



APPLICATION FORM

HOUSING PROVIDERS OF THE UNITED COUNTIES OF PRESCOTT AND RUSSELL

FOR OFFICE USE ONLY

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 (1) 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

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

INFORMATION ON THE CO-APPLICANT

LAST NAME		FIRST NAME		DATE OF BIRTH	
				MONTH	DAY
				YEAR	
Cellular no.			Other no.		
Email address			Social Insurance no.		
GENDER		AGE	CIVIL STATUS		RELATIONSHIP TO APPLICANT
F M			single married common-law separated divorced widow(er)		
FULL-TIME STUDENT		CANADIAN CITIZEN		PERMANENT RESIDENT OR REFUGEE	
YES NO		YES NO		YES NO	

OTHER MEMBER	LAST NAME		FIRST NAME		DATE OF BIRTH		
					MONTH	DAY	YEAR
	GENDER	AGE	Full-time student		Custody type		
	F M		YES NO		Full	Shared	Occasional
	Relationship to applicant						
OTHER MEMBER	LAST NAME		FIRST NAME		DATE OF BIRTH		
					MONTH	DAY	YEAR
	GENDER	AGE	Full-time student		Custody type		
	F M		YES NO		Full	Shared	Occasional
	Relationship to applicant						
OTHER MEMBER	LAST NAME		FIRST NAME		DATE OF BIRTH		
					MONTH	DAY	YEAR
	GENDER	AGE	Full-time student		Custody type		
	F M		YES NO		Full	Shared	Occasional
	Relationship to applicant						
OTHER MEMBER	LAST NAME		FIRST NAME		DATE OF BIRTH		
					MONTH	DAY	YEAR
	GENDER	AGE	Full-time student		Custody type		
	F M		YES NO		Full	Shared	Occasional
	Relationship to applicant						

Are you interested in

a subsidized unit?

a market cost unit? (do not fill out 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 Name:	OTHER MEMBER Name:
Full- or part-time employment income	\$	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$	\$
Ontario Works (OW)	\$	\$	\$	\$
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 ACCOMMODATIONS

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 be living 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 telephone no.: _____

2) Name: _____ Tel. no.: _____
 Relationship: _____ Other telephone no.: _____

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

I am a victim of violence (proof needed)

Young (16 or 17 years old)

Newcomer to Canada within the past one (1) 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.

You are responsible for informing the Tenant Placement Clerk of any future changes to your address and/or your phone number at 613-675-4661/1-800-667-9825 while your name is on the centralized waiting list managed by the United Counties of Prescott and Russell. Please return your filled out application form to:

**Housing Services
 59 Court Street, P. O. Box 303 L'Orignal ON K0B 1K0
 or by e-mail at kmartel@prescott-russell.on.ca**

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 (under 60 years old) 1 to 5 bedrooms

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

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

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

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 Manager, United Counties of Prescott and Russell, 59 Court Street, P. O. Box 303, L'Orignal ON K0B 1K0, (613) 675-4661 or 1-800-667-9825.

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 (mm/dd/yy):	Signature of co-applicant:	Date (mm/dd/yy):