S) MISSISSAUGI THUNDERBIRD CORPORATION**

The Mississauga Thunderbird Corporation (MTC) has two (2) positions available on their board of directors.

The callout is specific to the role(s) of an Elder representative on the board and; an Off-Reserve representative, as per MTC's by-laws.

Interested candidates will offer guidance, expertise and quality insights that reflect the needs of the community while contributing to the corporation's development and structure.

Board members will be available for regularly scheduled meetings. Virtual attendance can be accommodated for interested applicants.

**The deadline for this callout is August 15, 2025.**

If you wish to apply, please submit a letter of interest and a resume that highlights your relative experiences to perform in the role.

For more information and to submit your application, please contact:

**Tammy Morencie**

Executive Assistant to the Board of Directors

Mississauga Thunderbird Corporation

Phone: 705-356-1621 x2260

Email: [cedsupport@mississauga.com](mailto:cedsupport@mississauga.com)



## **MFN Housing**

### **NOW ACCEPTING APPLICATIONS FOR**

**Red Pine Lodge (Seniors Complex) - 1 Bedroom Unit**

- Applicant must be a **MFN Band Member**, *aged 50 or older*.
  - **Must be capable of living independently.**
- **Tentative** move in date: September 1<sup>st</sup>, 2025
- Applicant(s) must in good standing with MFN.
- Incomplete applications **will not** be accepted.
- 1<sup>st</sup> and last months rent (security deposit) required.

Applications are available at the Band Office or on the MFN website.

[www.mississaugi.com](http://www.mississaugi.com)

**Deadline to apply: Friday August 22<sup>nd</sup>, 2025 @ 12:30 PM**

**Applicants can mail, email, fax or drop off in person at the Band Office.**

Monica McGregor, Housing Manager  
Mississauga First Nation  
PO Box 1299  
Blind River, ON  
P0R 1B0

Fax: 1-705-356-1740

Email: [monica@mississaugi.com](mailto:monica@mississaugi.com)

**(See attached APPROVED HOUSING APPLICATION FORM)**

**MISSISSAUGA FIRST NATION**





# MISSISSAUGA FIRST NATION

## APPLICATION FOR HOUSING (APPENDIX 2)

DEADLINE DATE: August 22, 2025

LOCATION: Red Pine Lodge - 1 Bedroom Unit

Please print and fill out all sections of this form and submit to the Housing Department. **Incomplete applications will not be accepted.**

### SECTION 1: APPLICANT INFORMATION

Name (First):		Name (Last):	
Band Number:		Birthdate (mm/dd/yy):	
Mailing Address:		Unit Number:	
City/Town:	Province:	Postal Code:	
Home #:	Cell #:	Work #:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Single w/ children			
E-mail Address:			

### SECTION 2: CO-APPLICANT INFORMATION

Name (First):		Name (Last):	
Band Number:		Birthdate (mm/dd/yy):	
City/Town:	Province:	Postal Code:	
Home #:	Cell #:	Work #:	

### SECTION 3: OTHER HOUSEHOLD MEMBERS (that will also be living in unit)

First Name	Last Name	DOB	Gender	Relationship to Applicant
		(mm/dd/yy)		
		(mm/dd/yy)		
		(mm/dd/yy)		
		(mm/dd/yy)		

### SECTION 4: ANNUAL INCOME INFORMATION

Household Member	Type of Income	Annual Amount
<b>Applicant # 1</b>  Employer:  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Employed: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> OW (Niigaaniin)	
	<input type="checkbox"/> ODSP (Ontario Disability Support Program)	
	<input type="checkbox"/> EI (Employment Insurance)	
	<input type="checkbox"/> CPP (Canada Pension Plan)	
	<input type="checkbox"/> OAS (Old Age Security)	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Other	
<b>Co-Applicant # 2</b>  Employer:  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Employed: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> OW (Niigaaniin)	
	<input type="checkbox"/> ODSP (Ontario Disability Support Program)	
	<input type="checkbox"/> EI (Employment Insurance)	
	<input type="checkbox"/> CPP (Canada Pension Plan)	
	<input type="checkbox"/> OAS (Old Age Security)	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Other	
<b>Total Annual Household Income</b>		<b>\$ 0</b>

**SECTION 5: WHAT ARE YOUR CURRENT ACCOMMODATIONS? (PLEASE CHECK)**

- ☐ House      Number of Bedrooms: \_\_\_\_\_ Monthly rent payment \$ \_\_\_\_\_
- ☐ Apartment      Number of Bedrooms: \_\_\_\_\_ Monthly rent payment \$ \_\_\_\_\_
- ☐ Room & Board      Monthly rent payment \$ \_\_\_\_\_
- ☐ Shelter
- ☐ Extended Family      Monthly rent payment \$ \_\_\_\_\_
- ☐ Other (Please specify) \_\_\_\_\_

Are there any immediate health & safety problems with current accommodation? ☐ Yes ☐ No  
If "yes", written details must be provided by a physician/inspection with the application.

**Current Landlord**

Name: _____	Telephone: _____	Move in: ____ / ____ / ____
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**Previous Landlord**

Name: _____	Telephone: _____	Move in: ____ / ____ / ____
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**Personal Reference**

Name: _____	Telephone: _____	Relationship: _____
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*Note: References from Chief and Council will not be accepted for conflict of interest reasons and to keep the application process unbiased and transparent.*

**SECTION 6: PREVIOUS MFN HOUSING ALLOCATION**

Have you received previous housing on MFN? ☐ Yes ☐ No

If yes: Address: \_\_\_\_\_

Reason for relocating: \_\_\_\_\_

Do you currently have a "Certificate of Ownership" and/or had one issued? Please explain: \_\_\_\_\_

**SECTION 7: DECLARATION**

- The foregoing statements in this application are true to the best of my knowledge and belief.
- If information on this application is incorrect or not true, Mississauga First Nation may cancel my application.
- I authorize Mississauga First Nation to make any inquiries that it deems necessary to verify information given on this form.  
I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to Mississauga First Nation. x \_\_\_\_\_ (please initial)
- MFN Housing will no longer allow the non payment of rent and all tenants under community housing are advised that eviction will commence if any tenant(s) are in housing payment default or rent arrears.
- If the applicant(s) have an outstanding account (eg. rental arrears) with MFN Housing, the applicant will be ineligible for a unit until the account has been addressed and/or paid in full.
- Signatures of all household members that are 18 years of age and over are included below.
- When both applicants are band members, both must agree to sign a "Domestic/Cohabitation Contract"
- Are you willing to obtain content insurance within 15 days of accepting the First Nations Housing Allocation offer, if selected. Yes ☐ No ☐ please explain: \_\_\_\_\_
- Do you have pets? If so what type & how many: \_\_\_\_\_
- Is your pet a service animal? Yes ☐ Registration #: \_\_\_\_\_ No ☐

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Received BY:</b> _____	<b>DATE Received:</b> _____
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