

HURON COUNTY SOCIAL HOUSING APPLICATION [RENT-GEARED-TO-INCOME HOUSING]

c/o HURON COUNTY HOUSING SERVICES
77722D London Road, Clinton, ON N0M 1L0
Contact: Client Services Coordinator @ Extension 4252
Phone: 519-482-8505 or 1-888-371-5718 Fax: 519-482-1632

Checklist for a complete application:
<input type="checkbox"/> Print all information clearly in pen
<input type="checkbox"/> Include a copy of your Notice of Assessment (Income Tax) for the last calendar year for each adult member. Contact Canada Revenue Agency at 1-800-959-8281 to obtain a copy, if necessary
<input type="checkbox"/> Answer every question. Mark a line through the space or mark it "n/a" (not applicable) in sections that don't apply to you. Add another sheet for any additional information
<input type="checkbox"/> Have all household members sign if they are 16 years of age or older and have them declare their income and/or provide verification that they are attending high school or post-secondary education (for example: most recent report card or letter from the school)
<input type="checkbox"/> If you have children listed on the application and have joint custody, provide a copy of a legally authorized custody agreement e.g. affidavit, court document
<input type="checkbox"/> Canadian Birth Certificate, Canadian Passport, landed immigrant papers, permanent resident card or documents supporting a claim for refugee status (one piece of identification is required for every household member)
<input type="checkbox"/> If anyone in your household owes money to an Ontario housing provider, attach confirmation that the household member has entered into an agreement for the repayment
<input type="checkbox"/> If you have asked for an additional bedroom because a member of your household has a legal custody agreement or visiting rights involving overnight stays, you must supply a copy of the agreement

If you do not complete all sections of this application form or do not attach all the required documents, you will be advised in writing that your application is incomplete, and you will not be placed on the waiting list until complete information is received.



Social Housing Information Sheet

What is Social Housing?

Social Housing or rent geared-to-income (RGI) assistance is subsidized housing, available for eligible households. RGI assistance means that the amount of rent paid is determined by household income; rent amounts are approximately 30% of the gross (before taxes) monthly household income. The amount of rent paid by Ontario Works/Ontario Disability Support Program recipients is determined by a scale provided by Ontario's Ministry of Municipal Affairs and Housing in accordance with the Housing Services Act, 2011.

Who Can Apply?

- At least one member of the household must be 16 years of age or older and able to live independently. (example: do your own cooking, cleaning, laundry, bathing) with or without supports
- Each household member must be a Canadian Citizen; or have made an application for status as permanent resident; or a claim for refugee protection; and must not have an enforceable removal order under the Immigration and Refugee Protection Act (Canada).
- Arrears to any Social Housing Provider must be paid in full or there must be an active repayment agreement plan in place and in good standing.
- No household member will have been convicted of an offence related to rent geared-to-income assistance.
- No household member will have been found by a court of law or the Landlord and Tenant Board to have misrepresented their income for the purpose of rent geared-to-income assistance
- Willing to put any house you own up for sale and sell it within six months of the date of offer of a lease

Additional Information

- Any changes to an applicant's information must be reported to Huron County Housing within 10 days of them occurring. This ensures that applicants can be contacted at all times as a file will be cancelled if Huron County Housing is unable to contact the applicant at the phone numbers and/or address provided on the application form.
- Huron County Housing will contact you by mail, periodically at their discretion, for an application update. The applicant's name will be removed from the waiting list if a response is not received, and the file will be cancelled.
- A household where a member owns a home, must agree to sell it within 6 months of being housed.
- Applicant(s) will receive written confirmation via email or mail that the application has been processed.
- Unsigned and/or incomplete applications will be returned to you
- **IMPORTANT NOTE: Effective January 1, 2020, Applicants are entitled to ONE (1) housing offer. If the offer is refused, the file will be cancelled. Failure to respond to a housing offer shall be considered a refusal.**

If you need help completing, or have changes to this application, contact the Housing staff at:

Huron County Housing Services

77722D London Road, Clinton, Ontario N0M 1L0

Phone: 519-482-8505 Ext. 4252 | Toll-Free: 1-888-371-5718 | Fax: 519-482-1632

APPLICATION FOR RENT-GEARED-TO-INCOME HOUSING

In order to determine eligibility for subsidized rent-geared-to-income housing, all sections of the application must be completed. When the completed application has been reviewed, you will receive written notice of your eligibility and what category your household is listed in. Verification of all sources of income will be required prior to an offer of accommodation being made.

Effective July 1, 2016, smoking is prohibited inside all buildings, including private units, balconies, and patios for all new tenants and within a distance of five (5) meters from any windows, entrances or exits to any building of the Huron County Housing Services. Tenants who signed a lease agreement before July 1, 2016, will be exempt.

As a condition of being offered accommodation by Huron County Housing Services you will be required to provide proof of liability insurance coverage (minimum \$1,000,000 liability) by way of a current insurance certificate to the Landlord on an annual basis.

APPLICANT			S.I.N. #:		
Last Name:			First Name:		
Apt #:		Postal Code:		Street Address:	
Town/City:		Box #:		Alternate Contact Name:	
Home Phone Number:			Relationship to Applicant:		
Work Phone Number:			Phone Number:		
Email:				Consent to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Letter Mail <input type="checkbox"/> Text					
Date of Birth (must provide copy of birth verification)				<input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Male <input type="checkbox"/> Other:	
Month		Day		Year	

CO-APPLICANT (if applicable)			S.I.N. #		
Last Name:			First Name:		
Apt #:		Postal Code:		Street Address:	
Town/City:		Box #:		Relationship to Applicant:	
Home Phone Number:			Work Phone Number:		
Email:				Consent to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (must provide copy of birth verification)				<input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Male <input type="checkbox"/> Other:	
Month		Day		Year	

If there are any changes to the information provided herein, please contact 519-482-8505 ext. 4252.

Failure to do so may result in the applicant's name being removed from the waitlist.

Applicant Last Name:	DOB:
----------------------	------

Other Person(s) To Reside In Accommodations

Last Name	First Name	Date of Birth (mm/dd/yy)	Custody	Relationship to Applicant	*Student/ Working	Male/ Female
Attach copy of birth verification			Sole Joint		Student Working	Male Female
Attach copy of birth verification			Sole Joint		Student Working	Male Female
Attach copy of birth verification			Sole Joint		Student Working	Male Female
Attach copy of birth verification			Sole Joint		Student Working	Male Female
Attach copy of birth verification			Sole Joint		Student Working	Male Female

*Verification of Registration at School or Income will be required for children over 16 years of age.

Do you share custody of the children listed in this application? Yes No

If yes, please attach a copy of court issued documentation or legally authorized custodial agreement

Is a baby expected? No Yes* If yes, what is the due date? (mm/dd/yy) _____
 (*attach a copy of ultrasound picture or doctor's note)

In order to qualify for a bedroom for your child (or children), the child must stay overnight with the applicant at least four nights per month.

Support Contacts/Consent to Release Information

I give permission to the County of Huron to share my personal information regarding this application and related matters with the following persons/organizations. This may include but is not limited to your next of kin, OW/ODSP worker, Power of Attorney, Public Guardian and Trustee, or any other supports (i.e. CMHA/Housing Stability Worker/Outreach), etc.

I/We understand the purpose for disclosing this personal information to the persons/organizations provided in the Support Contact section below is so that they can assist me/us with obtaining and maintaining housing services. I/We understand that I/We can withdraw this consent at any time by providing written notice.

	Support Contact #1	Support Contact #2
First and Last Name		
Relationship to you		
Organization (if applicable)		
Phone Number (and extension)		
Email Address		

Special Priority

- I am applying for **special priority status** because I am currently living with a person who is abusing me, and I intend to separate permanently
- I have lived apart from the abuser for less than 3 months
- I am applying for **special priority status** because I am a victim of human trafficking

If applying for Special Priority Status, please call 519-482-8505 Ext. 4252 or 1-888-371-5718 to obtain additional required forms.



Applicant Last Name:

DOB:

General Information Section

1.	Does each member of the household meet at least one of the following criteria? <ul style="list-style-type: none">Is a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>Has made application for status a permanent resident under the Immigration and Refugee Protection Act (Canada)? Yes <input type="checkbox"/> No <input type="checkbox"/>Has made a claim for refugee protection under the Immigration and Refugee Protection Act (Canada)? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has a removal order become enforceable under the Immigration and Refugee Protection Act (Canada)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Is at least one member of the household 16 years old or older and able to live independently? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Does any member of the household owe arrears for rent or damages as a result of tenancy with a Social Housing Provider for rent-geared-to-income assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Has any member of the household ever been convicted of an offence in relation to the receipt of rent-geared-to-income assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Has any member of the household been found by the Ontario Landlord & Tenant Board or a court of law to have misrepresented income in relation to the receipt rent-geared-to-income assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Does any member of the household have special needs due to a medical condition or disability? <i>If yes, please provide details:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Are you able to manage the stairs? <ul style="list-style-type: none">Do you require a ground level unit or elevator availability? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide details (i.e. uses walker):</i>
9.	Do you use a wheelchair and/or require a modified unit? E.g. lower counters Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Do you own your home? Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Current Landlord: _____ Phone: _____
12.	Previous Landlord: _____ Phone: _____
13.	Have you previously resided in subsidized accommodation in Ontario? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & address of accommodation: _____	
Reason for leaving: _____	
Date of Move-In: _____	Date of Move-out: _____
14.	Are you in receipt of Canada-Ontario Housing Benefit? (COHB) Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Last Name:

DOB:

Declaration, Release, and Consent of Information

I/We _____ declare that all given in this application is correct and complete. The application and any supporting documents become the property of the County of Huron Housing Services. Copies of, and information pertaining to the application, may be shared with housing providers that I/we have selected for the purpose of processing the application including, but not limited to, determining the eligibility of the household for rent-geared-to-income assistance, determining the size and type of unit in respect of which the household is eligible to receive rent-geared-to-income assistance, determining the amount of rent-geared-to-income payable by the household.

If information on this application is incorrect or not true, County of Huron Housing Services 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 of two years under the Housing Services Act, 2011.

I/We understand that an offer accommodation will be contingent upon confirmation of eligibility.

I/We agree that I/we are legal residents of Canada.

I/We understand that if rent accommodation is provided to me/us, it will be occupied solely by me/us and those persons listed on the application.

I/We understand that this application does not constitute an agreement on the part of the County of Huron Housing Services to provide me/us with rental accommodation.

Personal information contained on this form or in attachments is collected by the County of Huron Housing Services pursuant to the Housing Services Act, 2011, and associated regulations.

Pursuant to the Municipal/Provincial Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.m.56) and the Federal Privacy Act, I/we give my/our consent and authorization to the County of Huron Housing Services:

- ➔ To make enquiries, to verify the information given on this application, including a landlord and/or credit check and I/we authorize the Minister, the Housing Services Corporation, the County of Huron Housing Services, each service manager, each administrator, each housing provider, each lead agency and each person or organization providing services by contract to any of them to share with any of the following persons personal information that is in their possession and was collected under the Housing Services Act, 2011, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, or the Day Nurseries Act, if the information is necessary for the purposes of making decisions or verifying eligibility for assistance.
- ➔ To share the information on this form and any attachments to any government or body with whom the County of Huron Housing Services has made an agreement under the Housing Services Act, 2011, without further notice to me, for the purpose of conducting research related to a social benefit program, social housing/housing services or rent-geared-to-income assistance.

Questions regarding the collection, use of disclosure of the information provided can be directed to:

County of Huron Housing Services,
77722D London Road, Clinton, Ontario N0M 1L0
Phone: 519-482-8505 | Fax: 519-482-1632

NOTE: UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

This application MUST be signed by ALL persons age 16 years or over.

REMEMBER TO ATTACH COPIES OF BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE

Applicant: _____

Date: _____

Co-applicant: _____

Date: _____

Other Household Member(s): _____

Date: _____

Applicant Last Name:

DOB:

Sources of Income & Assets

**For the purpose of assessing eligibility for Rent-Geared-to-Income Assistance, income means all gross income (before deductions), benefits and gains of every kind and every source including, but not limited to the following. Any sources of income not listed below are to be included under "Other".

Source Of Income	Applicant's Gross Monthly Income	Co-Applicant's Gross Monthly Income	Other Applicant(s) Gross Monthly Income
Employment (all sources) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$ _____ per month	\$ _____ per month	\$ _____ per month
Self-Employment	\$ _____ per month	\$ _____ per month	\$ _____ per month
Employment Insurance (EI)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Workers' Compensation (WSIB)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Ontario Works (OW)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Ontario Disability Support Program (ODSP)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Old Age Security Pension (OAS)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Federal Guaranteed Income Supplement (GIS)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Canada Pension Plan (CPP)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Pensions/Allowance (Other)	\$ _____ per month	\$ _____ per month	\$ _____ per month
Separation/Alimony/Support	\$ _____ per month	\$ _____ per month	\$ _____ per month
Other Income: _____	\$ _____ per month	\$ _____ per month	\$ _____ per month

Income Producing Assets	Applicant	Co-Applicant	Other Applicant(s)
Real Estate/Property	\$ _____	\$ _____	\$ _____
Bank Savings Accounts	\$ _____	\$ _____	\$ _____
GICS, Stocks, Shares, Bonds	\$ _____	\$ _____	\$ _____
Debentures, Mortgages, Loans, etc.	\$ _____	\$ _____	\$ _____
Licenses (i.e. Taxi) Business Interest	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

Non-Income Producing Assets	Applicant	Co-Applicant	Other Applicant(s)
RRSP's	\$ _____	\$ _____	\$ _____
Real Estate/Property	\$ _____	\$ _____	\$ _____
Collections or Investment in Valuable Assets	\$ _____	\$ _____	\$ _____
Disposal of Assets within the past 36 months	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

Applicant Last Name:

DOB:

This application must be used to apply for housing in any of the following Housing communities in Huron County. There are a limited number of accessible units within Huron County Housing Corporation. They are located in Blyth, Exeter, Goderich and Seaforth. *Check off areas of preference.*

Locations for Apartments

Location	Address	Utilities	Household Type	Building Type	Lift or Elevator	Building Design	♿ 1 Bed	Bach	1 Bed
Bayfield	9 Jane Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	N/A	<input type="checkbox"/>
Blyth	299 Queen Street	Included	Adult & Senior	Apartment	--	2 storeys	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Brussels	400 Alexander Street	Included	Adult & Senior	Apartment	YES	2 storeys	N/A	N/A	<input type="checkbox"/>
Clinton	134 King Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	N/A	<input type="checkbox"/>
Clinton	135 James Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	N/A	<input type="checkbox"/>
Exeter	134 Sanders Street	Included	Adult & Senior	Apartment	YES	2 storeys	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Goderich	85 West Street	Included	Adult & Senior	Apartment	YES	4 storeys	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Goderich	250 Picton Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Seaforth	34 John Street	Included	Adult & Senior	Apartment	--	2 storeys	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Seaforth	50 Market Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	N/A	<input type="checkbox"/>
Wingham	359 Edward Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Wingham	45 Alfred Street	Included	Seniors Only 65+	Apartment	YES	2 storeys	N/A	N/A	<input type="checkbox"/>
Wingham	50 Alfred Street	Included	Adult & Senior	Apartment	--	1 storey	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Wingham	52 Bristol Terrace	Included	Adult & Senior	Apartment	--	2 storeys	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Zurich	31 Main Street	Included	Adult & Senior	Apartment	--	2 storeys	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Locations for Family Units

Location	Address	Utilities	Household Type	Building Type	2 Bed	3 Bed	4 Bed
Clinton	93-133 John Street	Tenant Pays (Except water)	Family	Townhouse	N/A	<input type="checkbox"/>	N/A
Goderich	Bennett, Blake, Cameron, Gibbons	Tenant Pays	Family	Single Detached	<input type="checkbox"/>	N/A	N/A
Goderich	Blake & Strang Court	Tenant Pays	Family	Single Detached	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Goderich	Blake, Bennett, South Street	Tenant Pays	Family	Townhouse	N/A	<input type="checkbox"/>	N/A
Goderich	Gibbons, Cambridge, Elizabeth, Widder	Tenant Pays	Family	Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wingham	32-50 Bristol Terrace	Tenant Pays (Except water)	Family	Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Non-Profit and Co-operative Housing

Location	Address	Utilities	Household Type	Bach	1 Bed	2 Bed	3 Bed	4 Bed
Belmore	Belle Haven Apartments - 91138 Belmore Line	Included	Seniors Only	N/A	<input type="checkbox"/>	N/A	N/A	N/A
Exeter	Exandarea Meadows - 51 Church Street	Included	Family & Adult	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Goderich	Huron Sands - 80 Balvina Drive East	Tenant Pays	Adult & Senior	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanastra	Vanastra Lion's Club - 198 th 12 th Street	Included	Adult & Senior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Rent Subsidy

COHB	Canada-Ontario Housing Benefit (applicable to private market rental units only)	<input type="checkbox"/>
------	---	--------------------------