

## Application for Rent-Geared-To-Income Housing in

## **HASTINGS COUNTY**

**Upon completion, please return to:**

**Community and Human  
Services  
Housing Services  
Postal Bag 6300,  
228 Church Street  
Belleville, Ontario  
K8N 5E2**

Tel: (613) 966-1311

Fax: (613) 966-4598

Toll Free: 1-800-267-0575

Housing Services Policies & Public Information Guide can be found at [www.hastingscounty.com](http://www.hastingscounty.com)

## **General Eligibility Rules:**

### **A household is eligible for rent-geared-to-income assistance if:**

- no member of the household has been found by the Landlord Tenant Board to have falsely reported their income for the purpose of receiving rent-geared-to-income housing within 2 years;
- you own a home, you must agree to sell it within 6 months of being housed;
- no member owes rental money to any Social Housing Provider;
- at least one person of your household is 16 years or older;
- each member of the household meets at least one of the following criteria:
  - is a Canadian citizen;
  - has made an application for status as a permanent resident under the *Immigration and Refugee Protection Act* (Canada);
  - has made a claim for refugee protection under the *Immigration and Refugee Protection Act* (Canada);
  - has no removal order enforceable against them under the *Immigration and Refugee Protection Act* (Canada).
- each household member has applied for specified forms of assistance which they may be eligible, where it is reasonable to do so. These sources of income are not limited to:
  - Ontario Works,
  - Employment Insurance,
  - Support from a Sponsor under the Immigration Act;
  - Divorce or Support Payments,
  - Government Pensions,
- you are able to live independently, and make your own arrangements for supportive services.

### **Non Smoking Buildings**

Non-Smoking Buildings are designated buildings where smoking is not permitted. Non-Smoking Buildings will house applicants, without prejudice, who choose to smoke and who meet all other criteria which is required to receive rent geared-to-income housing. Effective January 1, 2016 all properties in Hastings County are Non-Smoking with the exception of Trent-Moira Co-operative Estates. Please note: buildings are not smoke-free due to tenants who moved in prior to January 1, 2016.

### **Assisted Living Services**

Are you 65 years old or older? Are you struggling with bathing and dressing? Do you require assistance with your medications? Would you benefit from meal preparation assistance?

If you answered yes to these questions, you may be eligible for the Assisted Living for High Risk Seniors Program implemented at 245 and 247 Bridge Street West.

Please indicate your interest in this program in **Section 9** (page 7) of this application.

### **How to Keep Your Place on the Waiting List**

**Keep Your Application Up to Date** – It is your responsibility to keep your application up to date. If you do not tell us about changes in your information, you will lose your place on the waiting list. You cannot be offered housing if your name is not on the active waiting list.

### **How long will you have to wait? What number are you on the waiting list?**

The wait time depends on the number of bedrooms required, location preference and how often units become available. This means there is no specific number on our waiting list in which we can give you, nor can we predict how long you will have to wait.

**Section 1 – Contact Information**

|             |            |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

**Tell us immediately if you move or if your telephone number changes. If we cannot contact you, we may be unable to offer you housing and your name may be removed from the waiting list.**

**Mailing Address:** Please provide an address where you can be contacted by mail.

|                 |             |              |
|-----------------|-------------|--------------|
| Street Address: | Apt/Unit #: | P.O Box:     |
| City:           | Province:   | Postal Code: |
| Home Phone:     | Cell Phone: |              |

Other Phone:

**Additional Contact Information:** Person(s) to be contacted if unable to reach you regarding your application.

|       |        |               |
|-------|--------|---------------|
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |

**Section 2 – Household Information:** List each person who will be living with you including yourself.

| Full Name/<br>Maiden Name | Date of Birth<br>DD/MM/YY | Sex<br>M/F | Relationship<br>to You | Citizenship      |                     |                    |                     | Social Insurance<br>Number |
|---------------------------|---------------------------|------------|------------------------|------------------|---------------------|--------------------|---------------------|----------------------------|
|                           |                           |            |                        | Canadian Citizen | Sponsored Immigrant | Refugee / Claimant | Permanent Residence |                            |
|                           |                           |            | SELF                   |                  |                     |                    |                     |                            |
|                           |                           |            |                        |                  |                     |                    |                     |                            |
|                           |                           |            |                        |                  |                     |                    |                     |                            |
|                           |                           |            |                        |                  |                     |                    |                     |                            |
|                           |                           |            |                        |                  |                     |                    |                     |                            |
|                           |                           |            |                        |                  |                     |                    |                     |                            |

**Verification of custody or overnight visitation for all children is required.**

Is anyone on this list expecting a baby?    Yes     No     Expected Due Date: \_\_\_\_\_

Do you or anyone applying with you identify as indigenous?    Yes     No

**Section 3 – Present Accommodation**

Rent   
 Own/Co-Own   
 Staying with friends/family   
 Temporary (shelter)  
 Other (Explain) \_\_\_\_\_

Rent Amount:

Landlord's Name:

Are you required to give notice to move?     Yes     No

How long:     30 Days     60 Days     Other (Explain) \_\_\_\_\_

Have you received an Eviction Notice from your Landlord?     Yes     No

**Section 4 – Past Tenancy in Social Housing**

Has any household member previously lived in subsidized housing in Ontario?     Yes     No

Name of Housing Provider:

Address where you lived:

Did you move out owing arrears?     Yes     No     Unsure    If yes, how much? \_\_\_\_\_

*Note: If you or anyone applying with you owes arrears to any Social Housing Provider in Ontario, we will require a copy of an active repayment agreement before your name will be eligible to be placed on the centralized waiting list.*

**Past eviction:** Have you or a member of your household been evicted from a Housing Services Act, 2011 governed property through the Landlord and Tenant Board for illegal activity in the past five years?

Yes     No     Eviction Date: \_\_\_\_\_

**Section 5 - Priority or Urgent Status**

Are you, or anyone applying with you, currently living with an abusive person or have you, or anyone applying with you, lived with an abusive person in the last three months?     Yes     No

*If yes, a Request for Special Priority Status form must be submitted. This form is available from the Community and Human Services, Housing Services office or on our website at [www.hastingscounty.com](http://www.hastingscounty.com)*

Are you, or anyone applying with you, currently a victim of human trafficking or have you, or anyone applying with you, been a victim of human trafficking in the last three months?     Yes     No

*If yes, a Request for Special Priority Status form must be submitted. This form is available from the Community and Human Services, Housing Services office or on our website at [www.hastingscounty.com](http://www.hastingscounty.com)*

Are you homeless or living in a temporary shelter?     Yes     No

*If yes, a Request for Urgent Homeless Status form will be required. This is available from the Community and Human Services, Housing Services office or on our website at [www.hastingscounty.com](http://www.hastingscounty.com)*

Are you or anyone applying with you physically unable to reside in your current accommodation due to a serious and immediate health risk?     Yes     No

*If yes, a Request For Urgent Housing Crisis Status form must be submitted. This form is available from the Community and Human Services, Housing Services office or on our website at [www.hastingscounty.com](http://www.hastingscounty.com)*

| Source of Income  | Gross Monthly Income (Before Deductions) |              |                      |
|---|--|--------------|----------------------|
|   | Applicant                                | Co-Applicant | Other Family Members |
| Ontario Works (OW)  |  |              |                      |
| Ontario Disability Support Program (ODSP)   |  |              |                      |
| Full Time Employment: Name of Employer _____<br>Hourly Rate:\$ _____ Avg. Hours per Week: _____ |  |              |                      |
| Part Time Employment: Name of Employer _____<br>Hourly Rate:\$ _____ Avg. Hours per Week: _____ |  |              |                      |
| Self Employment   |  |              |                      |
| Employment Insurance (E.I.)   |  |              |                      |
| Old Age Security (OAS)  |  |              |                      |
| Guaranteed Income Supplement (GIS)  |  |              |                      |
| Guaranteed Annual Income Supplement (GAINS)   |  |              |                      |
| Canada Pension Plan (CPP)   |  |              |                      |
| Dept. of Veteran's Affairs Disability Pension (DVA)   |  |              |                      |
| Private Pension (Company)   |  |              |                      |
| Ontario Student Assistant Program (O.S.A.P)   |  |              |                      |
| Worker's Compensation (W.S.I.B.)  |  |              |                      |
| Support/Alimony receive <input type="checkbox"/> pay <input type="checkbox"/>                   |  |              |                      |
| Band Allowance  |  |              |                      |
| Immigrant/Government Sponsorship  |  |              |                      |
| Other Income (please specify)   |  |              |                      |
| Other Income (please specify)   |  |              |                      |
| <b>Total Income</b>   |  |              |                      |

**Section 7 – Asset Information**

List below all assets owned by you and all other people applying with you. Assets are things that you own. Assets include, but are not limited to, things such as:

|   |               |                                    |
|---|---------------|------------------------------------|
| Bank Accounts (including Tax Free Accounts) | RRSP          | Mutual Funds                       |
| Cash (over \$1000)                          | RESP          | Saving Bonds                       |
| Term Deposits                               | GIC           |                                    |
| Life Insurance (cash surrender value)       | Stocks/Shares | Real Estate (house, trailer, land) |

| Bank Accounts - List bank name and type of account (savings, chequing) | Current Balance |              |
|--|-----------------|--------------|
|  | Applicant       | Co-Applicant |
|  | \$              | \$           |
| Tax Free Bank Account (TFSA)   | \$              | \$           |
| Investments (RRSP, GIC, Mutual Funds, RESP etc.)                       | \$              | \$           |
| Life Insurance Policy – Cash surrender value                           | \$              | \$           |

| Non-Income Producing Assets  | Applicant | Co-Applicant |
|--|-----------|--------------|
| <i>If you or anyone applying with you owns a house or other property, you must agree to sell it within six months of being housed. You will need to sign an "Agreement to Sell" form at the time of offer.</i> |           |              |
| House/Cottage/Mobile Home value:   | \$        | \$           |
| Mortgage (Amount owing)  | \$        | \$           |
| Property, Land value:  | \$        | \$           |

Have you or anyone applying with you transferred assets in the last three years?  Yes  No

Please provide details. \_\_\_\_\_

**Section 8 – Housing Preferences**

Do you have pets to move with you?  Yes  No Please list type and number of pets below.

Do you own/lease a vehicle which would require your own parking spot?  Yes  No

If yes, do you require an accessible parking spot?  Yes  No

*Note: Proof of permit will be required at time of offer.*

Bedrooms Required:  Bachelor  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom  5 Bedroom

*Note: A single person or two persons who are spouses of each other qualify for 1 bedroom only. Should you require an additional bedroom for medical reasons, a **Verification of Disability or Medical Condition Requiring Additional Bedroom** form must be submitted. This form is available from the Community and Human Services, Housing Services office or on our website at [www.hastingscounty.com](http://www.hastingscounty.com)*

**Section 9 – Special Needs\***

Can all household members climb stairs? (excluding infants/toddlers)  Yes  No

*Note: If you answer NO, you may be placed on a waiting list for an apartment with an elevator or a ground floor unit.*

Do any household members require the use of a wheelchair?  Yes  No

*Note: If you or anyone applying with you requires the use of a wheelchair, you will be placed on a waiting list for a wheelchair modified unit.*

Do any household members require support services to live independently?  Yes  No

If yes, what type of support services do you/they require? (personal care services, mental health support etc.)

Do you/they have support services currently set up?  Yes  No

If yes, please list the Name of the Agency(s) involved.

Are you 65 years of age or older and interested in the Assisted Living Program offered at 245/247 Bridge Street West, Belleville?  Yes  No

Do any household members require a live-in caregiver?  Yes  No

*Note: If you are applying with a live-in caregiver, please list this person on the chart in Section 2 as they will be considered a member of the household and their income included in your rent calculation.*

**\*Please note:** There is only one elevator or “LULA” (light use limited access) lift in designated buildings. Lifts are not designed to be used like a traditional elevator. As the owner of the lift, we are required to ensure that this device is primarily used for the transportation of people with physical disabilities. As the Landlord, Hastings County works to ensure that our elevators and lifts are safe and reliable at all times. Our Facilities Department makes every effort to minimize any inconvenience to residents and guests for regular maintenance, unforeseen repairs, legislated inspections, or scheduled improvements. During elevator outages, residents will be directed to local resources and supports. Hastings County will provide at least 60 days for significant planned maintenance or repairs.

**Section 10 – Additional Comments**

**Section 11 – Location and Building Selection****Check (X) the box(es) if interested**

Please check off any location where you wish to live. You will only be placed on the waiting list for the locations you indicated and are deemed eligible for. Some exceptions may apply depending on your situation.

**Bancroft**

| Building Address                                     | Community Type         | Size of Units | Building Type | Features                                   |
|--|------------------------|---------------|---------------|--|
| <b>North Hastings Non Profit Housing Corporation</b> |                        |               |               |  |
| <input type="checkbox"/> 1 Woodview Lane             | Family, Single, Senior | 1, 2, 3, 4    | Townhouses    | Some Modified units, Non-Smoking Building  |
| <b>Hastings Local Housing Corporation</b>            |                        |               |               |  |
| <input type="checkbox"/> 25 Station Street           | Senior 65+             | 1, 2          | Apartments    | *Lift, Non-Smoking                         |
| <b>R.J. Brooks Living Centre</b>                     |                        |               |               |  |
| <input type="checkbox"/> 1 Alice Street              | Senior 65+             | 1, 2          | Apartments    | Elevator, Non-Smoking, Some Modified units |
| <b>York River Heights</b>                            |                        |               |               |  |
| <input type="checkbox"/> 303 Hastings Street N       | Senior 65+             | 1, 2          | Apartments    | Elevator, Non-Smoking, Some Modified units |

**Coe Hill**

| Building Address                          | Community Type | Size of Units | Building Type | Features                                  |
|---|----------------|---------------|---------------|---|
| <b>Hastings Local Housing Corporation</b> |                |               |               |   |
| <input type="checkbox"/> 43 Spring Street | Senior 65+     | 1             | Apartments    | Non-Smoking Building, Some Modified units |

**Belleville**

| Building Address                             | Community Type | Size of Units | Building Type | Features                                |
|--|----------------|---------------|---------------|---|
| <b>Hastings Local Housing Corporation</b>    |                |               |               |   |
| <input type="checkbox"/> 245 Bridge St. West | Senior         | 1, 2          | Apartments    | *Lift, Non-Smoking, Assisted Living     |
| <input type="checkbox"/> 247 Bridge St. West | Senior         | 1             | Apartments    | Elevator, Non-Smoking, Assisted Living  |
| <input type="checkbox"/> 25 Wellington Cres. | Senior         | 1, 2          | Apartments    | *Lift, Non-Smoking                      |
| <input type="checkbox"/> 485 Bridge St. East | Senior         | 1, 2          | Apartments    | Elevator, Non-Smoking                   |
| <input type="checkbox"/> 5 Turnbull Street   | Senior         | Bach, 1       | Apartments    | Stairs only, Non-Smoking                |
| <input type="checkbox"/> 7 Turnbull Street   | Senior         | 1             | Apartments    | *Lift, Non-Smoking                      |
| <input type="checkbox"/> 185 Cannifton Road  | Senior 65+     | 1             | Apartments    | *Lift, Non-Smoking, Some Modified units |



## Belleville

| Building Address                              | Community Type         | Size of Units | Building Type | Features                                   |
|---|------------------------|---------------|---------------|--|
| <b>Hastings Local Housing Corporation</b>     |                        |               |               |  |
| <input type="checkbox"/> 424 Bleecker Ave     | Family                 | 2, 3          | Townhouses    | Non-Smoking, Some Modified units           |
| <input type="checkbox"/> 46 Tracey Park Drive | Family                 | 2, 3          | Townhouses    | Non-Smoking, Some Modified units           |
| <input type="checkbox"/> 59 Russell Street    | Family, Single, Senior | 1, 2, 3, 4    | Townhouses    | Non-Smoking, Some Modified units           |
| <input type="checkbox"/> Elgin/Tripp/W.Moira  | Family                 | 2, 3, 4, 5    | Townhouses    | Non-Smoking                                |
| <input type="checkbox"/> Marsh Drive          | Family                 | 2, 3, 4, 5    | Townhouses    | Non-Smoking                                |
| <input type="checkbox"/> North Park Street    | Family                 | 2, 3, 4, 5    | Townhouses    | Non-Smoking                                |
| <input type="checkbox"/> Pine Street          | Family                 | 2, 3, 4, 5    | Townhouses    | Non-Smoking                                |
| <input type="checkbox"/> Janlyn Crescent      | Family                 | 3             | Townhouses    | Non-Smoking                                |
| <input type="checkbox"/> 24 Brown Street      | Family, Single, Senior | 1, 2          | Apartments    | Elevator, Non-Smoking, Some Modified units |
| <b>Trent-Moira Co-operative Estates Inc.</b>  |                        |               |               |  |
| <input type="checkbox"/> 173 Cannifton Road   | Family, Single, Senior | 1, 2, 3, 4    | Townhouses    | No Pets Allowed, Some Modified units       |
| <b>Aldersgate Homes Inc.</b>                  |                        |               |               |  |
| <input type="checkbox"/> 7 Aldersgate Drive   | Senior 65+             | 1, 2          | Apartments    | Elevator, Non-Smoking, Some Modified units |
| <b>Belleville Emmanuel Residences</b>         |                        |               |               |  |
| <input type="checkbox"/> 50 Rollins Drive     | Senior 65+             | 1, 2          | Apartments    | Elevator, Non-Smoking, Some Modified units |

## Deseronto

| Building Address                              | Community Type         | Size of Units | Building Type | Features                         |
|---|------------------------|---------------|---------------|----------------------------------|
| <b>Hastings Local Housing Corporation</b>     |                        |               |               |                                  |
| <input type="checkbox"/> 315 Edmon Street     | Senior                 | 1, 2          | Apartments    | *Lift, Non-Smoking               |
| <input type="checkbox"/> Mill Street          | Senior 65+             | 1             | Apartments    | Non-Smoking, Some Modified units |
| <input type="checkbox"/> Brant/Green/Main St. | Family, Single, Senior | 1, 2, 3, 4    | Townhouses    | Non-Smoking, Some Modified units |

## Trenton

| Building Address   | Community Type             | Size of Units | Building Type           | Features                                   |
|--|----------------------------|---------------|-------------------------|--|
| <b>Hastings Local Housing Corporation</b>                        |                            |               |                         |  |
| <input type="checkbox"/> 45 Creswell Drive                       | Seniors                    | 1, 2          | Apartments              | Elevator, Non-Smoking                      |
| <input type="checkbox"/> 236 Dundas St. East                     | Seniors                    | 1             | Apartments              | Stairs only, Non-Smoking                   |
| <input type="checkbox"/> 139 Ontario Street                      | Seniors 65+                | 1             | Apartments              | *Lift, Non-Smoking, Some Modified units    |
| <input type="checkbox"/> Gould Street                            | Families                   | 2, 3, 4, 5    | Townhouses              | Non-Smoking                                |
| <input type="checkbox"/> York/Kent Street                        | Families                   | 3, 4, 5       | Townhouses              | Non-Smoking                                |
| <b>Quinte West Non-Profit Housing Corporation</b>                |                            |               |                         |  |
| <input type="checkbox"/> 29 Adrian Court                         | Families                   | 2, 3          | Apartments & Townhouses | Elevator, Non-Smoking, Some Modified units |
| <input type="checkbox"/> 30 Annwood Court                        | Families, Singles, Seniors | 1, 2, 3       | Apartments & Townhouses | Elevator, Non-Smoking, Some Modified units |
| <input type="checkbox"/> 32 Flindall Street                      | Families, Singles, Seniors | 1, 2, 3       | Apartments              | Elevator, Non-Smoking, Some Modified unit  |
| <b>Trenton Memorial Lodge</b>                                    |                            |               |                         |  |
| <input type="checkbox"/> 80 Catherine Street                     | Seniors 65+                | 1, 2          | Apartments              | Elevator, Non-Smoking                      |
| <b>Trenton Ontario Branch 110 Legion Non-Profit Housing Inc.</b> |                            |               |                         |  |
| <input type="checkbox"/> 120 George Street                       | Seniors 65+                | 1, 2          | Apartments              | Elevator, Non-Smoking, Some Modified units |

## Frankford

| Building Address                          | Community Type | Size of Units | Building Type | Features                 |
|---|----------------|---------------|---------------|--------------------------|
| <b>Hastings Local Housing Corporation</b> |                |               |               |                          |
| <input type="checkbox"/> 40 Mill Street   | Seniors        | 1             | Apartments    | Stairs only, Non-Smoking |
| <input type="checkbox"/> 21 Albert Road   | Seniors        | 1             | Apartments    | Stairs only, Non-Smoking |
| <b>Ontario East Triangle Court</b>        |                |               |               |                          |
| <input type="checkbox"/> 135 March Drive  | Seniors 65+    | 1             | Apartments    | Elevator, Non-Smoking    |

## Stirling

| Building Address                           | Community Type | Size of Units | Building Type | Features                 |
|--|----------------|---------------|---------------|--------------------------|
| <b>Hastings Local Housing Corporation</b>  |                |               |               |                          |
| <input type="checkbox"/> 204 Church Street | Seniors        | 1             | Apartments    | Stairs only, Non-Smoking |

## Madoc

| Building Address                           | Community Type | Size of Units | Building Type | Features                 |
|--|----------------|---------------|---------------|--------------------------|
| <b>Hastings Local Housing Corporation</b>  |                |               |               |                          |
| <input type="checkbox"/> 27 Wellington St. | Seniors        | 1             | Apartments    | Stairs only, Non-Smoking |
| <input type="checkbox"/> 47 Wellington St. | Seniors        | 1             | Apartments    | Stairs only, Non-Smoking |

## Marmora

| Building Address                           | Community Type | Size of Units | Building Type | Features                                   |
|--|----------------|---------------|---------------|--|
| <b>Hastings Local Housing Corporation</b>  |                |               |               |  |
| <input type="checkbox"/> 43 Matthew Street | Seniors        | 1             | Apartments    | *Lift, Non-Smoking, Some Modified Units    |
| <b>Dr. H.G. Parkin Living Centre</b>       |                |               |               |  |
| <input type="checkbox"/> 2 Madoc Street    | Seniors 65+    | 1             | Apartments    | Elevator, Non-Smoking, Some Modified units |

## Tweed

| Building Address                           | Community Type | Size of Units | Building Type | Features           |
|--|----------------|---------------|---------------|--------------------|
| <b>Hastings Local Housing Corporation</b>  |                |               |               |                    |
| <input type="checkbox"/> 23 McCamon Street | Seniors        | 1             | Apartments    | *Lift, Non-Smoking |

| <b>Section 12 - Rent Subsidy Programs in Private Market Housing</b>         |   | <b>Check (X) the box(es) if interested</b> |
|---|---|--|
| <input type="checkbox"/> <b>Rent-Geared-to-Income (RGI) Rent Supplement</b> | Open to families, seniors and non-senior singles and couples. Tenants pay approximately 30% of income towards the rent. (Landlords may have their own application and require references.)  |  |
| <input type="checkbox"/> <b>\$210 Rent Supplement</b>                       | Open to people under the age of 65 years of age requiring a 1-bedroom unit. Approved applicants receive \$210 per month towards their rent. (Landlords may have their own application and require references.)  |  |
| <input type="checkbox"/> <b>\$354 Housing Allowance</b>                     | Open to families, seniors and non-senior singles and couples currently renting in Hastings County (including Belleville and Quinte West). Approved applicants receive \$354 per month towards their accommodation costs.  |  |
| <input type="checkbox"/> <b>Canada Ontario Housing Benefit (COHB)</b>       | The Canada Ontario Housing Benefit (COHB) is a monthly housing allowance provided to help with housing costs for eligible households living in the community, in Hastings County and the Cities of Belleville and Quinte West. The amount of monthly allowance provided varies based on the household's net income as determined by current income tax information. |  |

## Section 13 – Consent to Collect, Use and Disclose Personal Information

Here is your legal agreement with us. Please read it carefully, and sign in the spaces provided in Section 14.

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 *Housing Services Act, 2011*, 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 *Housing Services Act, 2011*, 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 *Housing Services Act, 2011* and associated regulations.

**“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.”**

If you have any questions about the collection and use of personal information, please direct any questions or concerns to:

Hastings County Administration Building  
235 Pinnacle Street, Postal Bag 4400  
Belleville, ON K8N 3A9  
Ph. (613) 966-1319

**Section 14 – 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 *Housing Services Act, 2011*.
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.

**Signatures:**

The application must be signed by the applicant and each member of the household who is 16 years of age and older.

X \_\_\_\_\_  
**PRINT NAME** of Applicant

X \_\_\_\_\_  
**PRINT NAME** of Co-Applicant

X \_\_\_\_\_  
**SIGNATURE** of Applicant

X \_\_\_\_\_  
**SIGNATURE** of Co-Applicant

X \_\_\_\_\_  
Other Member (16 Years and Older)

X \_\_\_\_\_  
Other Member (16 Years and Older)

X \_\_\_\_\_  
Other Member (16 Years and Older)

X \_\_\_\_\_  
Other Member (16 Years and Older)

Today's date: \_\_\_\_\_

COMMUNITY AND HUMAN SERVICES  
Housing Services  
Postal Bag 6300, 228 Church Street  
Belleville, Ontario K8N 5E2



Phone: 613.966.1311  
Fax: 613.966.4598  
Toll Free: 1.800.267.0575

**CONSENT FOR RELEASE OF INFORMATION**

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

Hastings County Housing Services, to provide information to and/or receive  
information from the **following person(s) or agencies:**

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Applicant(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_