HASTINGS COUNTY SOCIAL HOUSING REGISTRY

Application for Rent-Geared-to-Income Housing

For Office Use Only

Date Received (at each location): _____

Other Information: _____ Revised November 2007

Please check off any desired locations below that you wish to live. **You will only be placed on the waiting list for the locations you indicated and are determined eligible for.** Some exceptions may apply if you are in a homeless or abusive situation.

Bancroft

__ North Hastings Non-Profit Housing Corporation – 1 Woodview Lane (families, singles, seniors) (1, 2, 3 & 4 bed)

__ Hastings Local Housing Corporation – Riverside Chateau - 25 Station Street (seniors)
Housing Allowance Program (1 bed)

__ R.J. Brooks Living Centre – 1 Alice Street (seniors)

__ York River Heights – 303 Hastings Street, North (seniors)

Belleville

__ Hastings Local Housing Corporation -

Seniors	Families, Singles & Seniors	
245 Bridge St. West	24 Brown St. (1, 2 bed)	Marsh Dr. (2, 3, 4, 5 bed)
247 Bridge St West	424 Bleecker Ave. (2, 3 bed)	North Park St. (2, 3, 4, 5 bed)
25 Wellington Cres.	46 Tracey Pk. Dr.(2, 3 bed)	Pine Street (2, 3, 4, 5 bed)
485 Bridge St. East	59 Russell St. (1, 2, 3, 4 bed)	Janlyn Cres. (3 bed)
5 Turnbull St. (no elevator/lift)	Scattered Units (3, 4, 5 bed)	Rent Supplement Units (1, 2, 3 bed)
7 Turnbull St.	Elgin St., Tripp Ave., West Moira St. (2, 3, 4, 5 bed)	
	Housing Allowance Program (1 bed)	

__ Trent-Moira Co-operative Estates Inc. - 173 Cannifton Rd (families, singles, seniors) (1, 2, 3, 4 bed) (**No Pets Allowed**)

__ Aldersgate Homes Inc. - 7 Aldersgate Drive (seniors)

__ Belleville Emmanuel Residences – 50 Rollins Drive (seniors)

Deseronto

__ Hastings Local Housing Corporation - 315 Edmon Street (seniors)
Brant, Green & Main Street (families, singles, seniors) (1, 2, 3, 4 bed)
Housing Allowance Program (1 bed)

Stirling

__ Hastings Local Housing Corporation – 204 Church Street (seniors) (no elevator/lift)
Housing Allowance Program (1 bed)

QUINTE WEST

Frankford Ward

__ Hastings Local Housing Corporation - 40 Mill St. 21 Albert Rd. (seniors) (no elevator/lift at either location)
Housing Allowance Program (1 bed)

__ Ontario East Triangle Court - 135 March Dr. (seniors)

Trenton Ward

__ Hastings Local Housing Corporation

Seniors	Families, Singles & Seniors	
236 Dundas St. East (no elevator/lift)	York Cres./ Kent St. (3, 4, 5 bed)	Gould Street (2, 3, 4, 5 bed)
45 Creswell Drive	Rent Supplement Units (1, 2 bed)	Scattered Units (3, 4 bed)
24 Creswell Drive (no elevator/lift)	Housing Allowance Program (1 bed)	

__ Trenton Non-Profit Housing Corporation (families, singles, seniors)

30 Annwood Court (1, 2, 3 bed) 32 Flindall Street (1, 2, 3 bed) 29 Adrian Court (2, 3 bed)

__ Trenton Memorial Lodge – 80 Catherine Street (seniors)

__ Trenton Ontario Branch 110 Legion Non-Profit Housing Inc. – 120 George Street (seniors)

CENTRE HASTINGS

Madoc

__ Hastings Local Housing Corporation – (seniors) (no elevator/lift at either location)

27 Wellington Street 47 Wellington Street
Housing Allowance Program (1 bed)

Marmora

__ Dr. H.G. Parkin Living Centre – 2 Madoc Street (seniors)

__ Hastings Local Housing Corporation – 43 Matthew Street (seniors)
Housing Allowance Program (1 bed)

Tweed

__ Hastings Local Housing Corporation – 23 McCamon Street (seniors)
Housing Allowance Program (1 bed)

Housing Application Form

General Eligibility Rules:
A household is eligible for rent-geared-to-income assistance if:

- No member of the household has been convicted of misrepresentation of income or found by the Landlord Tenant Board to have misrepresented their income for the purpose of receiving rent-geared-to-income housing within 2 years;

- If you own a home, you must agree to sell it within 6 months of being housed;

- No member owes rental arrears to any Social Housing Project;

- At least one person of your household must be 16 years old, or older and able to live independently;

- Each member of the household meets at least one of the following criteria:
  The member is a Canadian citizen, or the member has made an application for status as a permanent resident under the *Immigration and Refugee Protection Act* (Canada), or the member has made a claim for refugee protection under the *Immigration and Refugee Protection Act* (Canada), or no removal order has become enforceable under the *Immigration and Refugee Protection Act* (Canada) against any member of the household:

- Household members have applied for specified forms of assistance which they may be eligible, where it is reasonable to do so. These sources of income are limited to Ontario Works, Divorce or Support Payments, Employment Insurance, Government Pensions and Support from a Sponsor under the Immigration Act;

- All applicants must be 65 years of age or older to apply for designated seniors buildings;

- You must be able to live independently, and make your own arrangements for supportive services.

How to complete this application form:

- Complete the section(s) of the application form that apply to you;
- Before signing the form, please read and understand the declaration and consent section;

Return completed application form to:

Hastings County
Housing Programs Branch
15 Victoria Avenue, 2nd Floor, Box 7
Belleville, Ontario
K8N 1Z5

In order to avoid delays in the processing of your application, please keep the office(s) informed about changes in your address and contact phone number, source of income and family composition.

1. Your NAME and CURRENT ADDRESS: (must provide an address even if only a contact address)

Name _____	Street number and name City Postal Code

2. Your telephone numbers:

Home Phone # (____) _____ **Cell Phone # (____) _____**	**Work Phone # (____) _____** **Other Phone # (____) _____**

3. Additional Persons to be contacted regarding your application other than those applying with you.
(Consent for Release of Information attached)

Name 1.	Address	Telephone No.	Relationship
Name 2.	Address	Telephone No.	Relationship

4. Present Marital Status: Single Married Widowed Divorced Common law Other

5. Do all household members who will be included in this application live at this address:
Yes ☐ **No** ☐

If No, Please provide address

Street number and name _____ City Postal Code

6. List ALL the people who will be living with you, starting with yourself:

NAME/MAIDEN NAME	Date of Birth (YY/MM/DD)	Male/Female (M/F)	Relationship	Social Insurance Number
Yourself				

NOTE: Verification of custody for all children will be required before being offered a unit.

Is anyone on this list expecting a baby? Yes No If yes, what is expected date? _____

Status in Canada(Applied for) **Canadian Resident** **Landed Immigrant** **Sponsored Immigrant**
Refugee **Aboriginal Ancestry** **Deportation Order**
Other (specify if other) _____

7. **Are you or any member of your household requesting housing to move from an unsafe or abusive relationship?** **Yes** ☐ **No** ☐ **<u>If yes, you must provide written verification.</u>**

Examples of written verification sources: a shelter worker, a law enforcement officer, a victim service worker, a doctor, a social worker, a social service worker, a member of the clergy, community legal worker, registered nurse or practical registered nurse etc.

Refer to the attached Public Information Package for the Special Priority Policy.

8. **Can you and every member of your household climb stairs?** **Yes** **No**

9. **Do you or any member of your household require a wheelchair accessible unit?** **Yes** **No**
Accessible on one level? **OR** **completely accessible with lower counters, etc.**

10. **Do you have a vehicle to require a parking spot?** **Yes** **No**
If yes, do you require a handicap parking spot? **Yes** **No**

11. **Present Accommodation:**

Rent	Own/Co-Own	Temporary	Staying with Relatives/Friends	Other
Monthly Rent Amount _____		Utilities Included	Utilities Separate	
Present Landlord's Name	Address		Telephone No.	
How long have you lived at present address? _____ Year(s) _____ Month(s)				
Are you required to give your Landlord notice to move? 60 day 30 day Other _____				

12. **Previous Landlord and Residential History**

Previous Landlord's Name	Address		Telephone No.
☐ Appl. ☐ Co-Appl.	From	To	Reason for Leaving

13. **Have you or any other members listed in this application lived in subsidized housing?**

Yes ☐ **No** ☐

If Yes, Please Specify →

Address & Phone Number _____
_____
_____
_____

14. Definition of Income & Assets

The following list identifies some common sources of income and types of assets, but is by no means a complete list. Households **must** report all sources of household income, payments received by the household and all assets even if they were transferred in the last three years.

Income: (Gross)	Assets:
• Employment Income, WSIB, E.I., Tips, Commission, • Gratuities, Strike Pay • Self-Employment Income – Own Business, Babysitting, • Craft sales, etc. • Student Income, OSAP, Grants, Bursaries • Social Assistance • Annuity Income, RRSP payments • Disability payments, pension income (CPP, OAS, etc) • Support payments received • Training allowances	• Bank Accounts • Term Deposits, Bonds, Debentures • Stocks, Shares, Mutual Funds • RRSP's • Life Insurance with cash surrender value • Residential and non-residential property • Other interest in real estate • Financial Holdings • All household assets transferred in last 3 years • All vehicles

Please complete below if you are working, if not then go to next page.

14. (a) Present Employment of Applicant (Also complete if self-employed)

Present Employer's Name	Telephone Number
Are you allowed to take personal calls? ☐ Yes ☐ No	Start date of employment _____
Do you work? ☐ Full Time ☐ Part Time ☐ Full and Part Time ☐ Shift	Hourly Rate of Pay _____ # of hours per week _____ (average if hours vary)

14. (b) Present Employment of 2nd Applicant (Also complete if self-employed)

Present Employer's Name	Telephone Number
Are you allowed to take personal calls? ☐ Yes ☐ No	Start date of employment _____
Do you work? ☐ Full Time ☐ Part Time ☐ Full and Part Time ☐ Shift	Hourly Rate of Pay _____ # of hours per week _____ (average if hours vary)

15. Statement of Monthly Income – Only complete this section if you are applying for rent-geared-to-income housing; all information is confidential. Income from all sources must be declared. Please see page 6 for definition of income. Individual housing providers will contact you for any necessary income verification information.

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant	Other Family Members
Old Age Security (OAS)	$	$	$
Federal Guaranteed Income Supplement (GIS)	$	$	$
Provincial Guaranteed Annual Income System (GAINS)	$	$	$
Canada Pension Plan (CPP)	$	$	$
Old Age Pension – Other Countries	$	$	$
Worker Compensation Pension/Other Disability Pensions	$	$	$
Department of Veteran's Affairs Allowance	$	$	$
War Pension – Other Countries	$	$	$
Private Pensions (Specify)	$	$	$
Transferred Assets	$	$	$
Employment Income – Full ☐ or Part Time ☐	$	$	$
Ontario Disability Support Program (ODSP)	$	$	$
Ontario Works	$	$	$
Alimony/Support	$	$	$
Employment Insurance	$	$	$
Band Allowance	$	$	$
O.S.A.P. (Ontario Student Assistant Program)	$	$	$
Other (Specify)	$	$	$
Other (Specify)	$	$	$
TOTAL	$	$	$
TOTAL MONTHLY HOUSEHOLD INCOME (of all 3 columns)	$		

Assets

Please provide copies of - all bank accounts for the last 3 months **- all investments** Bank Account – Give Bank Name, Branch Address and Account Number		
Bank Accounts	AMOUNT	
	APPLICANT	CO-APPLICANT
Savings	**$**	**$**
Chequing	$	**$**
Other Accounts (Trust Companies, Credit Unions)	$	**$**
Bonds/Savings Certificates (RRSP, GIC, Mutual funds etc.)	**$**	**$**
Annuities, Shares, Securities, Stocks, Debentures	**$**	**$**
Life Insurance Policy – Cash Surrender Value	**$**	**$**
TOTAL	**$**	**$**

***Please provide verification of the value of any property and amount of mortgage owing**

Statement of Non-Income Producing Assets	Value	
	Applicant	Co-Applicant
a)* House(s)	$	$
b) *Summer Cottage	$	$
c) *Other Real Estate	$	$
Amount of Mortgage owing	$	$
Other Assets	$	$
TOTAL	**$**	**$**

16. If any Assets have been transferred in the last 3 years please indicate:

Date of Transfer	Transferred To

17. Pets (for information only. Please list type, including breed)

NOTE: Up-to-date vaccination records are required for all pets

18. Health Factors

Do you have a health problem which is affected by your current accommodation?	☐ Yes	☐ No	If the answer to any of these questions is "Yes", please have your Doctor/Health Care Professional complete the attached Verification of Medical Condition form (Page 13) or provide more information below.
Do you have a disability which is affected by your current accommodation?	☐ Yes	☐ No	_____
Are you receiving support services to live independently?	☐ Yes	☐ No	_____

19. Housing Preferences

Please mark where you prefer to live. (Bedroom size will be determined based on Occupancy Standards Policy. - Refer to the attached Public Information Package for the Occupancy Standards Policy.)

(a) Size of unit:

☐ Bachelor ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom ☐ No preference

(b) Type of housing:

☐ Apartment ☐ Townhouse ☐ Co-Operative ☐ Seniors ☐ No Preference

20. Additional Comments

RELEASE AND CONSENT

Here is your legal agreement with us. Please read it carefully, and sign in the spaces below.

1. I understand that there are laws that allow Hastings County to collect personal information about me.
2. I understand that Hastings County 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.
3. I allow Hastings County to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, 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 Hastings County to give the 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 for the purpose of administering or enforcing the *Income Tax Act* (Canada) or the *Immigration Act.*
5. I allow Hastings County to give the information on this form and any attachments to any government or body with whom Hastings County has made an agreement under the *Social Housing Reform Act, 2000,* without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by Hastings County to a body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.

If you have any question about the collection and use of personal information, please contact:

Hastings County Housing Programs Branch
15 Victoria Ave, 2nd Floor
Box 7,
Belleville, Ontario
K8N 1Z5
Attention: Tenant Placement Department (613) 968-3465

"**Personal information contained in this form or in attachments is collected by Hastings County pursuant to the *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 c.F31.) or the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56).* This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge."**

Please sign here

X _____ X _____
X _____ X _____
X _____ X _____

Today's date: _____

over

DECLARATION

Please read this carefully, and sign in the spaces below.

1. I give my word that everything I have written in this application is correct and complete.
2. I understand that all information I give to Hastings County will belong to them and they will give my information to the housing providers I have chosen.
3. If something on this application is incorrect or not true, Hastings County 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.*
4. I understand that only the people I have listed on this application form may live with me in subsidized housing.
5. I understand that Hastings County 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.
6. I give my word that I am in Canada legally.
7. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing project.

Please sign here

X _____ X _____
X _____ X _____
X _____ X _____

Today's date: _____

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COUNTY OF HASTINGS
SOCIAL SERVICES
DEPARTMENT
HOUSING PROGRAMS
BRANCH

HOUSING PROGRAMS
BRANCH
15 VICTORIA AVE, 2ND FLOOR
BOX 7
BELLEVILLE, ONTARIO
K8N 1Z5
613-968-3465
Fax 613-968-3197

CONSENT FOR RELEASE OF INFORMATION

I/We _____ hereby give consent to
Print Full Name(s) of Applicant(s)

the Hastings County Housing Programs Branch, to provide information to and/or receive information from the **following person(s) or agencies**: (excluding yourself & those applying with you)

_____

_____

_____

_____

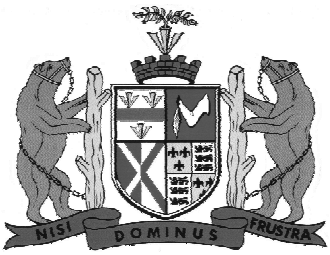
Applicant(s) Signature: _____

Date: _____

Witness: _____

Date: _____

COUNTY OF HASTINGS
SOCIAL SERVICES
DEPARTMENT
HOUSING PROGRAMS
BRANCH



15 VICTORIA AVENUE
2ND FLOOR, BOX 7
BELLEVILLE, ONTARIO
K8N 1Z5
613-968-3465
Fax 613-968-3197

REQUEST FOR URGENT HOUSING CRISIS STATUS
VERIFICATION OF MEDICAL CONDITION

This section to be completed by Applicant/Tenant

_____
Applicant/Tenant Surname Given Names

_____
Address

_____
Home Telephone Number Work Telephone Number

Does present accommodation have an elevator? _____Yes _____No

Does present accommodation have a lift? _____Yes _____No

Does present accommodation have stairs only? _____Yes _____No

_____
Signature of Applicant/Tenant Date

Please have this section completed by the doctor or Health Care Professional who knows you best and can comment on your medical condition for the purpose of your request for urgent medical status.

This section to be completed by Doctor/Health Care Professional

Important message to Health Care Professional:
Please complete and sign this report and return it to your patient/client.
This information is to be used in connection with your patient's/client's request for urgent housing crisis status due to a medical condition as it pertains to your patient's/client's inability to live in their current housing situation.

Please describe the nature of the medical condition(s) that substantiate a need for urgent medical status:

_____
_____
_____
_____

_____
Signature of Doctor/Health Care Professional Date

_____
Name of Doctor/Health Care Professional (please print) Telephone Number

ALL INFORMATION IS CONFIDENTIAL