

176 Elm Street Toronto, Ontario M5T 3M4 Phone: (416) 981-6111 Fax: (416) 981-6112

Application for subsidized Housing in Toronto

| Applicant Responsibility: | | | | Office Use Only | | | | | |
|--|----------------------------|----------------|----------------|--|--------------------------|--|--------------------------|--|----------------------------|
| | | | | Office Ose | Omy | ************************************** | | | |
| 1. Keep in touch with Housing Connections at least once a year | | | | | year | | | | |
| 2 1/ | | • . | | | | TT11- | 1 D - C # | | |
| 2. Ke | ep your file up to da | ite | | | | Household Reference # | | | |
| | | | | ··········· | | | | | |
| Section 1 – Main Applicant Information | | | | | | | | | |
| Last name: | | | | | First name: | | | | |
| | | | | | | | | | 2000 |
| l " | s or living in temporary s | | No | | | | | | |
| | rovide a mailing addres | s and/or a pho | ne number be | low. If "No", | - | nplete the follo | | | |
| Apartment | Street | | | | City: | City: | | : | Postal Code: |
| Number: | Address: | | | ······································ | | | | | |
| Home | | Work | | | | Cell: | | Email: | |
| Phone #: | | Phone #: | | | Phone #: (if applicable) | | | | |
| ····· | live in subsidized housi | ng? Yes | | . | | | | | |
| Mailing | | | | | | | | | |
| Address: | | | | | | | | | |
| (if different # from above) | | | | | | | | | |
| | | | | | | | | | <u> </u> |
| Section 2A – S | econdary Contact Ir | nformation | | | | | | | |
| Contact's | | | | Contact's | | | Relationship of Contact: | | |
| Last Name: | | | | First Name: | | | | | T |
| l | | | City: | | | Province: | | Postal Code: | |
| number: | Address: | | | | | | | | |
| Daytime Phone #: Contact's Email Add | | | | nail Address: | ess: Permission to | | | send mail or discuss your application: | |
| (if applicable) | | | | | Yes | | No 🗌 | | |
| Section 2B – A | gency Contact Info | rmation | | | | | | | |
| Agency Name: | | | Worker's Name: | | | Permission to send mail or discuss your application: | | | |
| | | | | | | Yes No | | | |
| Mailing | | | | City: | | Province: | Postal Code | : Is ag | ency helping you with this |
| Address: | | | | | | | | appl | cation? Yes 🗌 No 🗌 |



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Section 3A - Household Information Status in Income/Assets Date of birth Sex List name of each person who will be living with you. Only Canada the people you list as members of this household can live Claimant Applied for Permanent Landed Immigrant Refugee or Refugee Canadian Citizen with you in subsidized housing. Gross Monthly Assets Month Year Day Residence Female You must attach proof of status in Canada for each member of Income (Estimated Male Relationship Value) your household. to you Source Source First name Last name (DD) (YYYY)Amount Amount (MM) Code Self \$ \$ \$ \$ \$ No Is any member of your household pregnant? Yes If "Yes", what is the baby's due date? No 🗌 Do you have any children in the custody of a Children's Aid Society because you do not have suitable housing? Yes If "Yes", attach a letter from a Children's Aid Society. Are you living with someone who threatens your safety or the safety of anyone else listed on this application? No 🗌 Yes (We will require written evidence. If you require more information please contact our office) Have you or anyone in your household been convicted of an offence related to rent-geared-to-income Yes No | | within the last two years? Do you, or anyone who plans to live with you, owe money to any social housing provider in Ontario? No 🗌 Yes Note: Your application may be cancelled if you fail to declare money owed to any social housing provider in Ontario. If you answered YES, complete section 3B



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| Section 3B – Details of Arrears | |
|---|--|
| Name of persons owing money: | |
| Name/Address of housing provider: | |
| How much is owing? \$ Has a written repayment s | chedule been set up? Yes No |
| If "Yes", what is the final repayment date? | Note: We will not accept your application if you do not attach a copy of the repayment schedule, signed by the housing provider. |
| Section 4 – Special Need | |
| Do you need a wheelchair accessible building? Yes No | Name: |
| Do you need a wheelchair modified unit? Yes No | Name: |
| Do you, or anyone who plans to live with you, need support services in order to liv | ve independently? Yes No No |
| If yes, name of family member requiring services ie Supportive Housing: Do you/they have support services services in No | wet up? What type of service (Supportive Housing) do you/they require? |
| Section 5 – Housing Needs | |
| Are you prepared to live on any floor in a high-rise building? Yes No | What is the highest floor you are willing to accept? What is the lowest floor you are willing to accept? |
| "Walk-up buildings" are buildings with four floors or less and no elevator. Would you be willing to live in a "walk-up building"? | Yes No |
| Section 6 – Bedrooms Required | |
| How many bedrooms do you need? Room Bachelor 1 Bedroo | m 2 Bedroom 3 Bedroom 4 Bedroom 5 or more Bedrooms |



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|------------------------------------|--|---|--|--|--|
| Section 6 | 6B – Sharing Bedrooms (For Households With C | hildren) | | | |
| (This questi | ion is for single parents who have a child of the same sex.) | Do you want to share a bedroom with your child? Yes No | | | |
| (This questi | ion is for parents who have both boys and girls.) | Are you willing to have a brother and a sister share a bedroom? Yes No | | | |
| If "Yes" to | either question you must sign here. This is your written au | thorization: | | | |
| | 1 | Applicant signature | | | |
| | | | | | |
| Section 6 | 6C - Location Choices | | | | |
| Tell us who will auton available o | natically place your household on the waiting list for hous | r Option #1 or Option #2. If you do not select either of these options, Housing Connections sing developments in the zone you currently reside in. A Map book with zones is | | | |
| Option 1 | Toronto is divided into 15 zones, please see Map on pa below. You may select as many zones as you want. | age 5 of instruction booklet. Select the zones where you would like to live by checking the circles | | | |
| i | 1 2 3 4 5 6 If you know the specific communities you want, please list If you want to add more, please attach separate sheet. | | | | |
| Map# | p # Building / Development Address | | | | |
| * | | | | | |
| ***** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| Comotine | Harring Connections have also the state of t | | | | |
| them your | , rousing Connections nears about a housing provider who name? | is not on your list but might meet your needs. If this happens, would you like us to give Yes No | | | |
| | | | | | |



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Section 7 - Collection, Use and Disclosure of Personal Information (We cannot process your application unless you accept the following terms and sign below where indicated)

The personal information provided within this application is collected by Access Housing Connections Inc. (Housing Connections) under the authority of the *Social Housing Reform Act*, 2000, S.O. 2000, c.27. (SHRA) and is collected for administering a centralized application and waiting list, and other social housing programs under the SHRA and prescribed by Regulation, and for any residential tenancy or occupancy I/we may eventually have with a housing provider or landlord. Questions about this collection may be made to Access Housing Connections Inc.

I/we understand that:

- This information is collected to permit Housing Connections (and its respective employees, agents and or contractors) to determine initial eligibility for housing accommodation, rent-geared-to-income assistance, household composition, occupancy, and other matters relating to social housing programs I/we are applying for.
- This information will also be used for the continuing review and monitoring, and updating of my/our application and eligibility for housing accommodation and rentgeared-to income assistance, and for other related purposes.
- A file containing personal information relating to my/our application, housing or tenancy and other personal information will be created by Housing Connections, and
 that this information will be shared with housing providers.
- I/we may have access to my/our personal information. To consult my/our file, I/we may do so by sending a written request to Housing Connections.
- Housing Connections may disclose the information to verify it and the contents of my/our application. In order to do so, I/we understand that Housing Connections
 may be required to disclose or share this information with other members of my/our household, other persons or agencies.

Consent to Disclose/Share Information

I/we consent to Housing Connections obtaining, disclosing or exchanging my/our personal or other information (including information contained in my/our application file, tenancy file or other files) at any time, from, to, or with relevant provincial ministries, the City of Toronto, other Service Managers under the SHRA, housing providers, lead agencies, administrators appointed by the Service Manager, and or organizations providing service to any of them, and any person or officer investigating or enforcing the law, under the SHRA, Ontario Disability Support Plan Act, Ontario Works Act, or the Day Nurseries Act, landlords, co-applicants, reference persons listed in our application, my/our employer(s), any agencies providing social assistance or services to me/us.

Housing Connections will use the information provided to determine, verify and monitor

- Application for housing
- Eligibility for housing
- Rent-geared-to-income assistance
- Other housing programs under the SHRA

- Collection of other monies owing as a result of any previous tenancy
- Third-party verification of information supplied
- Special needs or alternative housing
- Other consistent purposes not prohibited by law

| Date: | X | Χ |
|---|---|---|
| (mm/dd/yyyy) | Applicant's signature | Spouse's/co-applicant's signature |
| x | X | x |
| Household member 16 years of age or older | Household member 16 years of age or older | Household member 16 years of age or older |



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Section 7B - Declaration

(We cannot process your application unless you accept the following terms and sign below where indicated)

I/we give our word that everything in this application is correct and complete. If something is incorrect or not true, I/we understand that Housing Connections may cancel our application.

I/we declare that the following is true:

- There are no enforceable deportation, departure or exclusion orders against any member of this household.
- No member of this household has, within the last two years, been found guilty in a court of law or at the Ontario Rent Tribunal of:
 - an offence related to rent-geared-to-income assistance
 - misrepresenting their income in order to receive rent-geared-to-income assistance

I/we understand that only the people I/we have identified as members of this household may live with me/us in subsidized housing. While I/we am/are on the waiting list, I/we must tell Housing Connections about any changes to my/our housing needs.

I/we understand that, to remain eligible to stay on the waiting list for rent-geared-to-income housing, all members of my/our household must:

- Make arrangements to pay back any money owed to any subsidized housing provider in Ontario.
- Pursue income from all sources, including Ontario Works, support payments, Employment Insurance or any pension or support payments required under a sponsorship agreement.
- Tell Housing Connections right away about any change to my/our contact information or housing requirements.

| Date: | | X | x | | | | |
|-------|---|-------------------------------|--------------------------|--------------------------------|---|-----|--|
| | (mm/dd/yyyy) | Applicant's signature | Spo | use's/co-applicant's signature | | | |
| x | | x | x | | | | |
| House | hold member 16 years of age or older | Household member 16 years | s of age or older Ho | usehold member 16 years of ag | ge or older | | |
| | is checklist to make sure that yo ation back without placing you | | quired documents. | If any required document | ts are missing, we may be required to send yo | Dur | |
| | Status in Canada: You must at | tach photocopies of related d | ocumentation for ea | ach member of your house | hold. | | |
| | Arrears: If anyone in your household owes money to an Ontario housing provider, attach a copy of the agreement to repay, signed by the housing provider. | | | | | | |
| | Children's Aid: If any of your children are in the custody of a Children's Aid Society because you do not have suitable housing, attach proof in the form of a letter from the Children's Aid Society. | | | | | | |
| | Custody agreements: If you have asked for an additional bedroom because a member of your household has a legal custody agreement or visiting rights involving overnight stays, you must attach a copy of the agreement. | | | | | | |
| | Proof of disability: If you have asked for an additional bedroom because of a disability in your household you must attach a detailed explanation. (Additional medical verification may be required later.) | | | | | | |
| | nes Housing Connections holds | s information sessions to hel | p applicants unde Yes | rstand the application pro | ocess. Are you interested in attending an | | |