

Renfrew County Social Housing Registry

Application For Rent-Geared-To-Income Assistance

OFFICE USE ONLY	APPLICANT NAME:
Date: _____ Time: _____	
Signature/Receiving Office: _____	
File No: _____	Update: Yes <input type="checkbox"/> No <input type="checkbox"/>
Needs Code: _____	
Input/ Update Date: _____	Translator Required: Yes <input type="checkbox"/> No <input type="checkbox"/>

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please read the following information carefully before filling out your application.

Tips on filling out your application:

- Please print and fill out all sections of the application form
- You may be requested to provide documents to verify any information you have included in your application
- Read and sign the Release and Consent and Declaration forms that are part of this application package
- All household members 16 years of age and older must sign the forms
- All household members 16 years of age and older must provide proof of Canadian Citizenship
- Mail or deliver your application to:

SOCIAL HOUSING REGISTRY RENFREW COUNTY

169 Lake Street PEMBROKE, ON K8A 5L8 Tel: (613) 735-0782 Fax: (613) 735-0308 Toll free: 1-888-256-0063	Renfrew County Place 450 O'Brien Road Suite 105 RENFREW, ON K7V 3Z2 Tel: (613) 432-3679 Fax: 613) 432-9402	80 McGonigal Street West Suite 101 ARNPRIOR, ON K7S 1M3 Tel: (613) 623-7951 Fax: (613) 623-8403
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Registry for: G. T. SENIORS APARTMENTS KILLALOE & DISTRICT HOUSING KINSMEN COURT HOMES OPEONGO HOUSING	OTTAWASKA HOUSING PETAWAWA HOUSING RENFREW COUNTY HOUSING CORP. ST. JOSEPH NON-PROFIT HOUSING
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Personal information contained on this form or in attachments is collected, pursuant to the Social Housing Reform Act, 2000, Sections 162, 163, 164 and 165 of the Municipal Freedom of Information and Protection of Privacy Act, (r.S.O. 1990, c M.56).

This information may be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant.

All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities.

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ADDITIONAL NOTES

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Section 1 – Applicant & Co-Applicant

****YOU MUST PROVIDE DOCUMENTATION PROVING LEGAL STATUS IN CANADA FOR****
**** ANYONE 16 YEARS OF AGE AND OLDER ****

APPLICANT:

Mr. Mrs. Ms.

Last Name _____ First Name _____ Middle Name _____

Maiden Name _____ Male Female

Marital Status: Single Divorced Common Law Married Widowed Other

Date of Birth (mm/dd/yyyy) _____ Social Ins Number (SIN) _____
(optional)

Status in Canada: Canadian Resident Landed Immigrant Sponsored Immigrant
Refugee Native Status Deportation Order
Other Specify if Other _____

Mailing Address

Street No. & Name: _____ Apt. No: _____

City: _____ Province: _____ Postal Code: _____

CO-APPLICANT:

Mr. Mrs. Ms.

RELATIONSHIP TO APPLICANT: _____

Last Name _____ First Name _____ Middle Name _____

Maiden Name _____ Male Female

Marital Status: Single Divorced Common Law Married Widowed Other

Date of Birth (mm/dd/yyyy) _____ Social Ins Number (SIN) _____
(optional)

Status in Canada: Canadian Resident Landed Immigrant Sponsored Immigrant
Refugee Native Status Deportation Order
Other Specify if Other: _____

Mailing Address (if different from Applicant's address)

Street No. & Name: _____ Apt. No: _____

City: _____ Province: _____ Postal Code: _____

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Section 1 – Applicant & Co-Applicant, cont'd

****YOU MUST PROVIDE DOCUMENTATION PROVING LEGAL STATUS IN CANADA FOR**
ANYONE 16 YEARS OF AGE AND OLDER**

Telephone Numbers

****Calls To Offer Housing Are Made During The Day****

****Please Ensure That You Provide a Daytime Number Where You Can Be Reached****

Home: _____ Work: _____

Can you take personal calls at work? Yes No

Preferred mode of communication: Mail Phone

Preferred Language: English French Other

Persons to Contact in Your Absence or to Act as an Interpreter

Name	Relationship	Telephone Number

Present Accommodation

Home Information: Own Rent Temporary Co-Own

Monthly Rent \$ _____ Utilities Included Yes No

Current Landlord Information

(Please leave this section blank if you own your home or are homeless)

Name _____ Telephone Number _____

Address _____

City _____ Province _____ Postal Code _____

Length of Tenancy _____

Have you ever received an eviction notice? Yes No

Eviction Date _____ Eviction Reason _____

Other Details _____

Section 2 – Other Members

Please include only those who will live with you and who will not be leaseholders (i.e.: your children)

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****YOU MUST PROVIDE DOCUMENTATION PROVING LEGAL STATUS IN CANADA****
****FOR ANYONE 16 YEARS OF AGE AND OLDER****

Is a baby expected? Yes No If yes, date expected: _____

1 Relationship to Applicant: _____
Last Name _____ First Name _____ Middle Initial _____
Gender: Male Female
Date of Birth: _____ (mm/dd/yyyy)
Social Insurance Number (SIN): _____
(optional)

2 Relationship to Applicant: _____
Last Name: _____ First Name: _____ Middle Initial _____
Gender: Male Female
Date of Birth: _____ (mm/dd/yyyy)
Social Insurance Number (SIN): _____
(optional)

3 Relationship to Applicant: _____
Last Name: _____ First Name: _____ Middle Initial _____
Gender: Male Female
Date of Birth: _____ (mm/dd/yyyy)
Social Insurance Number (SIN): _____
(optional)

4 Relationship to Applicant: _____
Last Name: _____ First Name: _____ Middle Initial _____
Gender: Male Female
Date of Birth: _____ (mm/dd/yyyy)
Social Insurance Number (SIN): _____
(optional)

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Section 3 – Previous Housing Information

Have you or anyone you have listed in Section 1 and 2 ever lived in Social Housing anywhere in Ontario? Yes No

Name of person(s) who lived in Social Housing: _____

Name and address of Housing Provider: _____

Date Moved In: _____ Date Moved Out: _____

Reason(s) For Moving Out: _____

Are there rental arrears owing to the above or to any other social housing provider? Yes No

If yes, indicate amount owing: \$ _____

Have you entered into a repayment schedule? Yes No

Name of person(s) who lived in Social Housing: _____

Name and address of Housing Provider: _____

Date Moved In: _____ Date Moved Out: _____

Reason(s) For Moving Out: _____

Are there rental arrears owing to the above or to any other social housing provider? Yes No

If yes, indicate amount owing: \$ _____

Have you entered into a repayment schedule? Yes No

Section 3a – Previous Housing Information

Please List Previous Landlords And Dates Of Occupancy

Landlord Name	Landlord Address & Telephone Number	Date of Occupancy

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Section 4 – Income – You are required to report on all gross income you and members of your household receive. Gross income means the total monthly amount earned or received before any deductions.

Assets – are valuable things that you own: farm property, residential or commercial real estate, savings accounts, annuities, investment certificates, stocks, bonds, mortgages, loans, term deposits.

	Applicant #1	Applicant #2	Applicant #3
Last Name:			
First Name:			
Income Categories	\$ Amount	\$ Amount	\$ Amount
Ontario Works			
Ont.Disability Support Program			
Full Time Employment			
Part Time Employment			
Self Employment			
Employment Insurance (E.I)			
W.S.I.B. (Short Term)			
W.S.I.B. (Long Term)			
Old Age Security/G.I.S.			
Immigrant/Government Sponsorship			
Spouses Allowance			
C.P.P. (Canada Pension Plan)			
Gains - Aged			
Company Pension			
U.S. Social Security			
Other Country Social Security			
Other Pensions			
Annuity (Registered Income Fund)			
Support Payments			
Student Grants			
O.S.A.P.			
Interest - Investments			
Interest - Bank			
Interest – Mortgage			
Non-Income Producing Assets			
GIC's			
DVA Disability Pension			
Band Allowance			
Other Income			
Other Assets			

Combined gross monthly income of all members who will live in the unit: \$ _____

Do you or any other persons on this application own property (e.g. house, mobile home, farm, land, cottage, etc.)? Yes No

Type of Property: _____

Estimated Value: _____

You Will Be Required To Sign An Agreement To Sell Property Within Six Months Of Being Housed

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Section 5 – Accommodation Requirements

What type of housing are you willing to accept? Low-Rise Apartment (with stairs)
Low-Rise Apartment (with elevator)
House, Duplex, Townhouse

Can you climb stairs? Yes No

Do you require parking? Yes No

Do you have any pets in your household? Yes No

As a pet owner, you will be responsible for any damages to your unit or the property made by your pet. If you have a pet, please specify the type of pet:

License# _____

Do you or anyone in your household require support services in order to live independently? Yes No

Please check any other aids required for medical reasons:
(Medical Certificate May Be Required**)**

Elevator? Yes No Handrails? Yes No Wheelchair? Yes No

Oxygen? Yes No Scooter? Yes No Other? Yes No

The size of unit (number of bedrooms) that you ask to move into must fall within the occupancy standards for rent-geared-to-income assistance.

The occupancy standards for Renfrew County for the largest appropriate unit size are summarized below:

- One bedroom is provided for two members of the household who are spouses of each other or same-sex partners of each other. If one of these persons requires a separate bedroom because of a disability or a medical condition, an additional bedroom can be provided
- One bedroom is provided for each additional member of the household
- One additional bedroom can be provided if it is required to store equipment required by a member of the household because of a disability or medical condition (Dr.'s letter required)
- One additional bedroom can be provided for a caregiver or support service provider who is not a member of your household but who provides support services required by a member of the household
- One additional bedroom can be provided if a member of the household is pregnant
- One additional bedroom can be provided if you have either joint custody or visiting rights for a child and the child stays overnight with the household frequently and the bedroom is required to accommodate the child

The occupancy standards for Renfrew County for the smallest appropriate unit size are summarized below:

- One bedroom for every two members of the household
- An additional bedroom if there is an odd number of members in the household
- If your household consists of one individual or two individuals who are spouses of each other or same-sex partners of each other, the smallest unit the household is eligible for is a bachelor unit

If you are eligible for more than one unit size, what unit size(s) are you willing to accept (check all that apply):

Bachelor 1-Bedroom 2-Bedroom
 3-Bedroom 4-Bedroom 5-Bedroom

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Section 6 – Location Preferences

You can indicate which building/ cities you prefer to live in. If you do not indicate a preference, your name will be added to the list of every housing provider within the County of Renfrew that has the appropriate size unit that you qualify for.

Housing Provider	Building Address	Unit Sizes	
Arnprior	Please Check (√)		
G.T. Seniors Apartments (Arnprior) Inc.	Baskin Place Baskin Drive West Housing For Seniors	1-Bedroom Apts 1 Modified Unit	()
Ottawaska Housing Corporation	Madawaska Village Spruce Crescent Housing For All Household Types	1-Bedroom Apts 2 & 3-Bedroom Townhouses	()
Ottawaska Housing Corporation	Hillside Place Caruso Street Housing For Families	2 & 3-Bedroom Townhouses	()
Renfrew County Housing Corporation	Albert Street Russell Street Burwash Street Housing For Adults	1-Bedroom Apts	()
Renfrew County Housing Corporation	Riverview Dr, Fourth Ave, Bridge St, Laird St, Third Ave, Allan Dr & Wilfred Cr Edward St, Sullivan & Wilfred Cr Housing For Families	2 & 3-Bedroom Single Homes 2, 3 & 4-Bedroom Duplexes 2, 3, 4 & 5-Bedroom Duplexes/ Houses	()
Barry's Bay	Please Check (√)		
Renfrew County Housing Corporation	Stafford Street Housing For Adults	1-Bedroom Apts	()
Beachburg			
Renfrew County Housing Corporation	Smith Street Housing For Adults	1-Bedroom Apts	()
Cobden			
Renfrew County Housing Corporation	MackErcher Drive, Housing For Adults	1-Bedroom Apts	()
Deep River			
Renfrew County Housing Corporation	Poplar Avenue Housing For Adults	1-Bedroom Apts	()
Eganville			
Renfrew County Housing Corporation	Wallace Street Housing For Adults	1-Bedroom Apts	()
Killaloe			
Killaloe & District Housing Inc.	Millstream Apts, Mill Street Housing For Seniors/ Cascading Age Policy	1-Bedroom & 2-Bedroom Apts	()
Palmer Rapids			
Renfrew County Housing Corporation	Palmer Road Housing For Adults	1-Bedroom Apts	()

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Pembroke	Please Check (√)		
Kinsmen Court Home For Men & Women (Pembroke) Inc.	Blakely Court, Blakely Street Alternative Housing For Single Adults and Adult Couples	1-Bedroom Apts	()
Renfrew County Housing Corporation	Mackay Street Elizabeth Street River Road Nelson Street Elizabeth Street Housing For Adults	1-Bedroom Apts	()
Renfrew County Housing Corporation	Cecil Street Nelson Street Lea Street Bronx Street Reynolds Street Cecil Street Fraser Lane Arnolds Lane Housing For Families	2, 3, 4 & 5-Bedroom Townhouses, Duplex, or Houses	()
St. Joseph Non-Profit Housing (Pembroke) Corp	Riverside Drive St. Anne Crescent Housing For Families	2, 3 & 4-Bedroom Townhouses	()
St. Joseph Non-Profit Housing (Pembroke) Corp	Pembroke Street West Housing For Seniors	1-Bedroom Apts	()
Petawawa	Please Check (√)		
Petawawa Housing Corp	Victoria Street Housing For Seniors/ Cascading Age Policy	1 & 2-Bedroom Apts	()
Renfrew	Please Check (√)		
Opeongo Non-Profit Community Residential Development Inc.	Vimy Boulevard Housing For Families	2 & 3-Bedroom Townhouses 2 Modified Units	()
Renfrew County Housing Corporation	Hall Street, Vimy Blvd & Lorne St Housing For Adults Moran Heights, Oak Crescent Airth Blvd Housing For Families	1-Bedroom Apts 2, 3, 4, & 5-Bedroom Townhouses, Duplex or Houses	()
Rent Supplement	Please Check (√)		
Rent Supplement Units Are Available In Some Of The Communities Listed Above			()

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Section 7 – Release And Consent

HERE IS YOUR LEGAL AGREEMENT WITH US. PLEASE READ IT CAREFULLY, AND SIGN IN THE SPACES BELOW.

****ANYONE 16 YEARS OF AGE AND OLDER WHO WILL BE LIVING WITH YOU MUST SIGN****

1. I understand that there are laws that allow the Renfrew County Housing Corporation to collect personal information about me.
2. I understand that the Renfrew County Housing Corporation 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 the Renfrew County Housing Corporation to give the information on this form and any attachments to the social services office(s), 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 the Renfrew County Housing Corporation 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 the Renfrew County Housing Corporation to give the information on this form and any attachments to any government or body with whom the Renfrew County Housing Corporation 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 attachments given by the Renfrew County Housing Corporation 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 questions about the collection and use of personal information, please contact:
Renfrew County Housing Corporation, 450 O'Brien Rd Suite 105 Renfrew ON K7V 3Z2
Telephone: (613) 432-3679, Fax: (613) 432-9402

“Personal information contained in this form or in attachments is collected by the County of Renfrew 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 (include signature of all household members 16 years of age and over).

 Applicant's Signature

 Date

 Spouse or Co-applicant's Signature

 Date

 Household member over the age of 16 years

 Date

 Household member over the age of 16 years

 Date

 Household member over the age of 16 years

 Date

 Household member over the age of 16 years

 Date

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Section 8 – Declaration

PLEASE READ THIS CAREFULLY, AND SIGN IN THE SPACES BELOW. ALL PERSONS 16 YEARS OF AGE AND OLDER WHO WILL BE LIVING WITH YOU MUST SIGN

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 the Renfrew County Housing Corporation 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 Renfrew County Housing Corporation 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 *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 Renfrew County Housing Corporation 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 provider.

Signature of household members 16 years of age and over.

Applicant's Signature

Date

Spouse or Co-applicant's Signature

Date

Household member over the age of 16 years

Date

Household member over the age of 16 years

Date

Household member over the age of 16 years

Date

Household member over the age of 16 years

Date

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You must notify Renfrew County Social Housing Registry if:

- your address changes
- your phone number changes
- you want to live in locations other than those you chose on your application
- the number of people in your household changes
- the contact person on your application changes

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Special Priority (This pertains to all members listed on the application)

I am applying for special priority status because I or someone in my household is currently a victim of abuse

Please provide a **safe** mailing address and telephone number where you can be contacted:

_____ Tel No. _____

I have lived apart from the abuser for less than 3 months.

If you checked above, please specify date moved out: _____

Do you believe that you are at risk of being abused if you attempt to obtain information or documents to support your request for housing?: Yes No

IF YOU ARE APPLYING FOR SPECIAL PRIORITY STATUS YOU WILL BE REQUIRED TO PROVIDE SUPPORTING DOCUMENTATION THAT MUST INDICATE ONE OF THE FOLLOWING:

1. A record of intervention by the police indicating that the member was abused by the abusing individual.
2. A record of physical injury caused to the member by the abusing individual.
3. A record of the application of force by the abusing individual against the member to force the member to engage in sexual activity against his or her will.
4. A record of one or more attempts to kill the member or another member of the household.
5. A record of the use of a weapon against the member or another member of the household.
6. A record of one or more incidents of abuse, including the following:
 - i. Threatening to kill the member or another member of the household.
 - ii. Threatening to use a weapon against the member or another member of the household.
 - iii. Threatening to physically harm the member or another member of the household.
 - iv. Destroying or injuring or threatening to destroy or injure the member's property.
 - v. Intentionally killing or injuring pets or threatening to kill or injure pets.
 - vi. Threatening to harm or remove the member's children from the household.
 - vii. Threatening to prevent the member from having access to his or her children.
 - viii. Forcing the member to perform degrading or humiliating acts.
 - ix. Terrorizing the member.
 - x. Enforcing social isolation upon the member.
 - xi. Failing to provide or withholding the necessities of life.
 - xii. Threatening to withdraw from sponsoring the member as an immigrant.
 - xiii. Threatening to take action that might lead to the member being deported.
 - xiv. Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
7. A record of undue or unwarranted control by the abusing individual over the member's personal or financial activities.
8. A record of one or more incidents of stalking or harassing behaviour against the member or another member of the household.

continued.....

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THE SUPPORTING DOCUMENTATION CAN COME FROM ONE OF THE FOLLOWING INDIVIDUALS WHO HAVE KNOWLEDGE OF THE ABUSE YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD HAS BEEN SUBJECT TO:

1. A doctor.
 - 1.1. A registered nurse or a registered practical nurse.
2. A lawyer.
3. A law enforcement officer.
4. A member of the clergy.
5. A teacher.
6. A guidance counselor.
7. An individual in a managerial or administrative position with a housing provider.
8. A community services worker, including,
 - i. a community health care worker,
 - ii. a social worker,
 - iii. a social service worker,
 - iv. a victim services worker
 - v. a settlement services worker
 - vi. a shelter worker, and
 - vii. a community legal worker.
9. Any other individual who knows about the abuse.

ALL SUPPORTING DOCUMENTATION MUST BE IN WRITING

PLEASE NOTE

“Information collected on this form will be kept confidential and used only for the purpose of assessing your eligibility for Special Priority Status”

Applicant Signature

Date