

Application Checklist

Please use this page as a checklist to ensure that your application is complete when you submit it to this office.

- Birth Certificates** (Original document only) or Citizen cards for everyone to verify Canadian Citizenship. Otherwise, Landed Immigrant Papers or Refugee Status Papers.
- Updated Housing Provider List completed in the application**
- Current dated Income Tax Return for each applicant over 18 years** - A full copy with T4's, T5's, etc. prepared by you or an agent.
- Current dated Notice of Assessment for each applicant over the age of 18** - A copy provided to you by Canada Revenue Agency. If you have misplaced your original document(s), you can obtain a copy of this information by calling Canada Revenue Agency at 1-800-959-8281.
- Landlord Reference completed in the application**
- Income** – You must verify all income that applies to your entire household
 - Ontario Works/O.D. S. P.** – Copy of your most recent cheque stub.
 - OAS/GIS, GAINS, CPP, Other Pensions/Allowances, etc.** – Copy of most recent cheque stub(s)/bank deposit.
 - Employment** – Copy of your last 8 weeks worth of pay stubs.
 - Employment Insurance/W.S.I.B.** – Copy of your most recent cheque stub(s).
 - Child/Spousal Support Received/Payments** – Copy of your most recent receipt(s), legal court document/agreement, etc.

If you require additional forms or if you have any questions, please contact Oxford County Housing at 519-539-9800 or toll-free at 1-800-265-1015. Cheryl Slater is at extension 3339 or Sharon Horton is at extension 3334.

APPLICATION FOR SUBSIDIZED RENTAL ACCOMMODATION

Department of Social Services & Housing – 21 Reeve Street, PO Box 1614, WOODSTOCK, ON N4S 7Y3

Tel: 519-539-9800 Toll Free: 1-800-265-1015 Fax: (519) 421-4710

- INSTRUCTIONS:**
- Fill out this application form completely (please *print* clearly)
 - *Sign* Page 4 as an acknowledgement of the specific locations you are requesting
 - All household members 16 year of age or older, must read and *sign* (Page 6)
 - You *must* have your current landlord complete and submit the reference check (Page 7)
 - Verification (photocopies) of *all* gross income, assets, income tax return, notice of assessment and
 - Citizenship is required

FOR OFFICE USE ONLY		App. #:		Received:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name- Applicant No. 1	First Name/Middle Initial		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.	
Email Address:							
Mailing Address (if different from above)				Alternate Contact (where we can leave a message)			
				Name:			
				Phone No.:			
Status in Canada – Attach verification (<i>photocopy</i>)							
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify):							
Are you a victim of family violence?		<input checked="" type="checkbox"/> Safe Contact Name & Phone No. (if victim of violence)			<input type="checkbox"/> Interpreter Name and Telephone No. (if required)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:			Name:		
		Phone No.:			Phone No.:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name- Applicant No. 2	First Name/Middle Initial		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.	
Mailing Address (if different from above)				Alternate Contact (where we can leave a message)			
				Name:			
				Phone No.:			
Status in Canada – Attach verification (<i>photocopy</i>)							
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify):							
Are you a victim of family violence?		<input checked="" type="checkbox"/> Safe Contact Name & Phone No. (if victim of violence)			<input type="checkbox"/> Interpreter Name and Telephone No. (if required)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:			Name:		
		Phone No.:			Phone No.:		

OTHER APPLICANTS TO RESIDE IN ACCOMMODATION APPLIED FOR: (*All applicants age 16 years and older must sign the Declaration & Consent - page 6*)

Last Name	First Name	Age	Birth date (M-D-YYYY)	Sex (M/F)	Relationship (Son, Daughter, Niece, etc.)

1. Are all the above 'Other Applicants' who will be residing in accommodation applied for, legally entitled to be in Canada? Yes No
2. Is a baby/child expected to be added to this household? Yes No

Please give details: _____

Have you been tenants of subsidized rental accommodation at any time? Yes No
 If yes, please state where and when:

Do you owe any rental arrears to any Landlord? No Yes – State amount \$

Has your current Landlord issued you a ‘Notice To Vacate’? No Yes – Reason: _____

Present Accommodations
 Rent Own home Temporary housing (e.g. emergency shelter, care facility, hotel) Other
 If Temporary Housing or Other, please specify:

If you are eligible for more than one unit size (refer to page 5 for Occupancy Standards), what unit size(s) are you willing to accept? (check all applicable)
 Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

Type of Unit Required?
 No special need Ground Floor Wheelchair /Handicap Accessible Supportive Housing
 Have you had an assessment for supportive housing completed? If yes, by whom?
Note: If Ground Floor or Wheelchair/Handicap Accessible is required, a doctor’s note must be attached.


HOUSEHOLD INCOME See Examples on Page 5 (Verification required – photocopies) Income Tax Return, Notice of Assessment




Gross Employment Earnings	\$ \$	Ontario Works	\$ \$
Ontario Disability Support Plan (ODSP)	\$ \$	Old Age Security (Including Supplements)	\$ \$
Canada Pension Plan (CPP)	\$ \$	Private Pension	\$ \$
Canada Pension Plan (CPP-Disability)	\$ \$	War Veteran’s Pension	\$ \$
Employment Insurance (EI)	\$ \$	Disability Pension	\$ \$
Worker’s Compensation	\$ \$	Other (Specify)	\$ \$

VALUE OF HOUSEHOLD ASSETS See Examples on Page 5 (Verification required– photocopies)


Total Savings in <u>All</u> Banks	\$ \$ \$	<u>All</u> Real Estate (approx.) (Written appraisal obtained at household’s expense may be required)	\$ \$ \$
<u>All</u> Certificates/Stocks/Bonds	\$ \$ \$	Other(s) (specify)	\$ \$ \$


Have you transferred any non-income producing assets, by sale, lease, gift, or in any other manner, within the last 36 months?
 No Yes – Please state value(s) \$ _____

Your application will be reviewed and, if eligible, will be added to the waiting list of the Housing Providers (Page 3 & 4) that you have checked. The applicant(s) must sign where requested on page 4. Housing Providers indicated with a  are Co-operative Housing Developments and these developments require participation by household members in the management and operation of the project as a condition of residency.

	Location & Housing Provider	Types of Units Available – For Office Use Only				
		Adults	Seniors Only	Family	Integrated Family & Adults	
DRUMBO						
	Drumbo & District Housing Corporation 43 Oxford Street East, Maple Grove Apartments	1 & 2 BR				1-2 BR
EMBRO						
	Embroy & Area Seniors Housing Corporation R.R. #4, Cambrocourt Manor	1 & 2 BR				1-2 BR
INGERSOLL						
	Adam Oliver Housing Co-operative  220 Ingersoll Street North			2,3,4 BR		3-3 BR
	Oxford County Housing					
	235 Thames Street North			2,3,4 BR		
	329 Tunis/272 Harris Street			2,3,4 BR		
	221 Thames Street North	1 BR				
	135 Carroll Street	1 BR				
	178 Earl Street	1 BR				3-1 BR
NORWICH						
	Oxford County Housing 16 George Street	B & 1 BR				2-1 BR
PRINCETON						
	Princeton and District Housing Association 65 Cowan Street	1 & 2 BR				1-1BR
TAVISTOCK						
	Oxford County Housing 70 Maria Street	1 BR				
THAMESFORD						
	Oxford County Housing 111 Brock Street	1 BR				2-1 BR
TILLSONBURG						
	Dereham Forge Housing Co-operative  390 Quarterline Road			2,3,4 BR		2-3 BR
	Oxford County Housing					
	47 – 61 Earle Street			2,3,4 BR		
	1A – 16A, 1B – 16B Verna Drive			2,3,4 BR		
	174 Lisgar Avenue	1 BR				
	215 Lisgar Avenue	1 BR				
	57 Rolph Street	B & 1 BR				
	Town of Tillsonburg Non Profit Housing Corp.					
	31 Maple Lane		1 & 2 BR			3-1 BR
	53 Queen Street		1 & 2 BR			2-1 BR 2-2 BR

Continued on next page

Location & Housing Provider		Types of Units Available – For Office Use Only				
		Adults	Seniors Only	Family	Integrated Family & Adults	
WOODSTOCK						
Anchorage Homes Services & Initiatives Inc.						
	744/746 Rathbourne Avenue				1 & 2 BR	
	40 Stafford Street				B, 1 & 2 BR	
	36/38 Stafford Street			2 & 3 BR		
	1132 Cree Avenue			3 BR		
	8-1060 Canfield Crescent			3 BR		
	140 Winnett Street	B & 1 BR				
Daystar Community Homes 414 Ontario Street						
				2,3,4 BR		3-2 BR
Oxford County Housing						
	901 – 951 James Street			2,3,4,5 BR		
	Karn Avenue/Cross Place/Alice Street/Pavey Street			3 & 4 BR		
	816 Alice Street	1 BR				
	82 Finkle Street	B & 1 BR				
	161 Fyfe Avenue	1 BR				
	738 Parkinson Road	1 BR				2-1 BR
	742 Pavey Street	1 BR				6-1 & 1-2 BR
Percy Heights Housing Co-operative  360 Springbank Avenue North						
				2,3,4 BR		1-3 BR
Woodstock Non-Profit Housing Corporation						
	83 Kent Street		1 & 2 BR			2-1BR & 1-2BR
	675 Canterbury Street		1 & 2 BR			2-1BR & 1-2BR

I/We the Applicant(s) do hereby request that above checked (✓) Housing Providers (pages 3 & 4) are where we wish our application to be forwarded to, if eligible. I/We understand that the Housing Providers indicated with a  are Co-operative Housing projects and that their by-laws require household members to participate in the management and operation of that development.

APPLICANT NO. 1 (Please Print): _____ Signature: _____

APPLICANT NO. 2 (Please Print): _____ Signature: _____

Date: _____

**THIS APPLICATION CANNOT BE PROCESSED UNTIL ALL
REQUIRED DOCUMENTS ARE RECEIVED.**

BASIC RENT GEARED-TO-INCOME ELIGIBILITY RULES:

1. At least one member of your household is 16 years old or older.
2. Each member of your household is a Canadian citizen, permanent resident of Canada or a refugee claimant.
3. No deportation order has been made or has become effective for any members of your household.
4. No member of your household owes arrears of rent or owes money for damages to social housing.
5. No member of your household has had a conviction for misrepresentation of income related to social housing.
6. You must be able to live independently, with or without support services.

OCCUPANCY STANDARDS (Bedroom Allocation)

You can indicate what size of unit you want to live in. However, your choice must fall within a range of unit sizes that is determined by the occupancy standards that apply to your household size. The standards are:

- there can be no less than one person per bedroom
- applicants can choose to have two children of the same sex share a bedroom
- couples (married, common-law, same-sex partners) are allocated one bedroom
- single adults are each allocated one bedroom
- a single adult may choose a bachelor-style (no bedrooms) unit if there are no other household members
- if there is a documented medical need, a baby/child is expected, or there are documented child custody requirements, an extra bedroom may be provided.

If you do not indicate any size preference for a unit, we will assume you will only accept the largest sized unit for which you qualify. *Example: The smallest size unit for which a household consisting of two parents with three children (all of the same sex) is eligible is a three-bedroom unit. The largest size unit this household would be eligible for is a four-bedroom unit.*

EXAMPLES OF POSSIBLE SOURCES OF INCOME (Domestic or Foreign)

(Note these are examples only – ALL income sources must be declared)

Pensions and Allowances

- | | | |
|---|--------------------------|---|
| • Old Age Security (OAS) | • Widows Pension | • War Veteran’s Allowance (D.V.A.) |
| • Guaranteed Income Supplement (GIS) | • Company Pension | • War Veteran’s Allowance (other countries) |
| • Guaranteed Annual Income Supplement (GAINS) | • Private Pensions | • Military or Militia or Civil Defense Allowances |
| • Canada Pension Plan (CPP) | • Public Service Pension | • Canadian Manpower Retraining Allowance |
| • Quebec Pension Plan | • Civilian War Pension | • Training Allowances |
| • Social Security (other countries) | • Disability Pension | • Retraining Allowances |

Income Producing Assets

- Farm Property which produces income
- Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings Accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits
- Business interest which produces income

Non-Income Producing Assets

- Life Insurance (with a cash surrender value)
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Non locked-in Registered Retired Savings Plan
- License which produces income (e.g. Taxi License)
- Business Asset which does not produce income
- Non-interest bearing chequing accounts

OTHER SOURCES OF INCOME

- | | | |
|--|---|-----------------------|
| • Employment (full-time/part-time, casual, seasonal, odd jobs) | • Provincial or Municipal Payments | • Insurance Payments |
| • Self employment (child care, music teaching, business) | • Payments from Official Guardian or Public Trustee | • Alimony Payments |
| • Workers’ Compensation Payments | • Support Payments (for spouse or child) | • Separation Payments |
| • Employment Insurance | • Support from relatives or other sources | • Mortgage Income |

Note: To be considered eligible for a rent subsidy, applicants must have pursued all sources of income available to them. This includes basic financial assistance under the *Ontario Works Act, 1997*, support under the *Divorce Act (Canada)*, the *Family Law Act* or the *Reciprocal Enforcement of Support Orders Act*, benefits under the *Employment Insurance Act (Canada)*, Government of Canada or Government of Ontario pensions for persons aged 65 or older, and support or maintenance due under the *Immigration Act (Canada)*

DECLARATION, RELEASE AND CONSENT

PERSONAL INFORMATION

1. Personal information contained on this form or in attachments is collected by the County of Oxford pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, cM.56)*.
2. I understand that the Oxford County Service Manager (or its delegate) will use the information I give them to see if I qualify for the housing I have applied for and 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 the Oxford County Service Manager (or its delegate) to give the information on this form and any attachment to the social services offices, other municipal service managers, district social services administration boards, or housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, 2000*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
4. I allow the Oxford County Service Manager (or its delegate) 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 administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow the Oxford County Service Manager (or its delegate) to give this information on this form and any attachments to any government or body with whom the Oxford County Service Manager (or its delegate) has made an agreement under the *Social Housing Reform Act, 2000*, without further notice to me, for the purpose of conducting research relating to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by the Oxford County Service Manager (or its delegate) to a body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.
7. I understand that if I have any question about the collection and use of personal information, I may contact the Manager of Social Housing, Department of Social Services and Housing, 21 Reeve St. P.O. Box 1614, Woodstock, ON N4S 7Y3 (519) 539-9800.
8. I/We understand that my/our rent and damage arrears information will be shared with the Social Housing Services Corporation and among other Service Managers through the Social Housing Services Corporation's Provincial Arrears Database for the purpose of verifying eligibility for assistance under the *Social Housing Reform Act*.

DECLARATION

1. I declare that everything I have written in this application is correct and complete.
2. I understand that all information I give to the Oxford County Service Manager (or its delegate) 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, the Oxford County Service Manager (or its delegate) or the housing providers I have applied to may request additional information, may cancel my application or both and I may be prohibited from re-applying for assistance for a minimum period of two years under the *Social Housing Reform Act, 2000*.
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 the Oxford County Service Manager (or its delegate) will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
6. I declare that I am in Canada legally.
7. Before I can receive housing, I understand that I must pay back, or make arrangements, that are satisfactory to the Oxford County Service Manager (or its delegate), to pay any money I owe to any subsidized housing project.

I have read and understand this document.

Applicant #1	Witness	Date
Applicant #2	Witness	Date
Household Member (16+)	Witness	Date
Household Member (16+)	Witness	Date

PERSONAL INFORMATION CONTAINED IN THIS FORM OR IN ATTACHMENTS IS COLLECTED BY THE OXFORD COUNTY SERVICE MANAGER (OR ITS DELEGATE) FOR THE PURPOSE OF DETERMINING YOUR INITIAL AND CONTINUING ELIGIBILITY FOR SOCIAL HOUSING. IT IS CONFIDENTIAL AND PROTECTED FROM THE GENERAL PUBLIC, BUT MAY BE SHARED WITH OTHER AGENCIES TO DETERMINE YOUR INITIAL AND CONTINUING ELIGIBILITY AS WELL AS TO DETERMINE THE APPROPRIATE RENT-GEARED-TO-INCOME CHARGE. THE LEGAL AUTHORITY FOR THIS COLLECTION AND SHARING IS CONTAINED IN THE SOCIAL HOUSING REFORM ACT, 2000 chapt. 27, s. 159 AND ss. 165(2); THE ONTARIO WORKS ACT, 1997, ss. 41 (2) AND s. 71; O.Reg. 134/98, s. 14, THE ONTARIO DISABILITY SUPPORT PROGRAM ACT, 1997, S. 37 AND 38, AND THE DAY NURSERIES ACT R.S.O. 1990, chapt. D.2, s.7.2

