



APPLICATION FOR HOUSING

BRUCE COUNTY COMMUNITY HOUSING REGISTRY

P.O. Box 1450, 325 Lambton Street

Kincardine, Ontario N2Z 2Z4

Phone: 519-396-3439

Toll free number: 1-800-265-3022 or 1-877-396-3450

Fax: 519-396-3499

E-mail address: housingregistry@brucecounty.on.ca

Eligibility Requirements

- You must be a Canadian Citizen, Landed Immigrant (permanent residents) or have Refugee Claimant Status
- At least one member of the household must be 16 years of age or older
- You must not owe arrears to any community housing provider in Ontario
- If you own a home, you must agree to sell it within six months upon offer of housing
- You must be able to live independently

Application Checklist

- Please **PRINT** all information in ink
- Provide verification of Canadian Citizenship (photocopy of birth certificate or valid passport). If not born in Canada, provide proof of permanent residency in Canada. Example: Landed Immigrant papers, refugee claimant papers, citizenship card, etc.)
- All applicants 16 years of age or older must read and sign the Declaration and Consent on page 8
- If you have children listed on the application and have joint custody, provide a copy of a custody agreement
- If you owe rent arrears to another Community Housing provider and have a payment plan, please provide a copy of the agreement
- It is your responsibility to notify our office of any changes in information you have provided in this application within 10 business days.

*****IMPORTANT: APPLICANTS WILL HAVE ONE (1) REFUSAL OF AN OFFER FOR HOUSING. IF YOU REFUSE A UNIT AT A BUILDING YOU HAVE SELECTED, YOUR NAME WILL BE REMOVED FROM THE WAITLIST.**

Applications submitted incomplete or without the requested documents will not be processed.

Section 1 - Applicant Information

Primary Applicant

Last Name _____	First Name _____	Social Insurance Number (optional) _____/_____/_____
Date of Birth M _____ D _____ Y _____	Male _____ Female _____	

Address _____	Apt. No. _____	City/Town _____	Postal Code _____
Home phone (____) _____		Cell (____) _____	
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: _____			
Preferred method of communication: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell <input type="checkbox"/> Email			

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): _____		

Co-Applicant

Last Name _____	First Name _____	Social Insurance Number _____/_____/_____
Date of Birth M _____ D _____ Y _____	Male _____ Female _____	
Relationship to Primary Applicant: _____		

Leave section below blank if same as Primary Applicant

Address _____	Apt. No. _____	City/Town _____	Postal Code _____
Home phone (____) _____		Cell (____) _____	
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: _____			
Preferred method of communication: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell <input type="checkbox"/> Email			

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

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

Persons to contact in your absence		
Name	Relationship	Telephone Number
1.		
2.		

Section 2 - Present Accommodation and Previous Tenancy

Present Accommodation: Own Rent Temporary Staying with friends or family Co-Own

Please leave section below blank if you are not renting your current accommodations.		
Current Landlord Information		
Name		
Address		
City	Postal Code	
Province		
Telephone Number		
Length of Tenancy (Years/Months)		

List all previous addresses including when you lived there and the Landlord's name and number:						
1. Address:						
City/Town:						
Occupancy Dates:			TO:			Subsidized?
	Month	Year		Month	Year	<input type="checkbox"/> Yes
Landlord Name:						
Landlord Address:						
Landlord Telephone () _____ Do you presently owe arrears to this landlord?						

2. Address:						
City/Town:						
Occupancy Dates:			TO:			Subsidized?
	Month	Year		Month	Year	<input type="checkbox"/> Yes
Landlord Name:						
Landlord Address:						
Landlord Telephone () _____ Do you presently owe arrears to this landlord?						

Have you ever lived in Social/Non-Profit Housing? Yes No

Where was it located? _____

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.

GROSS MONTHLY INCOME			
Statement of Income	Applicant #1	Applicant #2	Others on Application
Ontario Works	\$	\$	\$
Ontario Disability Support Program			
Employment Income			
Employment Insurance (EI)			
Pensions (CPP, OAS, WSIB)			
Support Payments			
Other Income: (please specify) _____			
Total Income	\$	\$	\$

ASSET INFORMATION:

ASSETS are valuable things that you own. Below are a list of the assets that must be declared.

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

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))
Types of Rent:			
Rent Geared to Income- Your rent is subsidized and is based on approximately 30% of your gross monthly income.			
Market Rent- You will pay full rent based on current market rates.			
Affordable- Your rent is below Market Rent, and is NOT Rent Geared to Income; which means that your rent will not go down if your incomes goes down.			
Housing Types:			
Social Housing (SH) - types of rent are Rent Geared To Income and Market Rent .			
Non-Profit Housing (NPH) - private groups own and manage non-profit housing. Types of rent are Rent Geared to Income and Market Rent .			
Rent Supplement (RS) - for rent supplement units, the County pays private sector landlords a portion of the rent. Types of rent are Rent Geared to Income at 30% or a maximum flat rate subsidy .			
Affordable Housing (AH) -landlords have apartments that they rent at a rate determined <i>below</i> the Average Market Rent for Bruce County. To qualify for an Affordable Housing unit, your income must be below a certain level (please contact office for more information regarding this income level). The type of rent is Affordable .			
Project Type:			
I / We want to live in the following type of Housing:			
<input type="checkbox"/> Subsidized Social Housing (Social Housing & Non-Profit Housing)			
<input type="checkbox"/> Private Sector Housing with Subsidy (Rent Supplement) <input type="checkbox"/> I have a suitable unit (In-Situ)			
<input type="checkbox"/> Affordable			

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 and I intend to separate permanently.
<input type="checkbox"/> I have lived apart from the abuser for less than 3 months.
<input type="checkbox"/> I am applying for special priority status because I am a victim of human trafficking.
If applying for Special Priority please call 519-396-3450 or 1-877-396-3450 ext 104 to obtain additional required forms.

Accessibility:
I require/We require a modified/ wheelchair accessible unit
<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Modified Please specify: _____
<input type="checkbox"/> Other Please specify: _____

On the next page please select the buildings of your choice, you may select all areas that are applicable to your Unit Size (# of bedrooms required) AND Community Type (Adult, Senior, Family)

SELECTION LIST FOR COMMUNITY HOUSING IN BRUCE COUNTY

Housing Addresses <u>Circle your building choices</u>	Adult 16 yrs & up	Senior Only 60+	Family	Modified/ Accessible	Elevator Or Lift	Unit Size # of Bedrooms	Building Design	Housing Type
CHESLEY - Municipality of Arran-Elderslie								
59 - 4th Street SE	X			X		1	2 storeys	RGI
81 - 2nd Street SE	X					Bachelor & 1	2 storeys	RGI
83 - 2nd Street SE		X		X		1	2 storeys	RGI
PAISLEY - Municipality of Arran-Elderslie								
286 Albert Street		X		X		1 & 2	2 storeys	RGI/MKT
TARA - Municipality of Arran-Elderslie								
52 Maria Street		X		X	X	1 & 2	2 storeys	RGI/MKT
WALKERTON - Municipality of Brockton								
308 John Street	X			X		1	2 storeys	RGI
Mary/McNab Street			X			3 & 4	Townhouse	RGI
401 Cayley Street		X		X	X	1 & 2	3 storeys	RGI/MKT
920 Old Durham Road	X		X	X		1,2,3 & 4	Townhouse	RGI
RIPLEY - Township of Huron Kinloss								
50 Park Street	X					1	2 storeys	RGI
LUCKNOW - Township of Huron Kinloss								
535 Walter Street	X					1	2 storeys	RGI
550 Willoughby Street		X		X		1 & 2	1 storey	RGI/MKT
KINCARDINE - Municipality of Kincardine								
1065 Huron Terrace	X			X		1	2 storeys	RGI
915 Huron Terrace		X		X	X	1	2 storeys	RGI
Gary Street (New Build)	X		X	X	X	1, 2 & 3	3 storeys	RGI/MKT/AH
Kincardine Townhouses			X			2 & 3	Townhouse	RGI
Russell Meadows 755 Campbell St	X		X	X		1,2,3 & 4	Townhouse	NPH
TOBERMORY - Municipality of Northern Bruce Peninsula								
7432 Hwy #6		X		X		1 & 2	1 storey	RGI/MKT
PORT ELGIN - Town of Saugeen Shores								
647-659 Arlington Street	X			X		1	2 storeys	RGI
510 Wellington Street		X		X	X	1	2 storeys	RGI
757 Wellington Street	X		X	X		1 & 2	2 storeys	AH
711-739 Wellington Street			X	X		3 & 4	Townhouse	RGI
539 Ivings Drive	X		X	X		1,2,3 & 4	Townhouse	RGI
SOUTHAMPTON - Town of Saugeen Shores								
116 Albert Street	X				X	1	2 storeys	RGI
TEESWATER - Municipality of South Bruce								
22 James Street	X					1	1 storey	RGI
5 Railway Street		X		X		1 & 2	1 storey	RGI/MKT
FORMOSA - Municipality of South Bruce								
Valley View Terrace 41 John Street		X		X		1 & 2	1 storey	NPH
MILDMAY - Municipality of South Bruce								
4 Adam Street	X					1	1 storey	RGI
WIARTON - Town of South Bruce Peninsula								
295 Frank Street	X					1	3 storeys	RGI
621 Mary Street		X		X	X	1 & 2	2 storeys	RGI
Miracle Place	X		X	X		1, 2 & 3	Townhouse	RS

Legend: RGI-Rent Geared to Income; MKT-Market; NPH-Non-Profit Housing; AH-Affordable Housing; RS-Rent Supplement



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-g 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 Housing Services Act, 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 Housing Services Act, without further notice to me, for the purpose of conducting research relating to a social benefit program or social housing or rent-g geared to-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 Housing Services Act 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 Housing Services Act
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-g geared to-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

Direct questions about this application to 519-396-3439 or 1-877-396-3450