

Application for Affordable Housing

Please call or write to request this application in an alternate format.

In order for a household to be eligible for Affordable Housing, there must be a checkmark in each box on the left side of the table to indicate compliance in each box.

<input type="checkbox"/>	<p>At least one member of the household is 16 years of age or older, and is able to live independently</p> <ul style="list-style-type: none"> If household members need supports to live independently these must be pre-arranged by the applicants prior to move in 									
<input type="checkbox"/>	<p>No member of the household owes arrears to any social housing provider</p> <ul style="list-style-type: none"> Clean Province Wide Arrears Database Check 									
<input type="checkbox"/>	<p>Household members must meet program Household Income Limits</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Type of unit</th> <th>Monthly rate</th> <th>household annual gross income</th> </tr> </thead> <tbody> <tr> <td>One bedroom</td> <td>\$991 + hydro</td> <td>Min \$33,960 – Max \$47,568</td> </tr> <tr> <td>Two bedroom</td> <td>\$1,137 + hydro</td> <td>Min \$39,000 – Max \$54,576</td> </tr> </tbody> </table>	Type of unit	Monthly rate	household annual gross income	One bedroom	\$991 + hydro	Min \$33,960 – Max \$47,568	Two bedroom	\$1,137 + hydro	Min \$39,000 – Max \$54,576
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One bedroom	\$991 + hydro	Min \$33,960 – Max \$47,568								
Two bedroom	\$1,137 + hydro	Min \$39,000 – Max \$54,576								
<input type="checkbox"/>	<p>Household members must meet program Asset Limits</p> <ul style="list-style-type: none"> The maximum asset limit for seniors is \$200,000 The maximum asset limit for all others is \$100,000 									
<input type="checkbox"/>	<p>Household meets City of Stratford Service Manager local rules for Occupancy Standards</p> <ul style="list-style-type: none"> The largest unit size allows one bedroom per person; couples are expected to share 									
For your application to be considered complete you must include:										
<input type="checkbox"/>	Proof of Status in Canada for all household members									
<input type="checkbox"/>	<p>Verification of income and assets for household members:</p> <ul style="list-style-type: none"> 2019 Notice of Assessment Form 306 - Assets Review Form 									
<input type="checkbox"/>	Verification of custody for any dependents listed on this application									

IMPORTANT: THIS BUILDING IS SMOKE FREE
THERE ARE NO BALCONIES OR PATIOS
PET POLICY IS A MAX OF TWO CATS, TWO DOGS, OR MIX THEREOF

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

Contact Information

Applicant 1 – Last Name		First Name	
Date of Birth (dd/mm/yyyy)		Gender	Social Insurance Number
P.O. Box #	Apt/Unit #	Street Number and Street Name	
Town/City		Province	Postal Code
Primary Contact No.	Secondary Contact No.	Preferred mode of Communication? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email Address:			
Applicant 2 - Last Name		First Name	
Date of Birth (dd/mm/yyyy)		Gender	Social Insurance Number
P.O. Box #	Apt/Unit #	Street Number and Street Name	
Town/City		Province	Postal Code
Primary Contact No.	Secondary Contact No.	Preferred mode of communication? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email Address:			

Household Information

Please provide information about any other household members (other than applicant 1&2). This includes any children and/or dependents.

Last Name	First Name	Relationship	Date of Birth dd/mm/yyyy	Gender	SIN Number

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; couples are expected to share.

You may choose a smaller unit than you qualify for but not a larger one. (Please check all that apply.)

- One bedroom Two bedroom

Accessibility

I/We require wheel chair accessibility? Yes No

I/We require modified accessibility? Yes No

I/We require other accessibility needs? Yes No

Please explain your requirements:

If you have answered yes to any of these questions in this section, you must have a health care professional complete a Request for Accessible Accommodation Form 106 and attach it to your application.

Parking

- I do not require parking
 I require one (1) parking space
 I require two (2) parking spaces

Pets

What type of pet(s) do you have?	Breed	How Many?	License / Tag Number

Sources of Income & Assets

For the purposes of assessing eligibility for affordable housing, income means all gross income (before deductions), benefits and gains of every kind and every source.

Please provide supporting documentation to verify all income and assets reported on this form.

Source of Income (per month)	Applicant's Gross Monthly Income	Co-Applicant's Gross Monthly Income	Other Applicant(s) Gross Monthly Income
Employment (all sources)	\$	\$	\$
Self-Employment	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workers Compensation (WSIB)	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Old Age Security Pension (OAS)	\$	\$	\$
Federal Guaranteed Income Supplement (GIS)	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$
Quebec Pension Plan			
Company Pensions	\$	\$	\$
Widow's Pension	\$	\$	\$
Private Pension	\$	\$	\$
Child Support	\$	\$	\$
Spousal Support/Alimony	\$	\$	\$
Annuity	\$	\$	\$
Social Security (other countries)			
Payments from Children's Aid Society			
Other:	\$	\$	\$
Source of Assets (per month)	Applicant	Co-Applicant	Other Applicant(s)
Real Estate/Property	\$	\$	\$
Bank Account(s) – Saving	\$	\$	\$
Stocks, Shares, Bonds	\$	\$	\$
Taxi or Business License	\$	\$	\$
Guaranteed Income Certificate (GIC)	\$	\$	\$
Mutual Funds	\$	\$	\$
Bank Account(s) – Chequing	\$	\$	\$
Real Estate/Property	\$	\$	\$
Disposal of Assets within the past 36 months	\$	\$	\$
Life Insurance with a cash surrender value			
Other:	\$	\$	\$

Declaration, Release and Consent

Collection of Personal Information:

- This information is being collected for the purpose of administration of the Affordable Housing program to verify eligibility; and
- 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 Division
82 Erie Street, Stratford, ON N5A 2M4
Tel: 1-519-271-3773 X 261 or 1-800-669-2948

Consent to disclose/share information:

- members of the household who request information about themselves, unless the information reveals something personal/private about another person or organization, or providing that information will put any another person at risk;
- the City of Stratford or to any government or organization with whom the City of Stratford has an agreement for the purpose of administering an Affordable Housing Program; and/or
- relevant authorities or persons, when:
 - (i) disclosure is permitted or required under legislation or regulation including, but not limited to the Criminal Code of Canada, Child and Family Services Act, 1990, Municipal Freedom of Information and Protection of Privacy Act, 1990, Personal Health Information Protection Act, 2004, Ontario Works Act, 1997, Ontario Disability Support Program Act, 1997
 - (ii) disclosure is required pursuant to a court order or subpoena
 - (iii) refusing or neglecting to provide personal or health information could endanger the safety of members of the household or others

Declaration:

1. I declare that everything I have written in this application is correct and complete.
2. I understand that this application is for the purposes of verifying eligibility for Affordable Housing and does not constitute an agreement or promise of rental accommodation.
3. I declare that you have my consent to contact the landlord's I have listed as references for the purpose of a **landlord reference check**
4. I declare that I have consented to a **credit check** as part of the application process for Affordable Housing

Sign Here (All Applicants must sign this Declaration)

Applicant(s) Name(s), please print	Applicant's Signature	Date