



City Hall Annex • 82 Erie Street • Stratford, Ontario • N5A 2M4  
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Email: [socialsrv@stratford.ca](mailto:socialsrv@stratford.ca) • Website: [www.stratford.ca](http://www.stratford.ca)

# Application for Rent-Geared-to-Income (RGI) Assistance Form 100

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## Instructions

1. Answer all sections
2. Attach required documentation (please provide copies rather than originals)
3. Make sure all household members 16 years of age or older have signed the application
4. Make sure your checklist is complete
5. Submit the application and all paperwork to the Social Services office at 82 Erie St.

Please allow **30 days** for your application to be processed. Once reviewed, you will be contacted in writing regarding the status of your application.

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## Important!

It is your responsibility to notify the Housing Access Centre of any changes to your contact information and/or circumstances. If we are unable to contact you at the number or the address on the application, your application will be **cancelled** and your name will be **removed** from the Wait List. You must provide either a mailing address or email address where we can communicate with you. Please be sure to check junk and spam folders.

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The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or [clerks@stratford.ca](mailto:clerks@stratford.ca)

## **Checklist**

### **Section 1 – Contact Information**

### **Section 2 – Household Information**

Verification of custody for all dependents listed (example: CCB Letter, OW/ODSP stub, letter from CAS, court documents etc.)

### **Section 3 – Eligibility**

Status in Canada documents for all household members listed (Example: Birth Certificate, Passport, Permanent Resident Card)

If arrears are owed to a Social Housing Provider, verification that the arrears agreement is in good standing

### **Section 4 – Income and Assets**

Most recent Notice of Assessment/Income Tax Return

Asset Review – Form 306 completed and stamped by your bank Income Verification

Source of Income (Example: most recent OW/ODSP stub, 8-weeks of recent pay stubs)

Two Months Bank Statements for all accounts

### **Section 5 – Request for Priority and Accessibility**

### **Section 6 – Housing Selections**

### **Section 7 – Alternate Contacts**

### **Consent & Declaration**

**Health Card, Driver's License, and Age of Majority Card are not accepted.**

## Contact Information – Section 1

### Applicant #1 Contact

Name:

Date of Birth (dd/mm/yyyy):

Social Insurance Number:

Gender Identity:

Mailing Address (include street number and name):

Unit Number:

P.O. Box Number:

Town or City, Province and Postal Code:

Phone number:

Email:

Attending School Full Time?

No

Yes

Institution:

### Applicant #2 Contact

Name:

Relationship to Applicant #1:

Date of Birth (dd/mm/yyyy):

Social Insurance Number:

Gender Identity:

Mailing Address (include street number and name):

Unit Number:

P.O. Box Number:

Town or City, Province and Postal Code:

Phone number:

Email:

Attending School Full Time?

No

Yes

Institution:

## Household Information – Section 2

In this section, we are asking you to provide information about all other people such as adults and children who will live with you other than yourself and the Secondary Contact. For anyone over the age of 16, please provide proof of enrollment and course load if they are attending school. (Ex. Report card, letter from Registrar's Office)

### Other Members of the Household

#### Member #1

Name:

Relationship:

Date of Birth (dd/mm/yyyy):

Social Insurance Number:

Gender Identity:

Attending School Full Time?      No      Yes      Institution:

#### Member #2

Name:

Relationship:

Date of Birth (dd/mm/yyyy):

Social Insurance Number:

Gender Identity:

Attending School Full Time?      No      Yes      Institution:

#### Member #3

Name:

Relationship:

Date of Birth (dd/mm/yyyy):

Social Insurance Number:

Gender Identity:

Attending School Full Time?      No      Yes      Institution:

#### Pregnancy

Please indicate if any member of your family is currently pregnant. Name:

Due Date:

## Eligibility – Section 3

This section of the application determines the eligibility of each family member. Verification documents for status in Canada must be submitted.

1. Is each member of the household a Canadian citizen, has applied for or is a permanent resident under the Immigration and Refugee Protection Act (Canada), has refugee status, or made a claim for protection under the Immigration and Refugee Protection Act (Canada)?  
**Yes**                      **No**
  
2. Has a removal order become enforceable under the Immigration and Refugee Protection Act (Canada) for any member of the household?  
**Yes**                      **No**
  
3. Is at least one member of the household 16 years old or older and able to live independently? An individual is able to live independently if they can carry out the normal essential activities of day-to-day living, whether on their own or with the aid of support services that the individual demonstrates will be provided when required.  
**Yes**                      **No**
  
4. Have any household members previously lived in Subsidized Housing?  
**Yes**                      **No**                      Member Names:
  
- Does any member of the household owe arrears as a result of a previous tenancy with a Social Housing Provider for rent-geared-to-income (RGI) assistance?  
**Yes**                      **No**                      Housing Provider Name:
  
- If yes, is there a repayment agreement in good standing?  
**Yes**                      **No**
  
5. Has any member of the household ever been convicted of an offence in relation to the receipt of rent-geared-to-income assistance (RGI)?  
**Yes**                      **No**
  
6. Has any member of the household ever been convicted of an offence under the Housing Services Act (HAS) or the Criminal Code in relation to the receipt of rent-geared-to-income assistance (RGI) in the last two years?  
**Yes**                      **No**
  
7. Has any member of the household been convicted on an N6 or N6C within the last 5 years?  
**Yes**                      **No**

## Income and Assets – Section 4

### Source of Income

Please indicate any sources of income for anyone in the household 16 years of age or older. Please enter amounts received per month. For the purpose of assessing eligibility for Rent-Geared-to-Income Assistance, income means all gross income (before deductions), benefits and gains of every kind and every source. Any sources of income or assets not listed are to be included under "Other".

Name:	Applicant #1	Applicant #2	Member
Ontario Disability Support Program (ODSP)	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Employment (all sources)	\$	\$	\$
Old Age Security Pension (OAS)	\$	\$	\$
Federal Guaranteed Income Supplement (GIS)	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$
Pensions (all sources)	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workers Compensation (WSIB)	\$	\$	\$
Ontario Student Assistance Program (OSAP)	\$	\$	\$
Self-Employment	\$	\$	\$
Child Support	\$	\$	\$
Spousal Support or Alimony	\$	\$	\$
Annuity	\$	\$	\$
Other	\$	\$	\$

Does anyone in the household own any property that is suitable for year-round occupancy?  
(Example: house, cottage, mobile home, etc.)

**No**                      **Yes**

# Request for Priority and Accessibility – Section 5

## Request for Priority

Is someone that you live with, or lived with in the last 3 months, abusing you?

Yes      No

Please note that you may be eligible for local homelessness priority if you are a resident of the City of Stratford, Town of St. Marys, or Perth County and are active on the By-Name List. For inquiries about the By-name List, please call 519-271-3773 ext. 200.

## Accessibility

Do you require any of the following for **medical reasons**?

Ground Floor/elevator?	Yes	No
Wheelchair accessibility?	Yes	No
Modified accessibility?	Yes	No
Other Accessibility needs?	Yes	No
Additional bedroom for medical reasons?	Yes	No

Please explain your accessibility requirements below:

## Housing Selection – Section 6

In this part of the application, you will find our community housing providers that offer RGI Assistance. Please indicate your housing selections by checking the box beside the locations you would like to live. You will only be offered a unit at the locations you have marked. **Please choose carefully as you can receive only one offer before your name is removed from the waiting list for all locations.** You can change your selections at any time by contacting the Housing Access Centre.

### 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 (subject to custody); couples are expected to share.

Please note occupancy standards do not apply to accessible units.

You may choose a smaller unit than you qualify for but not a larger one. Please check the unit sizes you would like to be considered for.

Bachelor

One Bedroom

Two Bedroom

Three Bedroom

Four Bedroom

Five Bedroom



Accessible Units



Appliances Included



Seniors Only Buildings (55+)

## Rent Supplement Units

From time to time, units become available in buildings owned by private landlords who have entered into Rent Supplement Agreements with the City of Stratford Service Manager. These units are subsidized by the City of Stratford Service Manager under the Rent Supplement Program. Under this arrangement, applicants would sign a standard Ontario lease with the private landlord and a separate Rent Supplement Agreement with the City of Stratford Service Manager for the subsidy.

If you are interested in being offered a rent supplement unit, please indicate below by checking the locations you are interested in:

### Location









Stratford	Yes	No
Listowel	Yes	No
St. Marys	Yes	No

## Housing Selection

### Perth & Stratford Housing Corporation Units






Perth and Stratford Housing Corporation is the largest RGI housing provider in the area. Please note that all properties are smoke-free and have a 2-pet maximum.

### Stratford





Address	Building Type	Utilities	Bedrooms
60 Cawston 	Two storey, walk up	included	Bachelor, 1 Bed
61 Cawston 	Two storey, walk up	included	1, 2 Bed
62 Cawston 	Two storey, walk up	included	1 Bed
224 Charles 	Two storey, walk up	included	1 Bed
29 Buckingham  	Two storey, walk up	included	1 Bed
45 Buckingham  	Four storey, elevator	included	1 Bed
Princess & Glastonbury	Detached house, two storeys	tenant pays all	2, 3, 4 Bed
Warwick & Arthur	Detached house, Bungalow	tenant pays all	2, 3 Bed

Canterbury & Willow	Detached house, two storeys	tenant pays all	2, 3, 4 Bed *Willow is 4, 5 Bed
Wilson & Maple	Semi-detached, two storeys	tenant pays hydro	3, 4, 5 Bed
Graham & Home	Semi-detached, two storeys	tenant pays hydro	3, 4, 5 Bed
St. Vincent Street S	Townhouse, two storey	tenant pays hydro	2, 3, 4, 5 Bed
Franklin Drive	Townhouse, two storey	tenant pays hydro	2, 3 Bed


## Listowel

Address	Building Type	Utilities	Bedrooms
170 Queen E 	Two storey, walk up	included	1 Bed
180 Queen E 	Single Floor	included	Bachelor, 1 Bed
190 Queen E 	Single Floor	included	1 Bed
645 Derry E 	Two storey, walk up	included	1 Bed
Davidson 	Semi-detached, two storey	tenant pays hydro	3, 4 Bed



## Mitchell

Address	Building Type	Utilities	Bedrooms
173 St. David 	Two storey, walk up	included	1 Bed
175 St. David  	Two storey split level with stairs <i>No ground floor</i>	included	Bachelor, 1 Bed
180 Wellington 	Two storey, walk up	included	1 Bed
Kent & Arthur	Semi-detached, two storey	tenant pays hydro	3, 4 Bed




## Atwood

Address	Building Type	Utilities	Bedrooms
185 Ellen 	Single floor	included	1 Bed

## Milverton

<b>Address</b>	<b>Building Type</b>	<b>Utilities</b>	<b>Bedrooms</b>
14 Mill W 	Single floor	included	1 Bed
9 Fulton 	Two storey split level with stairs <i>No ground floor</i>	included	Bachelor, 1 Bed

## St Marys

<b>Address</b>	<b>Building Type</b>	<b>Utilities</b>	<b>Bedrooms</b>
270 Queen W 	Four storey, elevator	included	1 Bed
329 Jones W  	Two storey, walk up	included	Modified 1 Bed

## Non-Profit and Co-Operative Housing




Some housing providers are listed as Co-operative (Co-op) housing providers. These are clearly noted in the Building Choices section. People who live in Co-ops are not tenants; they are members of a Co-op.

Members contribute their time to the management and day-to-day operation of the Co-op by volunteering with various members committees.

In order to live in a Co-op, you must first be approved for the membership by the Co-op. Anyone can apply for membership. You may be asked to attend an information session/interview before being considered for membership.


For more information about Co-operative Housing, you can contact any of the Co-operative Housing providers listed in the Building Choices section following or visit [www.chfc.ca](http://www.chfc.ca)

### Stratford

Address	Building Type	Utilities	Bedrooms
Banbury Cross Housing Co-operative 27 Barron	Townhouse	member pays all	2, 3, 4 Bed
Banbury Cross Housing Co-operative 27 Barron	Accessible unit 	member pays all	2, 3, 4 Bed
Bard of Avon Housing Co-operative 39 Borden	Townhouse	member pays all	1, 2, 3, 4 Bed
Bard of Avon Housing Co-operative 39 Borden	Accessible unit 	member pays all	1, 2 Bed
Festival City Housing Co-operative Homes 55 Athlone	Townhouse	member pays all	1, 2, 3, 4 Bed
Festival City Housing Co-operative Homes 55 Athlone	Accessible unit 	member pays all	1, 2, 3 Bed

Vineyard Village Non-Profit Housing 769 Downie	Townhouse	member pays all	2, 3, 4 Bed
Emily Murphy Centre 67 Barron <i>Second stage housing for women in crisis</i>	Ground floor apartments and two storey units	included	1, 2, 3, 4 Bed
Emily Murphy Centre 67 Barron <i>Second stage housing for women in crisis</i>	Accessible unit	included	2 Bed

## St. Marys

<b>Address</b>	<b>Building Type</b>	<b>Utilities</b>	<b>Bedrooms</b>
Little Falls Housing Co-operative Inc. 5 Southvale	townhouse	member pays all	2, 3 Bed
Little Falls Housing Co-operative Inc. 5 Southvale	Two storey, elevator	member pays all	1, 2 Bed
Little Falls Housing Co-operative Inc. 5 Southvale	accessible unit 	member pays all	1, 2 Bed

## Alternate Contacts – Section 7

An alternate contact is someone we can try to contact in case we are unable to reach you. As applicants will only receive **one offer** and must respond within **three business days**, it is very important for us to get in contact with you. It is important that the people you list below are aware that we may contact them. Please make sure to check one of the two options for each contact.

### Alternate Contact #1

Name:

Relationship to you:

Phone Number:

Email:

You may contact this person and discuss my application with them

You may contact this person for messages only; you may not discuss my application with them

### Alternate Contact #2

Name:

Relationship to you:

Phone Number:

Email:

You may contact this person and discuss my application with them

You may contact this person for messages only; you may not discuss my application with them

I give permission to the City of Stratford to share my personal information regarding Social Services related matters and supports with the above persons/organizations as selected. I understand the purpose for disclosing this personal information to the persons/organizations provided above is so they can assist me with obtaining and maintaining housing services. I understand that I can withdraw this consent at any time by providing written notice.

Signature:

Date:

## Consent, Release of Information, and Declaration

The personal information on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 S.O. 201.c6 and is subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c. M. 56. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario N5A 6W1 or by telephoning 519-271-0250 ext. 329 during business hours.

### Declaration

- I understand only the people I have listed on this application may live with me in subsidized housing.
- I confirm all the information on this form is true and I have not left out any information relating to eligibility to the best of my knowledge.
- I understand that this form will be used for the purposes of verifying eligibility for subsidized Housing and does not constitute an agreement or promise of RGI assistance/subsidy.
- I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges and I agree to receive Social Services notices and documents by email addresses included in my application.
- I allow the City of Stratford to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers or district social services administration boards if it is needed to make a decision or verify my eligibility for assistance under any housing program offered by the City of Stratford from time to time under the Housing Services Act, 2011, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or Child Care Act.
- I understand that if there is a change in income, assets, or household composition, I must report those changes within 30 days of those changes and provide supporting documentation for the change (if needed). I understand that failure to do so can result in the household being deemed ineligible for RGI assistance/subsidy.
- I understand it is my responsibility to keep my application current and immediately advise of changes to contact information, building selection preferences, accessibility needs and to request my application be placed on pending status if I am unable to move.

**I have read or had read to me and understand the consent set out above.**

Applicant #1 Name:

Date:

Applicant #1 Signature:

Applicant #2 Name:

Date:

Applicant #2 Signature:

# **Social Services Interdepartmental Consent, Release of Information, and Declaration**

Personal information is collected under the authority of the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997, Housing Services Act, 2011 Child Care and Early Years Act, 2014, for the purpose of administering Government of Ontario social assistance programs and is subject to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario N5A 6W1 or by telephoning 519-271-0250 Ext. 329 during business hours.

I consent to the collection of information by, and the release of information to, the City of Stratford Social Services Department including the Housing Division, Ontario Works Division, and Child Care Divisions.

I agree to the release of information connected to any bank account, safety deposit, and/or assets of any kind held by me, alone or jointly with any other person, in any financial institution. This includes assets of any kind held on my behalf of any of my dependent children or children temporarily in my care.

I consent to the release of any personal information relating to my income, assets, or household make up including any dependents and any children temporarily in my care, for the purpose of determining or verifying my initial and ongoing eligibility for Financial Assistance, Rent Geared to Income Assistance and/or Subsidized Child Care.

Information received by Ontario Works directly from a third-party agency is excluded from this consent. Specific exclusions include Equifax, MTO Online, NCBS on the Net, CRA-FTP, EI Online, OSAP and MECA.

I understand that I have the option to withdraw this consent in writing at any time.

I have read or had read to me and understand the consent set out above.

## **All household members 16 years of age or older must sign this Declaration**

Applicant #1 Name:

Applicant #2 Name:

Date:

Date:

Signature:

Signature:

Applicant #3 Name:

Applicant #4 Name:

Date:

Date:

Signature:

Signature:



**Housing Division**  
Social Services Department  
82 Erie Street, Stratford, Ontario N5A 2M4  
Phone: 519-271-3773 Toll Free: 1-800-669-2948

## **Assets Review Form – Form 306**

Please take one of these forms to each bank or financial institution where you have an account or assets on deposit. **You must complete and sign the Consent and Notification portion of the form below.**

### **Consent and Notification**

Name:

Address:

Personal information contained on this form or on attachments is collected for the City of Stratford pursuant to the Housing Services Act, 2011, and the Freedom of Information and Protection of Privacy Act, (RSO 1990 C. F. 31) of the Municipal Freedom of information and Protection Of Privacy Act, (RSO 1990, c. M. 56) and will be used to determine the rent geared-to-income assistance. Personal information may be disclosed to The City of Stratford, non-profit housing providers, agencies who assist in the provision of affordable housing and to social agencies providing social assistance to the tenants. The tenant consents to the verification, disclosure and transfer of information given on this form and attachments to any of the above entities and will provide any required supporting material.

Signature:

Date:

### **To the Bank:**

Please provide the information requested for the person or people named above and return it to your customer or our office at 82 Erie Street, Stratford, Ontario, N5A 2M4

Questions regarding the collection of this information pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act should be directed to:

### **Public Housing Manager, City of Stratford, Social Services Department**

82 Erie Street, Stratford, Ontario, N5A 2M4  
Phone: 519-271-3773, Fax: 519-273-7191

<b>Type of Asset</b>	<b>Account</b>	<b>Amount</b>	<b>Interest Rate</b>
Personal Chequing Account	#	\$	%
Savings Account	#	\$	%
Other Accounts	#	\$	%
Term Deposits	#	\$	%
Guaranteed Income Certificates	#	\$	%
RRSPs	#	\$	%
Bonds	#	\$	%
Canada Savings Bonds	#	\$	%
Stocks	#	\$	%
Other	#	\$	%
Mortgage	#	\$	%

This letter does not convey any authority to cash or negotiate cheques against these accounts and is given at the request of the depositor to satisfy personal requirements.

Authorized Bank Signature:	Bank Stamp (with address):
Date:	

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or [clerks@stratford.ca](mailto:clerks@stratford.ca).