



## Application for Affordable Housing

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.

At least one member of the household is 16 years of age or older, and is able to live independently

- If household members need supports to live independently these must be pre-arranged by the applicants prior to move in

No member of the household owes arrears to any social housing provider

- Clean Province Wide Arrears Database Check

Household members must meet program Household Income Limits

Type of unit	Monthly rate	Household Annual Gross Income
One bedroom	\$1,176 + hydro	Min \$33,960 – Max \$56,448
Two bedroom	\$1,355 + hydro	Min \$39,000 – Max \$65,040

Household members must meet program Asset Limits

- The maximum asset limit for seniors is \$200,000
- The maximum asset limit for all others is \$100,000

Household meets City of Stratford Service Manager local rules for Occupancy Standards

- The largest unit size allows one bedroom per person; couples are expected to share

### For your application to be considered complete you must include:

Proof of Status in Canada for all household members

Landlord Reference

Verification of income and assets for household members:

- Notice of Assessment from most recent tax year
- Form 306 - Assets Review Form
- 3 months of proof of earnings

Verification of custody for any dependents listed on this application

Completed Credit Check (full printed report from Equifax or Trans-Union)

### Important:

This building is smoke free

There are no balconies or patios

Pet policy is a max of two cats, two dogs or a mix thereof

## Contact Information

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### Applicant 1

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Legal Name:

Date of Birth:

Gender Identity:

Social Insurance Number:

P.O. Box:

Unit #:

Street Number and Name:

Town/City:

Province:

Postal Code:

Primary Contact Number:

Secondary Contact Number:

Email:

Preferred method of contact:

Mail

Email

Phone

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### Applicant 2

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Legal Name:

Date of Birth:

Gender Identity:

Social Insurance Number:

P.O. Box:

Unit #:

Street Number and Name:

Town/City:

Province:

Postal Code:

Primary Contact Number:

Secondary Contact Number:

Email:

## 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)	Gross Monthly Income		
Name			
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)

Name			
Bank Account(s) – Chequing	\$	\$	\$
Bank Account(s) – Saving	\$	\$	\$
Stocks, Shares, Bonds	\$	\$	\$
Taxi or Business License	\$	\$	\$
Guaranteed Income Certificate (GIC)	\$	\$	\$
Mutual Funds	\$	\$	\$
Real Estate/Property	\$	\$	\$
Disposal of Assets within the past 36 months	\$	\$	\$
Life Insurance with a cash surrender value	\$	\$	\$
Other:	\$	\$	\$

## 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
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## 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 wheelchair 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 Accommodation Form 108 and attach it to your application.

## Parking

I do not require parking

I require 1 parking space

I require 2 parking spaces

## Pets

Type of pet?	Breed	How Many?	License/Tag Number
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## 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 landlords I have listed as references for the purpose of a landlord reference check

**Please be advised the City of Stratford is not maintaining a 'wait list' for the Britannia Affordable Housing Project.**

Applicant #1

Applicant #2

Applicant #3

Name:

Date:

Signature: