



APPLICATION FOR RENTAL ACCOMMODATION

Bruce County Community Housing Registry
Box 1450, 325 Lambton Street
Kincardine, Ontario N2Z 2Z4
Phone: 519-396-3450 ext. #104
Toll free number: 1-800-265-3022 or 1-877-396-3450 Extension 104
Fax: 519-396-3499
E-mail address: housingregistry@brucecounty.on.ca

APPLICATIONS SUBMITTED INCOMPLETE OR WITHOUT THE REQUESTED DOCUMENTS
WILL NOT BE PROCESSED

Please print all information in ink.

Complete all sections of the application that apply to your household.

✓ **ALL PRIMARY APPLICANTS LISTED ON THE ON THE APPLICATION, PLEASE BE SURE YOU HAVE COMPLETED THE FOLLOWING:**

- Provide verification of Canadian Citizenship (photocopy birth certificate or passport).

OR

If not born in Canada, provide proof of permanent residency in Canada (i.e. Landed Immigrant papers, refugee claimant papers, citizenship card etc.).

- A signature is required by all primary applicants
- At least one person in your household must be 16 years or older.
- If pregnant, provide proof of pregnancy i.e. Doctor's Note or Ultra Sound
- If you do not have custody of your child(ren) but have regular visitation, please provide proof (i.e. court/lawyer/CAS, Ex-Partner etc.)
- If you owe rent arrears to another Rent Geared-to-Income provider, please provide an arrears payment agreement.
- If you own a house, you must agree to put it up for sale upon offer to lease and sell within six months
- It is your responsibility to notify our office of any changes of your circumstances within 10 days. If we are unable to contact you at one of the numbers listed on the application, your file **will be cancelled**.

NOTE: All documents can be photocopied for you at the Bruce County Housing Registry.

Section 1 – Applicant Information

Primary Applicant

| | | |
|---|------------------|--|
| Last Name _____ | First Name _____ | Social Insurance Number _____/_____/_____ |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other | | |
| Date of Birth M _____ D _____ Y _____ Male _____ Female _____ | | |

| | | | |
|--|----------------|-----------------------------|-------------------|
| Address _____ | Apt. No. _____ | City/Town _____ | Postal Code _____ |
| Home Telephone (____) _____ | | Work Telephone (____) _____ | |
| Can we safely contact you at this address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If No, where can we contact you? | | | |
| E-mail Address: _____ | | | |

| | | |
|--|---|---|
| Status in Canada (check one): | | |
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Landed Immigrant | <input type="checkbox"/> Refugee Claimant |
| <input type="checkbox"/> Other (Please specify): _____ | | |

| | |
|---|--|
| Special Priority (This pertains to all members listed on the application) | |
| <input type="checkbox"/> I am applying for special priority status because I am currently living with a person who is abusing me, or a member of the household and I intend to separate permanently. | |
| <input type="checkbox"/> I have lived apart from the abuser for less than 3 months. If you have checked above, please specify date moved out _____ If you checked either of the above, please specify details _____ | |
| If applying for Special Priority please call 519-396-3450 or 1-877-396-3450 ext 104 to obtain additional required forms. | |

Co-Applicant

| | | |
|---|------------------|--|
| Last Name _____ | First Name _____ | Social Insurance Number _____/_____/_____ |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other | | |
| Date of Birth M _____ D _____ Y _____ Male _____ Female _____ | | |

| | | | |
|--|----------------|-----------------------------|-------------------|
| Address _____ | Apt. No. _____ | City/Town _____ | Postal Code _____ |
| Home Telephone (____) _____ | | Work Telephone (____) _____ | |
| Can we safely contact you at this address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If No, where can we contact you? | | | |
| E-mail Address: _____ | | | |

LIST ALL OTHER PERSONS TO LIVE IN ACCOMMODATION APPLIED FOR:

| Last Name | First Name | Birth Date M/D/Y | Sex M or F | Relationship to Primary Applicant | Social Insurance Number |
|-----------|------------|---------------------|---------------|--------------------------------------|----------------------------|
| | | | | | |
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| | | | |
|---|------------------------------|-------------------------------|--|
| Present Accommodation | | | |
| Home Information | <input type="checkbox"/> Own | <input type="checkbox"/> Rent | <input type="checkbox"/> Temporary <input type="checkbox"/> Co-Own |
| Current Landlord Information (Please leave blank if same as Applicant or if you own your own home or are homeless) | | | |
| Name | | | |
| Address | | | |
| City | | | |
| Province | Postal Code | | |
| Telephone Number | | | |
| Length of Tenancy (Years/Months) | | | |
| Have you ever received an eviction Notice | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Eviction Date: | | | |
| Eviction Reason: | | | |
| Persons to contact in your absence | | | |
| Name | Relationship | Telephone Number | |
| 1. | | | |
| 2. | | | |

Section 2 – Previous Tenancy

You must not owe rent arrears to any social housing provider.

| | | | | | | | | | |
|--|-------|-----|------|-----|-------|-----|------|------------------------------|-----------------------------|
| List all previous addresses including when you lived there and the Landlord's name: | | | | | | | | | |
| 1. Address: | | | | | | | | | |
| City/Town: | | | | | | | | | |
| Occupancy Dates: | | | | TO: | | | | Subsidized? | |
| | Month | Day | Year | | Month | Day | Year | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landlord Name: | | | | | | | | | |
| Landlord Address: | | | | | | | | | |
| Landlord Telephone () _____ Do you presently owe arrears to this landlord? | | | | | | | | | |
| 2. Address: | | | | | | | | | |
| City/Town: | | | | | | | | | |
| Occupancy Dates: | | | | TO: | | | | Subsidized? | |
| | Month | Day | Year | | Month | Day | Year | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landlord Name: | | | | | | | | | |
| Landlord Address: | | | | | | | | | |
| Landlord Telephone () _____ Do you presently owe arrears to this landlord? | | | | | | | | | |
| 3. Address: | | | | | | | | | |
| City/Town: | | | | | | | | | |
| Occupancy Dates: | | | | TO: | | | | Subsidized? | |
| | Month | Day | Year | | Month | Day | Year | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landlord Name: | | | | | | | | | |
| Landlord Address: | | | | | | | | | |
| Landlord Telephone () _____ Do you presently owe arrears to this landlord? | | | | | | | | | |

Section 3 – Income and Assets (Detailed Statement of Monthly Income and Assets)

INCOME INFORMATION:

You are required to report on all sources of income that you and members of your household receive. This means all the money you receive, from all places. Here are some examples of places and types of income:

INCOME

- Bonuses (Shift, Yearly or Seasonal)
- Casual Work (Irregular, Seasonal & Odd Jobs)
- Commissions
- Full Time work
- Long term income protection pay
- Overtime pay
- Part time work
- Self Employment i.e Tutoring, Child Care, operating a business, driving a taxi
- Separation pay
- Sick pay
- Tips or gratuities
- Vacation pay

PENSIONS & ALLOWANCES

- Canada or Quebec Pension Plan
- Company Pension
- Guaranteed Annual Income System (GAINS)
- Guaranteed Income Supplement (GIS)
- Immigration Allowances

PENSIONS & ALLOWANCES - Continued

- Old Age Security (OAS)
- Pensions from other countries
- Private Pension
- Retraining Allowance (i.e. from HRDC)
- Social Security (other countries)
- War Veteran's Allowances
- Widow's Pension

OTHER INCOME SOURCES

- Alimony/Support Payments
- Children's Aid Society Payments
- Child Support
- Employment Insurance (EI)
- ODSP
- Income from Investments & Assets
- Money from Relatives / Friends (Inheritances)
- Ontario Works
- Student Grants (OSAP, loans)
- Worker's Safety & Insurance Board (WSIB)

| GROSS MONTHLY INCOME | | | |
|------------------------------------|---------------------|---------------------|------------------------------|
| Statement of Income | Applicant #1 | Applicant #2 | Others on Application |
| Ontario Works | \$ | \$ | \$ |
| Ontario Disability Support Program | | | |
| Full Time Employment | | | |
| Part Time Employment | | | |
| Self Employment | | | |
| Employment Insurance (EI) | | | |
| W.S.I.B | | | |
| Old Age Security / G.I.S. | | | |
| Immigrant / Government Sponsorship | | | |
| Spouses Allowance | | | |
| C.P.P. (Canada Pension Plan) | | | |
| Gains – Aged | | | |
| Company Pension | | | |
| Other Country Social Services | | | |
| Other Pensions | | | |
| Annuity (R.I.F.) | | | |
| Support Payments | | | |
| Other Income | | | |
| TOTAL INCOME | \$ | \$ | \$ |

ASSET INFORMATION:

ASSETS are valuable things that you own. Below are some examples of **assets that must be declared**.

| ASSETS | |
|---|--|
| <ul style="list-style-type: none"> • Rent money from real estate you own (eg.: farmland, business, cottage or mobile home) • Business which gives you income • Farm property from which you make money • Licence which gives you income (eg.: taxi licence) • Investments (Stocks, Bonds, GIC's, Mutual Funds) | <ul style="list-style-type: none"> • Collections or investments in valuable assets that do not give you income • Life Insurance (with a cash surrender value) • Registered Retirement • Real Estate that does not give you income • Transferred Assets – assets that you gave to someone else |

| VALUE OF ASSETS | | | |
|--|---------------------|---------------------|------------------------------|
| Statement of Assets: | Applicant #1 | Applicant #2 | Others on Application |
| Bank, Trust Company, Credit Union, other accounts (savings and chequing) | \$ | \$ | \$ |
| Stocks, Bonds, GIC's, Debentures and other securities/savings certificates | | | |
| RRSP | | | |
| Business Assets (eg. Partnership, self-employment, franchise, etc.) | | | |
| Monies owed to you or other persons listed on application | | | |
| Assets transferred (if you or any other person listed on this application have transferred assets within the last 36 months, please specify) | | | |
| Net value of Real Estate presently owned (eg. house, cottage, mobile home, land etc.) | | | |
| Other assets (specify) | | | |
| TOTAL ASSETS | \$ | \$ | \$ |

Section 4 – Housing Preferences

Note: Select unit size based on your family size. These preferences will determine the properties that you are able to select on this application

Rent Geared to Income – your rent is subsidized and based on approximately 30% of your gross monthly income

Market Rent – you will pay full rent. Your rent is not subsidized.

Household – the people who live together in a single home are a household

| | | | |
|--|--|---|--|
| Unit Size: | <input type="checkbox"/> Bachelor | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedroom |
| | <input type="checkbox"/> 3 Bedroom | <input type="checkbox"/> 4 Bedroom | <input type="checkbox"/> Other |
| Community Type: | <input type="checkbox"/> Senior (60 years of age or older) | <input type="checkbox"/> Adult (16 years of age or older) | <input type="checkbox"/> Family (Adult(s) with dependent(s)) |
| <p>Social Housing (SH) – was known in the past as social housing, subsidized housing, public housing or Ontario housing.</p> <p>Non-Profit Housing (NPH) – different groups own and look after non-profit housing. These can be service clubs, faith groups, ethnic organizations, community agencies, or municipal governments. Funding comes from various government programs, community groups, or charitable organizations.</p> <p>Rent Supplement (RS) – in rent supplement units, the County gives private sector landlords the difference between the rent geared to income amount the tenant pays, and the market rent for the unit. For example, say as a rent geared to income tenant, you can afford to pay \$500 a month (based on 30% of your gross monthly household income) but the landlord charges \$750 a month. Therefore, the landlord will receive the \$250 difference from the County of Bruce.</p> <p>Affordable Housing (AH) – some private landlords have apartments that they rent at a rate below the Average Market Rent for Bruce County. To qualify for an Affordable Housing unit, your income must be below a certain level. For example, say the maximum income limit for a two-bedroom Affordable Housing unit is \$36,677. This means that the total of your household's gross annual income cannot be more than \$36,677 at the time that you move into the unit. Your household income will NOT be check again while you live in the unit. This type of rent is NOT geared to income. That means that your rent will not go up if your income goes up, or go down if your incomes goes down. However, Affordable Housing rents can have annual increases, according to the rent control guidelines. You may also have to pay other charges like utilities and parking. If applying for affordable units please provide a copy of your most recent income tax papers.</p> <p>Housing Allowance (HA) – in the Housing Allowance program, landlords receive a fixed partial rent payment from the County of Bruce up to \$160. The tenant pays the balance of the rent. Just like the Affordable Housing units, to qualify for the Housing Allowance program, your income must be below a certain amount. But we will test your household income once a year. This is to make sure that you still qualify. If your income goes up, and is higher than the amount allowed, you will have to pay the full market rent for the unit. Or, you must give the landlord 60 days notice and move out. The Housing Allowance program will end on March 31, 2013.</p> | | | |
| <p>Project Type: I / We want to live in the following type of Housing:</p> <p><input type="checkbox"/> Subsidized Social Housing (Social Housing & Non-Profit Housing)</p> <p><input type="checkbox"/> Private Sector Housing with Subsidy (Rent Supplement, Housing Allowance & Affordable Housing)</p> <p><input type="checkbox"/> I am applying for Special Priority Status and would like to be considered for Second Stage Housing</p> | | | |
| <p>Accessibility: I / We require a modified / wheelchair accessible unit:</p> <p><input type="checkbox"/> Wheelchair</p> <p><input type="checkbox"/> Modified</p> <p><input type="checkbox"/> Other</p> <p>If Other Specify: _____</p> | | | |

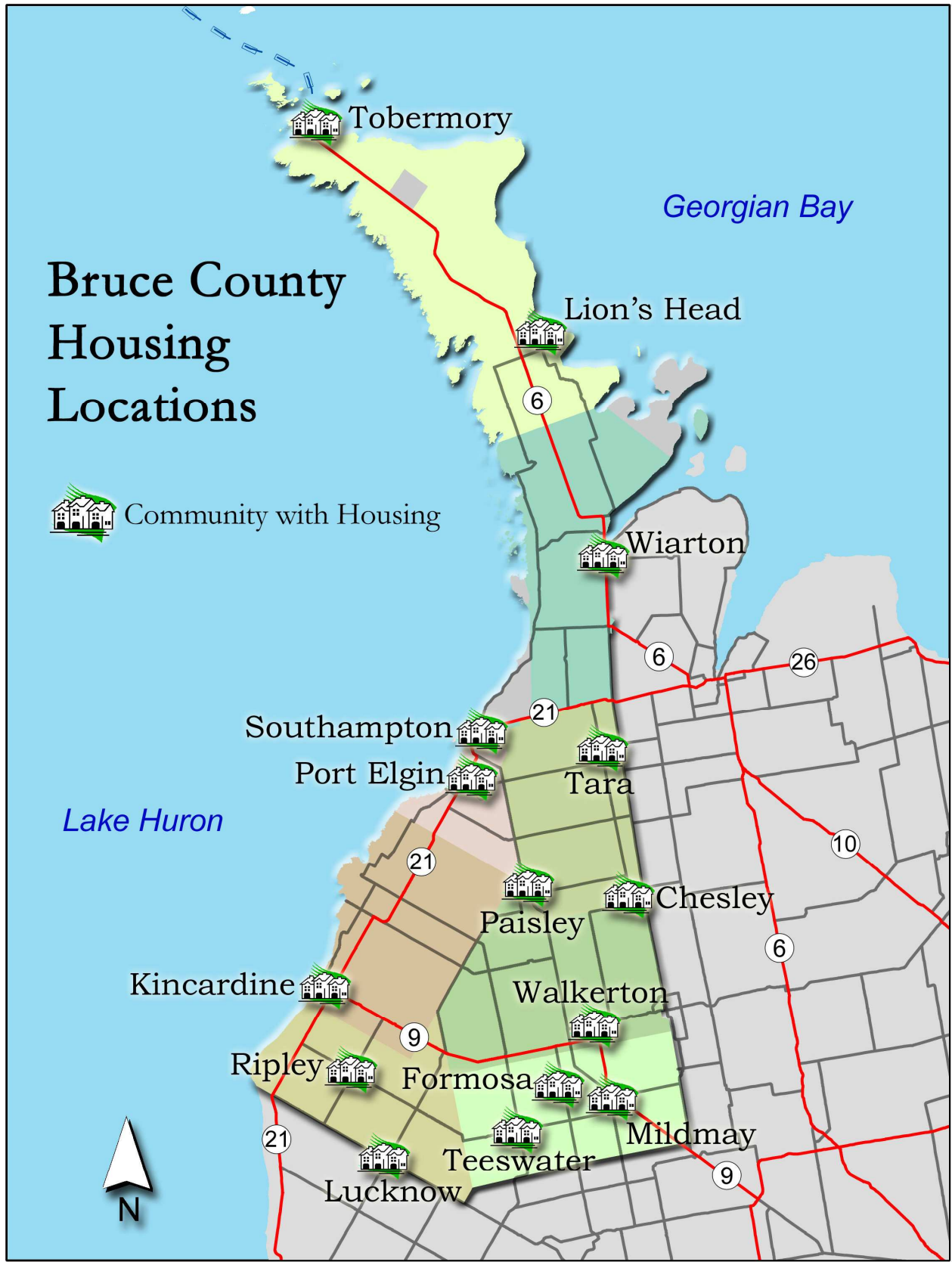
Is an additional child expected (baby, adoption, etc.) () Yes () No If yes, date expected _____.

Housing Preferences (Please check off all areas of choice)

| | Housing Address | Adult | Senior Only | Family | Special Needs | | Unit Size # of Bedrooms | Housing Types | ✓ |
|------------------------------|--|-------|-------------|--------|-------------------------|-------------|-------------------------------|------------------|---|
| | | | | | Modified/ Wheelchair | Supportive | | | |
| Arran-Elderslie | CHESLEY | | | | | | | | |
| | 59 – 4 th Street | X | | | X | | 1 | SH | |
| | 83 – 2 nd Street | | X | | X | | 1 | SH | |
| | 81 – 2 nd Street | X | | | | | Bachelor & 1 | SH | |
| | PAISLEY | | | | | | | | |
| | 286 Albert Street | | X | | X | | 1 & 2 | SH | |
| Brockton | TARA | | | | | | | | |
| | 52 Maria Street | | X | | X | Lift | 1 & 2 | SH | |
| | WALKERTON | | | | | | | | |
| Brockton | 308 John Street | X | | | X | | 1 | SH | |
| | Mary/McNab Street | | | X | | | 3 & 4 | SH | |
| | 401 Cayley Street | | X | | X | Elevator | 1 & 2 | SH | |
| | 920 Old Durham Road | X | | X | X | | 1,2,3 & 4 | SH | |
| Huron-Kinloss | RIPLEY | | | | | | | | |
| | 50 Park Street | X | | | | | 1 | SH | |
| | LUCKNOW | | | | | | | | |
| | 535 Walter Street | X | | | | | 1 | SH | |
| Kincardine | 550 Willoughby Street | | X | | X | 1 Storey | 1 & 2 | SH | |
| | KINCARDINE | | | | | | | | |
| | 1034 Queen Street | X | | | | | Bachelor & 1 | SH | |
| | 1065 Huron Terrace | X | | | X | | 1 | SH | |
| | 915 Huron Terrace | | X | | X | Lift | 1 & 2 | SH | |
| Scattered Family Units | | | X | | | 2 & 3 | SH | | |
| Russell Meadows 755 Campbell | X | | X | X | | 1, 2, 3 & 4 | NPH | | |
| Northern Bruce Peninsula | TOBERMORY & LION'S HEAD | | | | | | | | |
| | Corner Bury Road (Hwy #6) & Head Street, Tobermory | | X | | X | 1 Storey | 1 & 2 | SH | |
| | Golden Dawn 80 Main St | | X | | X | Elevator | 1 & 2 | NPH | |
| Saugeen Shores | PORT ELGIN | | | | | | | | |
| | 647-659 Arlington Street | X | | | X | X | 1 | SH | |
| | 510 Wellington Street | | X | | X | X / Lift | 1 | SH | |
| | New Development-River/Wellington | X | | X | X | | 1 & 2 | AH | |
| | New Development-River/Wellington | X | | X | X | X | 3 & 4 | SH | |
| | Elgin Place West 539 Ivings Dr | X | | X | X | | 1,2,3 & 4 | NPH | |
| | SOUTHAMPTON | | | | | | | | |
| 116 Albert Street | X | | | | | X / Lift | 1 | SH | |
| South Bruce Peninsula | TEESWATER | | | | | | | | |
| | 22 James Street | X | | | | 1 Storey | 1 | SH | |
| | 5 Railway Street | | X | | X | 1 Storey | 1 & 2 | SH | |
| | FORMOSA | | | | | | | | |
| | Valley View Terrace 41 John St | | X | | X | 1 Storey | 1 & 2 | NPH | |
| | MILDMAY | | | | | | | | |
| 4 Adam Street | X | | | | | 1 Storey | 1 | SH | |
| South Bruce Peninsula | WIARTON | | | | | | | | |
| | 295 Frank Street | X | | | | | 1 | SH | |
| | 621 Mary Street | | X | | X | Elevator | 1 & 2 | SH | |
| | Miracle Place | X | | X | X | | 1, 2 & 3 | AH/RS | |

Bruce County Housing Locations

 Community with Housing



Section 5 – Declaration and Consent

Personal Information

1. I understand that there are laws that allow the Service Manager (or its delegate) to collect personal information about me.
2. I understand that the Service Manager (or their delegate) will use the information I give them to see if I qualify for the housing I have applied for; to see if I continue to qualify for rent-geared to-to-income assistance and to see how much assistance I am eligible for.
3. I allow the Service Manager (or its delegate) to give the information on this form and any attachment to the social services offices, other municipal service managers, district social services administration boards, or housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, 2000*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
4. I allow the Service Manager (or its delegate) to give this information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow the Service Manager (or its delegate) to give this information on this form and any attachment to any government or body with whom the Service Manager (or its delegate) has made an agreement under the *Social Housing Reform Act, 2000*, without further notice to me, for the purpose of conducting research relating to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I allow the Service Manager (or its delegate) to disclose and collect personal information about me from the following parties: person to contact in my absence; relevant agencies; credit bureaus and or other businesses, rent supplement landlords and individuals that provide credit or rental information to determine my eligibility.
7. I understand that any information on this form and any attachment given by the Service Manager (or its delegate) or private landlords to body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.
8. I understand that if I have any questions about the collection and use of personal information, I may contact the Coordinated Access and Social Housing office at 325 Lambton Street, P. O. Box 1450, Kincardine, ON N2Z 2Z4, 519-396-3450 ext. 104.

Declaration

9. I give my word that everything I have written in this application is correct and complete.
10. I understand that all information I give to the Service Manager (or its delegate) will belong to them and they will give my information to the housing providers I have chosen.
11. If something on this application is incorrect or not true, the Service Manager (or its delegate) or the housing providers I have applied to may request additional information, may cancel my application or both and I may be prohibited from re-applying for assistance for a minimum period of two years under the *Social Housing Reform Act, 2000*.
12. I understand that only the people I have listed on this application form may live with me in subsidized housing.
13. I understand that the Service Manager (or its delegate) will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
14. I give my word that I am in Canada legally.
15. Before I can be offered housing, I understand that I must pay back, or make arrangements, that are satisfactory to the Service Manager (or its delegate), to pay any arrears I owe with respect to any subsidized housing project.

ADDITIONAL REQUIREMENTS (optional) – Please provide us with any information you would like us to know in relation to your application:

| |
|--|
| |
| |
| |

I authorize and agree that the Service Manager (Bruce County Community Housing Registry) may collect, use, retain and disclose my personal information for the purpose of verifying my initial and/or on going eligibility. This information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act.

| | | |
|--------------|---------|------|
| | | |
| Applicant #1 | Witness | Date |

| | | |
|--------------|---------|------|
| | | |
| Applicant #2 | Witness | Date |

| | | |
|--------------|---------|------|
| | | |
| Applicant #3 | Witness | Date |

Direct questions about this application to 519-396-3450 ext. 104 or 1-877-396-3450 extension 104.