



# APPLICATION FORM

## HOUSING PROVIDERS OF THE UNITED COUNTIES OF PRESCOTT AND RUSSELL

FOR OFFICE USE ONLY	IAH <input type="checkbox"/>
DATE:	

Are you eligible? (You must meet all the following conditions):

- \* You must be a Canadian Citizen, Landed Immigrant, or have or have requested refugee status;
- \* At least one member of the family must be 16 years old or older;
- \* You must not owe money to any Housing Services Corporation;
- \* If you own a house or a cottage suitable for year-round living, you must agree to sell the property within six (6) months of living in subsidized housing;
- \* You must be able to live independently and make your own arrangements for support services if necessary.

THE INFORMATION ON THIS REQUEST FORM OR ON ADDITIONAL DOCUMENTS IS FOR THE PURPOSE OF ESTABLISHING YOUR ELIGIBILITY FOR A HOUSING UNIT. THE HOUSING CORPORATION MAY REQUEST MORE INFORMATION.

### INFORMATION ON THE APPLICANT

<b>LAST NAME</b>		<b>FIRST NAME</b>		MONTH	DATE OF BIRTH DAY	YEAR
Address (civic no. and street name)						
Town and province					Postal code	
Telephone no.			Cellular no.			
E-mail address			Social insurance no.			
GENDER F <input type="checkbox"/> M <input type="checkbox"/>	AGE	CIVIL STATUS <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widow/er			Is there a member of your household expecting a baby? YES <input type="checkbox"/> NO <input type="checkbox"/>	
FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		PERMANENT RESIDENT OR REFUGEE YES <input type="checkbox"/> NO <input type="checkbox"/>		

### INFORMATION ON THE CO-APPLICANT

<b>LAST NAME</b>		<b>FIRST NAME</b>		MONTH	DATE OF BIRTH DAY	YEAR
Cellular no.			Other no.			
E-mail address			Social insurance no.			
GENDER F <input type="checkbox"/> M <input type="checkbox"/>	AGE	CIVIL STATUS <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widow			RELATIONSHIP TO APPLICANT	
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		PERMANENT RESIDENT OR REFUGEE YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>OTHER MEMBER</b>		<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>DATE OF BIRTH</b>		
						MONTH	DAY	YEAR
<b>GENDER</b> F <input type="checkbox"/> M <input type="checkbox"/>	<b>AGE</b>	<b>Full-time student</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Custody type</b> Full <input type="checkbox"/> Shared <input type="checkbox"/> Occasional <input type="checkbox"/>		<b>Relation to applicant</b>		
<b>OTHER MEMBER</b>		<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>DATE OF BIRTH</b>		
						MONTH	DAY	YEAR
<b>GENDER</b> F <input type="checkbox"/> M <input type="checkbox"/>	<b>AGE</b>	<b>Full-time student</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Custody type</b> Full <input type="checkbox"/> Shared <input type="checkbox"/> Occasional <input type="checkbox"/>		<b>Relation to applicant</b>		
<b>OTHER MEMBER</b>		<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>DATE OF BIRTH</b>		
						MONTH	DAY	YEAR
<b>GENDER</b> F <input type="checkbox"/> M <input type="checkbox"/>	<b>AGE</b>	<b>Full-time student</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Custody type</b> Full <input type="checkbox"/> Shared <input type="checkbox"/> Occasional <input type="checkbox"/>		<b>Relation to applicant</b>		
<b>OTHER MEMBER</b>		<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>DATE OF BIRTH</b>		
						MONTH	DAY	YEAR
<b>GENDER</b> F <input type="checkbox"/> M <input type="checkbox"/>	<b>AGE</b>	<b>Full-time student</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Custody type</b> Full <input type="checkbox"/> Shared <input type="checkbox"/> Occasional <input type="checkbox"/>		<b>Relation to applicant</b>		

Are you interested in

subsidized unit?

market cost unit? (do not complete the monthly income and assets section of this form)

Be advised that your Housing Provider could request it

### MONTHLY INCOME AND ASSETS

#### INDICATE ALL CURRENT MONTHLY GROSS INCOME FOR ALL THE MEMBERS OF YOUR HOUSEHOLD

	APPLICANT	CO-APPLICANT	OTHER MEMBER	OTHER MEMBER
			Name :	Name :
Full or part time employment income	\$	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$	\$
Ontario Works	\$	\$	\$	\$
O.D.S.P. (disability pension)	\$	\$	\$	\$
Old Age Security (OAS)	\$	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$	\$
Federal Income Supplement	\$	\$	\$	\$
Workers Compensation (W.S.I.B.)	\$	\$	\$	\$
Scholarship or Student loan	\$	\$	\$	\$
Child support (received)	\$	\$	\$	\$
Child support (to pay)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Include all bank account balances	\$	\$	\$	\$
Value of real estate (house, land, trailer, etc.)	\$	\$	\$	\$
Value of investments (GIC, bonds, shares, interests, loans, etc.)	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Have you transferred assets (given your house, a building, or money) within the last three (3) years?

Yes  No  If yes, to whom?

### CURRENT ACCOMODATIONS (Investment in Affordable Housing of Ontario - IAH)

#### What type of dwelling do you currently live in?

Rent  Boarding with relatives  Owner  Other  \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Rent charge: \_\_\_\_\_

Is the electricity charge included in your rent charge? Yes  No  If not, how much does it cost per month? \_\_\_\_\_

Is the heating included in your rent charge? Yes  No  If not, how much does it cost per month? \_\_\_\_\_

Are the water and sewer charges included in your rent charge? Yes  No  If not, how much do they cost per month? \_\_\_\_\_

Do you like your current apartment? Yes  No  Do you think you will live there for a long time? Yes  No

Since when do you live there? \_\_\_\_\_

Name of current landlord: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Address: \_\_\_\_\_

### PREVIOUS TENANCY IN SUBSIDIZED RENTAL ACCOMMODATION IN ONTARIO HOUSING

Have you previously resided in subsidized rental accommodation in Ontario? Yes  No

If « yes », specify which member of the household it was and the name used at the time.

Name *occupancy dates* Address  
FROM: TO:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for leaving: \_\_\_\_\_

Have you accumulated rent arrears in any of your previous subsidized housing rentals in Ontario?

Yes  No

**SPECIAL NEEDS**

Is there a member of your household with special needs requiring the following arrangements?

First floor/no stairs

Wheelchair-accessible apartment

Do you have a scooter?

Other: (specify) \_\_\_\_\_

Do you have a medical note attesting your medical condition and/or your need for a scooter?    yes        no   

**OTHER CONTACTS**

Whom can we reach if we are unable to reach you? (member of your family, social worker, friend, etc.)

1) Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Other tel. no.: \_\_\_\_\_

1) Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Other tel. no.: \_\_\_\_\_

**DOCTOR**

Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Address: \_\_\_\_\_

**Please check all applicable boxes pertaining to you: (OPTIONAL)**

I am victim of violence (proof needed)

Young (16 or 17 years old)

Newcomer to Canada within the past one year (proof of Canadian status required)

**No-Smoking Policy At Apartment Buildings**

Due to the known health risks of exposure to second-hand smoke, increased risk of fire, and increased maintenance costs:

No tenants, residents, guests, business invitees, or visitors shall smoke cigarettes, cigars, or any similar tobacco product whose use generates smoke within the building. This prohibition includes all residential units within the building, all balconies and patios, enclosed common areas, as well as outside within nine (9) meters of doorways, operable windows, and air intakes.

**Insurance for personal property and liability**

Please note that multiple residences require that you possess a liability and personal property insurance. If mandatory, this term will be added to the lease.

**Waiting list**

You can be added to multiple Housing Providers' waiting lists. The Housing Providers list may be found on the website: [www.prescott-russell.on.ca](http://www.prescott-russell.on.ca).

**You are responsible for informing the Tenant Placement Clerk of any future changes to your address and/or phone number at 613-675-4642/1-800-667-9825 extension 6504 while your name is on the centralized waiting list managed by the United counties of Prescott and Russell. Please return your completed application form to:**

**Housing Services  
59 Court Street, P. O. Box 303  
L'Orignal ON K0B 1K0**

**The information requested on this form is being used to assess for a social program. Nothing in this form is intended to infringe upon the rights guaranteed in the *Ontario Human Rights Code*. The United Counties of Prescott and Russell are committed to equality, diversity, and non-discrimination.**



Check the boxes of the waiting lists you are interested in adding your name to:

**FAMILIES/ADULTS (less than 60 years old) 1 to 5 bedrooms**

<input type="checkbox"/> <b>ALFRED</b> 1, 2, 3 bedrooms	<input type="checkbox"/> <b>CASSELMAN</b> 1, 2 bedrooms	<input type="checkbox"/> <b>HAWKESBURY</b> 1, 2, 3, 4, 5 bedrooms
<input type="checkbox"/> <b>ROCKLAND</b> 1, 2, 3 bedrooms	<input type="checkbox"/> <b>VANKLEEK HILL</b> 3 bedrooms	

**SENIOR CITIZENS (60 years old or over) 1 bedroom only**

<input type="checkbox"/> <b>ALFRED</b>	<input type="checkbox"/> <b>CASSELMAN</b>	<input type="checkbox"/> <b>EMBRUN</b>
<input type="checkbox"/> <b>HAWKESBURY</b>	<input type="checkbox"/> <b>L'ORIGINAL</b>	<input type="checkbox"/> <b>MARIONVILLE</b>
<input type="checkbox"/> <b>PLANTAGENET</b>	<input type="checkbox"/> <b>ROCKLAND</b>	<input type="checkbox"/> <b>RUSSELL</b>
<input type="checkbox"/> <b>ST-ALBERT</b>	<input type="checkbox"/> <b>ST-ISIDORE</b>	<input type="checkbox"/> <b>VANKLEEK HILL</b>
<input type="checkbox"/> <b>WENDOVER</b>		

**HOUSING PROVIDERS:**

- Village of **Alfred** Non-Profit Housing Corporation
- **Casselman** Non-Profit Housing Corporation
- **Hawkesbury** Non-Profit Housing Corporation
- **Longueuil/L'Original** Municipal Non-Profit Housing Corporation
- Villa d'Accueil Ste-Thérèse de **Marionville** Inc.
- Village of **Plantagenet** Housing Corporation
- **North Plantagenet** Non-Profit Housing Corporation
- **Rockland** Housing Corporation
- Township of **Russell (Embrun)** Non-Profit Housing Corporation
- La Résidence Lajoie à but non lucratif de **St-Albert** Inc.
- **St-Isidore** Non-Profit Housing Corporation
- **Van Kleek** Senior Citizens Manor Corporation
- **United Counties of Prescott and Russell**, Housing Services

**DECLARATION, RELEASE, AND CONSENT TO INFORMATION**

I declare that all information given in this application is correct and is complete to the best of my knowledge. The application and supporting documents become the property of the United Counties of Prescott and Russell. Copies of the application and supporting documents may be given to Housing Providers that I have selected for placement on the waiting lists in locations where I wish to live.

Personal information contained on this form or in attachments is collected by the United Counties of Prescott and Russell pursuant to the *Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.F.31) or the *Municipal Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.M.56). This information will be used to determine eligibility for rent-geared-to-income assistance, the size and type of unit eligible for, the placement of the household on waiting lists, and the amount of geared-to-income rent. Personal information may be disclosed to Local Housing Corporations, Non-Profit Housing Corporations, the Ministry of Municipal Affairs and Housing, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing, and to social agencies providing financial assistance to the applicant. Information provided by the household may be shared for the purposes of making decisions or verifying eligibility for assistance under the *Housing Services Act, 2011*, the *Ontario Disability Support Program Act, (1997)*, the *Ontario Works Act, (1997)*, or the *Child Care and Early Years Act, 2014*. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions about this collection should be directed to the Housing Services Supervisor, United Counties of Prescott and Russell, 59 Court Street, P. O. Box 303, L'Orignal ON K0B 1R0, (613) 675-4642 or 1-800-667-9825 extension 6500.

Pursuant to the Provincial/Municipal *Freedom of Information and Protection of Privacy Act*, I give my consent and authorization to the United Counties of Prescott and Russell:

-to make enquiries to verify the information given in this application, and I authorize any person, corporation, or any social agency having knowledge of any such required information to release it to the United Counties of Prescott and Russell. I agree to provide any supporting material required for my application.

-to disclose the information given on this form to Non-Profit Housing Corporations, Local Housing Corporations, the Ministry of Municipal Affairs and Housing, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing, and social services providing financial assistance to me and persons on this application.

Signature of applicant:	Date:	Signature of co-applicant:	Date: