

Application for Rent-Geared-to-Income Assistance

Eligibility Requirements

1. At least one member in your household must be 16 years or older. The application must be signed by all members of the household 16 years and older.
2. You must be a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status and have no deportation order under the Immigration Act (Canada).
3. You must **not owe arrears** to any social housing provider or have misrepresented your household income.
4. If you own a house, you must agree to sell it within six months of being housed.
5. You may not have assets worth more than \$100,000. You can be placed on a waiting list for housing but you will be ineligible if you have more than \$100,000 at the time of being offered a unit.
6. To be considered eligible for rent subsidy, applicants must have pursued **all** sources of income available to them.
7. You must be able to live independently; or independently with support services.

Completing the Application

1. Please **print** all information in ink.
2. Copies of Canadian Birth Certificates, Proof of Canadian Citizenship or Landed Immigrant Status, for all members of the household **must** be provided with the application.
3. Complete all sections of the application and hand it in person to the Housing Access Centre or mail it.
4. Before signing the form, please read and understand the **Consent to Disclosure of Information and Documents** and the **Declaration**.
5. It is the Applicant's responsibility to notify the Housing Access Centre of any changes of your circumstance.
6. If this information is required in an accessible format, please contact the Housing Access Centre.
7. If we are unable to contact you at the number and/or the address provided on the Application, your name may be removed from the Wait List.

....Please tear off and keep this page for your records....



Instructions:

1. Please print, and fill out all sections of the application form. You will find information at the beginning of each section that explains what is needed.
2. Please have all household members **16 years of age and over**:
 - **Read and sign the Consent** form on page 5&6 of this application.
 - **Read and sign the Safety & Emergency Evacuation** on page 15 & 16 (if applicable)
 - **Read and sign the Declaration** on page 17 of this application.
3. You may be asked for proof of any information you give in your application.
4. After you have completed the Housing Application form, return it to the Housing Access Centre, Social Services Department – Housing Division at:

Housing Access Centre
82 Erie Street, 2nd Floor, Stratford ON N5A 2M4
Telephone: 519-271-3773
Toll Free: 1-800-669-2948

We will only accept completed Applications in person or by mail.

5. If you need any assistance or have any questions about completing the application, please contact the Housing Access Centre.
6. **If this information is required in an accessible format, please contact 1-800-669-2948 ext 245.**

Any changes in income or the number of individuals who will be living in your unit need to be reported to the Housing Access Centre within **30 days** of the change.

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

For more information about social housing, go to
<http://www.stratfordcanada.ca/en/insidecityhall/housing.asp>

...Please tear off and keep this page for your records....

Office Use Only	Date Received: _____ MM/DD/YYYY	Received by: _____
	Applicant 1: _____ Arrears: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant 2: _____ Arrears: <input type="checkbox"/> Yes <input type="checkbox"/> No

Application Checklist: Please use this page to ensure that your application is complete when you submit it to this office.

√	Application for Rent-Geared-to-Income: Part 1	Office Use
	Income Tax Notice of Assessment for each applicant over the age of 16 – 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	
	Signed Consent to Disclosure of Information and Documents (Page 6)	
	Contact Information (Page 7)	
	Household Information Attachments (Page 8): <ul style="list-style-type: none"> ○ Social Insurance, Birth Certificate or Citizen cards for everyone to verify Canadian Citizenship. Otherwise, Landed Immigrant Papers or Refugee Status Papers. ○ Dependent Custody - Completion of Declaration of Child Support & Custody- Form 102 and legal court document/agreement (if applicable) ○ Verification of Pregnancy (if applicable) 	
	Special Priority Status Attachments (Page 9): <ul style="list-style-type: none"> ○ Special Priority Application Package- Form 103 (if applicable) ○ Proof of Residence - lease, rent receipt, utility bills, etc. (if applicable) 	
	Attending School Proof (Page 10) - report card or letter (if applicable)	
	Property (Page 10) <ul style="list-style-type: none"> ○ Declaration of Intent to Sell Property- Form 104 (if applicable) ○ A copy of most recent Mortgage Statement or Property Assessment (if applicable) 	
	Gross Family Income and Assets Information (Page 10-14) You must verify all income that applies to your entire household: <ul style="list-style-type: none"> ○ Employment – A copy of your last 8 week’s worth of pay stubs; letter from employer ○ Self-Employment – Affidavit of earnings and expenses; financial statements; income tax ○ Pensions and Allowances – copy of cheque or stubs; minimum of three months bank statements; letter from government agency; statement ○ Assets – completed “Proof of Assets” form or minimum of two months bank statements; copy of RRSP statements; Real Estate Appraisals; certificates; insurance policy(ies), T3/T5 ○ Support Income/Payments – cheque stub or letter from government agency; legal documents; letter from lawyer; Sworn affidavit 	

Continued on next page...

	Gross Family Income and Assets Information (Page 10-14) You must verify all income that applies to your entire household (continued...): <ul style="list-style-type: none"> o Social Assistance – Drug card and cheque stub 	
	Declaration Signed (Page 17)	

√	Application for Rent-Geared-to-Income: Part 2	Office Use
	Modified Units (Page 18) <ul style="list-style-type: none"> o Request for Accessible Accommodation- Form 106 (if applicable) 	
	Building Choices (Page 20-22)	

√	Application for Rent-Geared-to-Income: Part 3	Office Use
	Accommodation History (Page 23-24) <ul style="list-style-type: none"> o Request for Homelessness Status- Form 101 (if applicable) o Declaration of Intent to Sell Property- Form 104 (if applicable) 	

Additional Forms If Necessary:		
	Request for Homelessness Status – Form 101	
	Declaration of Child Support & Custody – Form 102	
	Special Priority Application – Form 103	
	Declaration of Intent to Sell Property – Form 104	
	Request for an Additional Bedroom for Medical Reasons – Form 105	
	Request for Accessible Accommodation – Form 106	
	Independent Living Assessment – Form 109	
	Consent to Release Personal Information - Form 111	

Consent to Disclosure of Information and Documents

Please Read Carefully and Sign

This is your legal agreement with us to consent to the release of your personal information.

1. I understand that The City of Stratford and any housing provider listed in my application for subsidized housing assistance are permitted under the *Housing Services Act, 2011 (HSA)* and/or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* to collect personal information about me and my household so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in the applicable legislation.
2. I understand and agree to release any personal information and required documents to either the City of Stratford and/or the housing provider for the purpose of processing my application for subsidized housing assistance which may include determining:
 - a. my initial and ongoing eligibility for subsidized housing assistance;
 - b. the size and type of unit that I may be eligible for;
 - c. where I am on the waiting list for subsidized housing assistance; and
 - d. the amount of subsidized housing assistance I will be required to pay.Any personal information collected by the City of Stratford and/or the housing provider about me for the above mentioned purpose will be hereafter referred to as “my personal information”.
3. I agree to release to the City of Stratford and/or the housing provider information about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependants or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my initial or ongoing eligibility for subsidized housing assistance.
4. For the purpose set out in paragraph 2, I allow the City of Stratford and/or the housing provider to obtain any credit information about me from any credit agency or any other source.
5. I allow the City of Stratford and/or the housing provider to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Ontario Housing Corporation, the Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the *Housing Services Act, 2011 (HSA)*, and each person or organization providing services by contract to any of them, if it is needed to make decisions or verify my eligibility for assistance under any housing program offered by the City of Stratford from time to time, the *Housing Services Act, 2011 (HSA)*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*.
6. I understand that any of my personal information given by the City of Stratford and/or the housing provider to a government or body mentioned above in paragraph 5 is confidential and will only be given in accordance with *HSA* and/or *MFIPPA*.
7. I understand that any of my personal information provided by me to the housing provider is given on the understanding that the housing provider is collecting this information on behalf of the City of Stratford.
8. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.

Continued on next page...

9. I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact:

The Office of the Director of Social Services
 The City of Stratford
 Social Services Department
 Housing Access Unit
 82 Erie Street, Stratford, ON N5A 2M4
 Tel: 1-519-271-3773 X 261 or 1-800-669-2948

Sign Here (All Applicants & Dependents 16+ years of age must sign this Release)

Applicant(s) Name (please print)	Applicant(s) Signature	Witness Signature (Housing Staff Only)	Date

Contact Information

Please provide your name and current contact information.

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

Applicant 1 – Last Name		First Name	
Date of Birth (day/month/year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number
Apt/Unit Number	Street Number	Street Name	
Town/City		Province	Postal Code
Home Phone Number ()	Work Phone Number ()		Cell Phone Number ()
Email Address:			
Alternate Person to Contact and Relationship:		Phone number (where we can leave a message): ()	

Applicant 2 - Last Name		First Name	
Date of Birth (day/month/year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number
Apt/Unit Number	Street Number	Street Name	
Town/City		Province	Postal Code
Home Phone Number ()	Work Phone Number ()		Cell Phone Number ()
Email Address:			
Alternate Person to Contact and Relationship:		Phone number (where we can leave a message): ()	

Present Accommodation

Are you currently homeless? Yes No

If, Yes please complete and attach a Request for Homelessness Status – Form 101

Own/Co-Own Rent Temporary Staying with Relative or Friend No Permanent Address

How much do you currently pay per month for rent? _____

Do you pay subsidized rent /rent-geared-to-income (RGI) at this address? Yes No

Does any household member listed on this application reside in RGI Housing? Yes No

Have you or any applicants listed on page 7 lived in subsidized housing at any time?

If yes, please state where and when: _____ Yes No

Do you owe any rental arrears to any Landlord? Yes No

Do you owe any rental arrears to any Social Housing Provider? Yes No

Household Information

Please provide information about all adults and children who will live with you other than Applicant 1 or Applicant 2 listed on page 7.

Last Name	First Name	Relationship	Date of Birth YYYY/MM/DD	Male/ Female	Social Insurance Number

Do all of the people listed currently live with you full-time? Yes No

If no, please give the name of the person(s), the date they will start living with you, and the reason they are not living with you now:

Please attach a Declaration of Child Support & Custody - Form 102, for all custody arrangements

Is any member of your household expecting a baby? Yes No

If yes, Expected due date: _____

If yes, please attach a Doctor's note as verification: Attached Not Applicable

Application for Special Priority Status

Complete this section **only** if you are applying for Special Priority on the waiting list because **someone that you live with, or have lived with in the last 3 months**, is abusing you.

You will need to complete the **Special Priority Application Package (Form 103)** which can be requested from the Housing Access Centre.

I DECLARE that I have been abused by:

Name of Person:	Relationship to Person:
------------------------	--------------------------------

I DECLARE that I intend to permanently live apart from this person and that:

- I am currently living with this person
OR
- I have not lived with this person since
OR
- I have never lived with this person
OR
- This person is my Canada Immigration sponsor

Date:

If you have not lived with this person within the last three months, please indicate why you have not applied for Special Priority Status until now:

- I HAVE ATTACHED** proof that I live with or have lived with this person (e.g. copy of lease, rent receipt, utility bills)

I REQUEST Special Priority Status on the centralized waiting list for rent-geared-to-income (RGI) assistance.

I CONSENT to the destruction of the Verification Record and all supporting documentation if I become ineligible for RGI assistance or become housed.

I CONSENT to the disclosure to the City of Stratford of the Verification Record and any other information or documents it may request to verify this Declaration in order to determine my eligibility for Special Priority status.

Emergency Contacts

Please indicate your Next of Kin, Support Worker, Trustee and/or Power of Attorney.

Name	Phone Number	Address	Relationship to You

Attending School Full Time

Are you or any member of the household attending school full time? Yes No

If Yes, please provide proof (i.e. Report Card or letter from school)

Last Name	First Name	Name of School	Dates of Attendance

Status in Canada

Were all the people in your household born in Canada? Yes No

If No, please provide information for all people born outside of Canada.

Attach Verification (Photocopy i.e Birth Certificate, Record of Landing, Canadian Immigration Documents, etc.)

Name	Date moved to Canada	Current status in Canada	Is there a sponsorship agreement in place?	Date sponsorship agreement ends	Proof attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Property

Does any household member on this application own property (e.g. house, cottage, farm, land, mobile home, trailer, etc.)?

Yes No

If Yes, please provide the following information as well as complete the **Declaration of Intent to Sell Property (Form 104)**:

Type of Property	Location	Assessed value (\$)
		Mortgage owing(\$)

Gross Family Income and Assets

“Income” means all gross income, benefits and gains of every kind and from every source. “Gross household income” means the income of every household member who is expected to live in the household applied for. Some income may be excluded for Rent-Geared-to-Income Assistance purposes, but it still must be reported. The following lists provide some of the possible sources of income as well as the usual documentation required by CRA (Canadian Revenue Agency) Self Help to verify the income. If you are unable to provide the documentation or have questions, please contact your housing worker at 519 271-3773 ext.245.

Income or Assets	Proof Required (for all Applicants)
Employment	Proof Required (for all Applicants)
<ul style="list-style-type: none"> <input type="checkbox"/> Full-time, part-time, casual, seasonal, overtime <input type="checkbox"/> Commissions, tips, bonuses <input type="checkbox"/> Illness and disability pay 	<ul style="list-style-type: none"> <input type="checkbox"/> Letter from employer or agency indicating gross income or average earnings and length of employment; or <input type="checkbox"/> Pay stubs (for at least 2-months) provided they have some identifiable information on them, or copy of cheque; or <input type="checkbox"/> <i>Your Housing Provider</i> can provide you with a "Proof of Employment Income" form, to be filled out by your employer
Self- Employment	Proof Required (for all Applicants)
<ul style="list-style-type: none"> <input type="checkbox"/> Tutoring <input type="checkbox"/> Babysitting/Child Care <input type="checkbox"/> Taxi <input type="checkbox"/> Business <input type="checkbox"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Self-employed less than one year: <ul style="list-style-type: none"> ▪ Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths <input type="checkbox"/> Self-employed over one year: <ul style="list-style-type: none"> ▪ Financial statements prepared by a public Accountant; or ▪ Certified income tax return, and CCRA Notice of Assessment , from the previous year
Pensions and Allowances	Proof Required (for all Applicants)
<ul style="list-style-type: none"> <input type="checkbox"/> Old Age Security (OAS) <input type="checkbox"/> Canada/Provincial Pension (CPP) <input type="checkbox"/> CPP – Disability <input type="checkbox"/> Gains <input type="checkbox"/> Pensions: Widow's, Retirement, War Disability, other Country <input type="checkbox"/> War Veteran's Allowance (DVA) <input type="checkbox"/> Training Allowances 	<ul style="list-style-type: none"> <input type="checkbox"/> Cheque stubs or copy of cheque (OAS); or <input type="checkbox"/> If Direct bank deposit <ul style="list-style-type: none"> ▪ Copy of pass book entries for previous 3 months or monthly bank statements; or <input type="checkbox"/> Letter from government agency issuing cheque <input type="checkbox"/> Statement from Canada Employment and Immigration or employer
Assets	Proof Required (for all Applicants)
<ul style="list-style-type: none"> <input type="checkbox"/> Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities) <input type="checkbox"/> Registered Retirement Savings Plan (RRSP) <input type="checkbox"/> Real Estate (house, land, cottage) <input type="checkbox"/> Guaranteed Income Certificates Life Insurance (with a cash surrender value) 	<ul style="list-style-type: none"> <input type="checkbox"/> Completed "Proof of Assets" form or copies of bank passbook(s) for the last two months for bank accounts only <input type="checkbox"/> Copy of RRSP Statement <input type="checkbox"/> Copy of Real Estate Appraisal(s) <input type="checkbox"/> Copy of Certificate(s) <input type="checkbox"/> Copy of Insurance Policy(ies) <input type="checkbox"/> Copy of T3 or T5 tax form

Support Income/Payments	Proof Required (for all Applicants)
<input type="checkbox"/> Workplace Safety and Insurance Board (WSIB) <input type="checkbox"/> Employment Insurance (EI) <input type="checkbox"/> Compensation for Victims of Crime <input type="checkbox"/> Alimony, child support, separation <input type="checkbox"/> Ontario Student Award Program	<input type="checkbox"/> Cheque stub or letter from government agency <input type="checkbox"/> Legal documents, letter from a lawyer, <input type="checkbox"/> a Sworn affidavit with both the applicant and ex- spouse's signatures <input type="checkbox"/> Copy of assessment form and confirmation of other earnings

Social Assistance	Proof Required (for all Applicants)
<input type="checkbox"/> Ontario Works (OW) <input type="checkbox"/> Ontario Disability Support Program (ODSP)	<input type="checkbox"/> Drug Card and Cheque stub

Income Information

All persons 16 years of age and older must complete individual forms and also supply the supporting documents.

1. Please read the following information carefully. **Do not write any information in the shaded areas.**
2. Please circle YES or NO to indicate if you are receiving any income from the sources listed below or **ANY OTHER SOURCE**. Please attach an additional sheet of paper if necessary.
3. Indicate the GROSS (before deductions) monthly income from that source. **Attach all supporting documents for all your income sources.**
4. If you are unsure about what may be an asset, please contact a housing worker at 519 271-3773 ext. 245.

Income Source	Circle Yes or No		Information/Explanation	Monthly Income (\$)	Monthly Income (\$)	Office Use Only: Excluded (\$)
	Y	N		Applicant 1	Applicant 2	
Employment Income	Y	N	Employer: Phone:			
Ontario Works (OW)	Y	N	OW Caseworker:			Threshold Limit \$85.00
Ontario Disability Support Plan (ODSP)	Y	N	ODSP Caseworker:			Threshold Limit \$109.00
Employment Insurance (EI)	Y	N	Start Date: # of weeks you have been approved for:			
Child Support Payment	Y	N				

Income Source	Circle Yes or No		Information/Explanation	Monthly Income (\$)	Monthly Income (\$)	Office Use Only: Excluded (\$)
	Applicant 1	Applicant 2				
Spousal Support Payment	Y	N				
Workers Compensation	Y	N	Workers Compensation Worker:			
Canada Pension Plan	Y	N				
Disability Plan	Y	N				
Old Age Security	Y	N				
Guaranteed Annual Income	Y	N				
Company Pension	Y	N				
Other Pension	Y	N				
Annuities	Y	N				
Self-Employment	Y	N				

Income Producing Assets	Circle Yes or No		Additional Information	Value (\$)	Value (\$)	Office Use Only: (\$)
	Applicant 1	Applicant 2				
Bank Account-Chequing	Y	N	Bank:			
Bank Account – Chequing	Y	N	Bank:			
Bank Account – Savings	Y	N	Bank:			
Bank Account – Savings	Y	N	Bank:			
Registered Retirement Savings	Y	N	Bank:			
Guaranteed Investment Certificate (GIC)	Y	N	Bank:			
Life Insurance (with cash surrender value)	Y	N	Policy #:			
Mutual Funds	Y	N				

Income Producing Assets	Circle Yes or No		Additional Information	Value (\$) Applicant 1	Value (\$) Applicant 2	Office Use Only: (\$)
	Y	N				
Stocks and Bonds	Y	N				
Real Estate (house, land, cottage)	Y	N				
Taxi or Business License	Y	N				
Have you received any money or assets from any other source?	Y	N				

Self-employment / Business Information

Are you self-employed or do you own your own business?

Yes No

If yes, please provide the following information:

Business Name:	
Address:	
Annual Income:	
Estimated Value of Business Assets:	

Tenant Insurance

It is mandatory to have tenant insurance. If you are receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) benefits, you may apply for funding to help pay for your monthly insurance payments under your shelter allowance.

Do you have tenant insurance?

No – If No, please note this information is required before the keys will be issued to you on move in.

Yes – If Yes, please provide the following information or a copy of your insurance certificate with your policy number.

Name of Insurance Company	Agent/Broker Name & Address	Agent/Broker Telephone Number

Transportation

	Check One		Year/Make/Model/Colour	License Plate #
Do you own a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you own a scooter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you own a motorized bike?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Pets

What type of Pet(s) do you have?	Breed	How Many?	License/Tag Number
Do you own any fish tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many?	What size are the tanks?	

The Tenant shall be responsible for the cost to repair any damages caused by the willful or negligent conduct of their pet(s), or the pet(s) of person(s) who are permitted in the Residential Complex by the Tenant, to the Leased Premises. Repairs for which the Tenant is responsible may be made by the Landlord and shall be charged to the Tenant. Repairs may be made by the Tenant, with the prior written approval of the Landlord.

Tenant Information for Safety & Emergency Evacuation Purposes

I, (we) hereby allow Perth and Stratford Housing Corporation to include the personal medical information below in the landlord's emergency/fire/evacuation procedures.

I understand that the intent of including this information is to provide emergency personnel with information that may assist them with my evacuation of the premises, if there is an emergency.

I, (we) may need assistance in an evacuation for the following reason(s):

Type of Challenge	Details	Household member(s) who may have difficulty evacuating
Mobility	<input type="checkbox"/> Wheelchair Dependent	
	<input type="checkbox"/> Walker	
	<input type="checkbox"/> Cane	
	<input type="checkbox"/> Scooter for outside transportation	

Type of Challenge	Details	Household member(s) who may have difficulty evacuating
Hearing	<input type="checkbox"/> Deaf or seriously hearing impaired	
Sight	<input type="checkbox"/> Blind or very low vision	
Oxygen Dependent	<input type="checkbox"/> I have ____ oxygen tanks	
Other	Please explain:	

I further understand that the collection and/or provision of this information does not guarantee that any emergency personnel, or any Perth & Stratford Corporation staff, will be able to respond to my individual needs during an emergency situation and that I am solely responsible for my own welfare.

Name (please print)	Signature	Date

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)*.

Occupancy Standards

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. **(Form 105/Form 106)**

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.*

Declaration

This is your declaration that the information you have provided is true.

I declare:

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to the City of Stratford and/or the housing provider will belong to them.
3. I understand that only the people I have listed on this document may live with me in subsidized housing.
4. I understand that the City of Stratford and/or the housing provider will use my personal information that I give them to determine if I am eligible or continue to be eligible for subsidized housing assistance; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of subsidized housing assistance payable by me.
5. I declare that I am in Canada legally.
6. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing project.
7. I understand that it is an offence, under the Housing Services Act, 2011 for an individual to knowingly obtain or assist a household member to obtain RGI assistance for which they are not entitled. Such an offence carries a fine and/or imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, the City of Stratford and/or the housing provider may request additional information, or may cancel my eligibility for subsidized housing assistance and may request my household to reimburse the City of Stratford for the amount of subsidized housing assistance paid on behalf of my household.
8. I understand that if the City of Stratford and/or the housing provider request a household to reimburse the City of Stratford, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to City of Stratford.

Sign Here (All Applicants & Dependents 16+ years of age must sign this Declaration)

Applicant(s) Name (please print)	Applicant's Signature	Witness Signature (Housing Staff Only)	Date

Personal information contained in this form or in any attachments to it, is collected by The City of Stratford and/or the housing provider, pursuant to the Housing Services Act, 2011 and/or the Municipal Freedom of Information and Protection of Privacy Act and will be used only as set out in this form. The information will be used to determine past, current and on-going eligibility to subsidized housing assistance, as well as for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household.

Instructions:

In this Part of the application, you will find the housing providers that offer rent-geared-to-income or subsidized housing.

Utilities are included in the housing charge for the unit, unless noted otherwise.

Please review these lists and mark an "✓" next to the building(s) where you would like to live. These are the only places where you will be offered housing.

Please choose carefully as you can receive only three offers before your name is removed from the waiting list for all locations. You can change your selections at any time by contacting the Housing Access Centre.

If you want more information - including photos - about any of the buildings listed below you can contact the Housing Access Centre or visit www.stratfordcanada.ca.

Modified Units:

Do you require a modified unit (e.g. wheelchair access, physical disability, mobility)?

Yes No

If Yes, details of the medical need for the modified unit must be provided by a health care professional. Complete a Request for Accessible Accommodation- Form 106 and attach to your application.

Are you applying for: (please check all that apply)

A barrier-free location A wheelchair modified unit Accessible Parking

Is any household member unable to climb stairs because of a disability or medical condition?

Yes No

Does any household member need an elevator because of a disability or medical condition?

Yes No

What types of special needs do you have? (please check all that apply)

Wheelchair accessible entry doors or doorways Automatic building entry doors Automatic unit doors
 Modified Bathroom Modified Kitchen Other

Tell us the specific needs (e.g. hearing impaired, etc.):

Parking:

Do you require parking? Yes No

Size of Unit:

There are rules about the size of unit (number of bedrooms) that you can move into if your rent is subsidized. The largest unit size allows one bedroom per person; spouses are expected to share.

What size unit do you want to move into? (Check all that apply.)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Three bedroom |
| <input type="checkbox"/> One bedroom | <input type="checkbox"/> Four bedroom |
| <input type="checkbox"/> Two bedroom | <input type="checkbox"/> Five bedroom |

Rent Supplement Units:

From time to time, units become available in buildings owned by private landlords (Stratford Only). These units are subsidized by the City of Stratford, Perth and Stratford Housing Corporation under the Rent Supplement Program. If you are interested in being offered a rent supplement unit by a private landlord, please indicate below.

- Yes No

Housing Providers with units for Singles, Couples and/or Families

Anyone can apply to these housing providers.

Co-operative Housing Providers


Some housing providers are listed as Co-Operative (Co-op) housing providers. These are clearly noted in the Building Choices section. People who live in Co-ops are not tenants. They are members of a community.

“Members” contribute their time to the management and day-to-day operation of the Co-Op by volunteering with various members committees.

In order to live in a Co-op you must first be approved for membership by the Co-Op. Anyone can apply for membership. You may be asked to attend an information session before being considered for membership.

For more information about Co-Operative Housing, you can contact any of the Co-Operative Housing Providers listed in the Building Choices section following or visit www.chfc.ca.

Modified Units

When you see the symbol “”, this means that this Housing Provider has some modified units in this bedroom size in addition to their non-modified units.

✓	Address	Floors/Utilities	Bldg Type	Co-op	Size of unit / number of bedrooms						Number of Units/ Bedrooms
					B	1	2	3	4	5	
Atwood - Perth and Stratford Housing Corporation											
	185 Ellen Street	Single Floor Apartment Utilities Included	APT			✓					12 One Bedroom Units in Total
Milverton - Perth and Stratford Housing Corporation											
	14 Mill Street West	Single Floor Apartment Utilities Included	APT			✓					19 One Bedroom Units in Total
	9 Fulton Street	Two Storey, Walk Up Utilities Included	APT		✓	✓					3 Bachelor Apts 8 One Bedroom Apts
Listowel - Perth and Stratford Housing Corporation											
	905-945 Davidson Ave	Semi-detached, Two Storey Tenant Pays Hydro Only	SEMI					✓	✓		8 Three Bedrooms 2 Four Bedrooms
	170 Queen Street E	Two Storey, Walk Up Utilities Included	APT			✓					24 One Bedroom Units in Total
	180 Queen Street E	Single Floor Apartment Utilities Included	APT		✓	✓					8 Bachelor Apts 4 One Bedroom Apts
	190 Queen Street E	Single Floor Apartment Utilities Included	APT			✓					6 One Bedroom Units in Total
	645 Derry Street E	Two Storey, Walk Up Utilities Included	APT			✓					27 One Bedroom Units in Total
Mitchell - Perth and Stratford Housing Corporation											
	Kent St and Arthur St	Semi-detached, Two Storey Tenant Pays Hydro Only	SEMI					✓	✓		8 Three Bedrooms 2 Four Bedrooms
	173 St. David Street	Two Storey, Walk Up Utilities Included	APT			✓					18 One Bedroom Units in Total
	175 St. David Street	Two Storey, Walk Up Utilities Included	APT		✓	✓					7 Bachelor Apts 4 One Bedroom Apts
	180 Wellington Street	Two Storey, Walk Up Utilities Included	APT			✓					26 One Bedroom Units in Total
St. Marys - Perth and Stratford Housing Corporation											
	270 Queen Street W	Four Storey, Elevator Utilities Included	APT			✓					32 One Bedroom Units in Total
	329 Jones Street W	Two Storey, Walk Up Utilities Included	APT			✓					31 One Bedroom
	329 Jones Street W	First Floor Utilities Included	APT			♿					2 Modified One Bedroom Units
St. Marys - Little Falls Housing Co-operative Inc. (24 Designated Rent-Geared-to-Income Units)											
	5 Southvale Rd., R.R. #4	Member Pays All Utilities	TOWN	X			✓	✓			
	5 Southvale Rd., R.R. #4	Member Pays All Utilities	APT	X		✓	✓				
	5 Southvale Rd., R.R. #4	Member Pays All Utilities	♿	X		♿	♿				1 One Bedroom 1 Two Bedroom

✓	Address	Floor/Utilities	Bldg Type	Co-op	Number of bedrooms					Number of Units/ Bedrooms	
					B	1	2	3	4		5
Stratford - Perth and Stratford Housing Corporation											
	Princess & Glastonbury Dr	Two Storey, Detached Houses Tenant Pays All Utilities	DET				✓	✓	✓		1 Two/1 Four 21 Three
	Warwick Rd & Arthur St	One Storey, Detached Houses Tenant Pays All Utilities	DET				✓	✓			2 Two/11 Three Bedroom units
	Canterbury Ave & Willow St	Two Storey, Detached Houses Tenant Pays All Utilities	DET				✓	✓	✓		1 Two/2 Four 7 Three Bedrooms
	Wilson Court & Maple Ave	Two Storey, Semi Detached Tenant Pays Hydro Only	SEMI					✓	✓	✓	17 Three/9 Four 1 Five Bedroom
	Graham Cres & Home St	Two Storey, Semi Detached Tenant Pays Hydro Only	SEMI					✓	✓	✓	15 Three/5 Four 1 Five Bedroom
	438-494 St. Vincent St S	Two Storey, Townhouse Tenant Pays Hydro Only	TOWN				✓	✓	✓	✓	9 Two/6 Three 3 Four/2 Five Bdrm
	1-37 Franklin Drive	Two Storey, Townhouse Tenant Pays Hydro Only	TOWN				✓	✓			16 Two Bedroom/ 14 Three Bedrooms
	60 Cawston Street	Two Storey, Walk Up Utilities Included	APT		✓	✓					16 Bachelor Units/ 9 One Bedroom
	61 Cawston Street	Two Storey, Walk Up Utilities Included	APT			✓					50 One Bedroom Units in Total
	62 Cawston Street	Two Storey, Walk Up Utilities Included	APT			✓					16 One Bedroom Units in Total
	224 Charles Street	Two Storey, Walk Up Utilities Included	APT			✓					24 One Bedroom Units in Total
	29 Buckingham Drive	Two Storey, Walk Up Utilities Included	APT			✓					51 One Bedroom Units in Total
	45 Buckingham Drive	4 Storeys, Elevator Utilities Included	APT			✓					102 One Bedroom Units in Total
Stratford - Banbury Housing Co-operative (22 Designated Rent-Geared-to-Income Units)											
	43-27 Barron Street	Member Pays All Utilities (Water paid by Co-op)	TOWN	X			✓	✓	✓		
	43-27 Barron Street	Member Pays All Utilities (Water paid by Co-op)	♿	X			♿	♿	♿		6 Two/2 Three 1 Four Bedroom
Stratford - Bard of Avon Housing Co-operative (32 Designated Rent-Geared-to-Income Units)											
	39 Borden Street	Member Pays All Utilities	TOWN	X			✓	✓	✓	✓	
	39 Borden Street	Member Pays All Utilities	♿	X			♿	♿			2 One Bedroom/ 1 Two Bedroom
Stratford - Festival City Housing Co-operative (32 Designated Rent-Geared-to-Income Units)											
	15-55 Athlone Cres	Member Pays All Utilities		X			✓	✓	✓	✓	1 Bedroom Apartments 2,3,4 Bedroom TH
	15-55 Athlone Cres	Member Pays All Utilities	♿	X			♿	♿	♿		2 One/1 Two Bdrm 3 Three Bedroom

✓	Address	Utilities	Bldg Type	Co-op	Number of bedrooms					Notes
					B	1	2	3	4	
Stratford - Vineyard Village Non-Profit Housing (35 Designated Rent-Geared-to-Income Units)										
	769 Downie Street	Member Pays All Utilities	TOWN				✓	✓	✓	
Stratford - Emily Murphy Centre * Second Stage Housing for Women in Crisis (20 Designated RGI units)										
	67 Barron Street	Included	APT			✓	✓	✓	✓	
	67 Barron Street	Included	♿				♿			
Stratford - Spruce Lodge Non-Profit Housing (59 Designated Rent-Geared-to-Income Units)										
	Tower One/Two 645 West Gore St		APT			✓	✓			Seniors/Handicapped Units Only
	Tower One/Two 645 West Gore St		♿			♿	♿			Seniors/Handicapped Units Only

You must tell us immediately if you move or if your telephone number changes.

If we cannot contact you, your name may be removed from the waiting list and we may be unable to offer you housing.



Accommodation History

Current Accommodations

Where do you **currently** live? Please provide details of the location you are residing below.

<input type="checkbox"/> Homeless <input type="checkbox"/> No Permanent Address <input type="checkbox"/> Temporary <input type="checkbox"/> Staying with Relative/Friend	When did you Move in	
	Location/Name of Individual	
	Street Address/ Apartment #	
	City/Province	
	Telephone Number	
	Monthly Rent/ Boarding Amount	
	<input type="checkbox"/> Complete a Form 101 – Request for Homelessness Status	
<input type="checkbox"/> Own/Co-Own	Street Address	
	City/Province	
	Date Purchased Home	
	<input type="checkbox"/> Complete a Form 104 – Declaration of Intent to Sell Property	
<input type="checkbox"/> Rental Unit	Date Moved In	
	Rental Address/ Apartment #	
	City/Province	
	Rent Amount	
	Landlord Name	
	Landlord Address	
	Landlord Telephone Number	

Personal information contained in this form or in any attachments to it is collected by The City of Stratford and/or the housing provider, pursuant to the *Housing Services Act, 2011* and/or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form. The information will be used to determine current/on-going eligibility to subsidized housing assistance, as well as for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household.

Previous Accommodations

Where have you lived in the past five (5) years? Please provide details of the locations you have resided.

<input type="checkbox"/> Stayed with Relative/Friend <input type="checkbox"/> Owned a Home <input type="checkbox"/> Rental Unit <input type="checkbox"/> Incarcerated	Date Moved In	
	Date Move Out	
	Rental Address/ Apartment #	
	City/Province	
	Landlord/Relative Name	
	Landlord/Relative Address	
	Landlord/Relative Telephone Number	

<input type="checkbox"/> Stayed with Relative/Friend <input type="checkbox"/> Owned a Home <input type="checkbox"/> Rental Unit <input type="checkbox"/> Incarcerated	Date Moved In	
	Date Move Out	
	Rental Address/ Apartment #	
	City/Province	
	Landlord/Relative Name	
	Landlord/Relative Address	
	Landlord/Relative Telephone Number	

<input type="checkbox"/> Stayed with Relative/Friend <input type="checkbox"/> Owned a Home <input type="checkbox"/> Rental Unit <input type="checkbox"/> Incarcerated	Date Moved In	
	Date Move Out	
	Rental Address/ Apartment #	
	City/Province	
	Landlord/Relative Name	
	Landlord/Relative Address	
	Landlord/Relative Telephone Number	