

### **HOUSING SERVICES**

# **Income, Affordable and Market Rent Housing**

The following form is to be completed by all households who want to apply to live in rent geared-to-income (RGI), affordable or market rent housing in Dufferin County.

If you require information in an alternate format, please contact us at 519-941-6991 ext. 2021. We will work with you to understand your specific accessibility needs and to provide you with the information within a reasonable time frame.

Elig	ibility	Req	uirem	ents:

- 1. At least one member of your household must be 16 years or older. The application must be signed by all members of the household 16 years and older.
- 2. You must be a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status and no deportation orders under the Immigration Act (Canada) against any member of the household or no departure orders or exclusion orders under the Immigration Act (Canada) has become effective with respect to any member of the household.
- 3. The Housing Services Act, 2011 states that a household is eligible for rent-geared-to-income assistance if no member of the household owes money with respect to a previous tenancy in any housing project under any housing program or has a payment plan in place. A Community Housing arrears check will be performed with your application.
- 4. The total value of all assets owned by all members of the household who are over the age of 16 must be less than \$50,000 for a single person or \$75,000 for a household, if you are applying for rent geared-toincome housing. Bank accounts and investments are examples of assets. Some assets such as Registered Education Savings Plans and Registered Disability Plans are excluded from the limit, but you must still declare them. If you have assets higher than what is listed above, you may qualify for affordable/market rent housing.
- 5. If you own property, you must agree to sell it within six months of being housed.
- 6. You must be able to live independently, with or without supports.

#### **Completing the Application:**

- 1. Please **print** all information in ink or complete all information using the .PDF fillable form.
- 2. **Do not send original personal documents.** Photocopies only.
- 3. Copies of proof of Canadian Citizenship, Landed Immigrant Status or Refugee Protection Claimant Document for all members of the household **must** be provided with the application. Please refer to the applicant check list on page 7 for a full list of required documents.
- 4. By signing the form, you are stating that you have read and understand the "Declaration, Release and Consent to Information". Unsigned applications will be returned.
- 5. It is the applicant's responsibility to notify our office within 30 days of any changes in your contact information, income, assets, household members, and alternate contacts.
- 6. If we are unable to contact you at the telephone number(s), email, and/or the address provided on the application your file will be cancelled.
- 7. Complete all sections of the application and via mail to: County of Dufferin, Housing Services, 30 Centre St, Orangeville ON, L9W 2X1 or fax to 519-941-0271, or email to <a href="mailto:had@dufferincounty.ca">had@dufferincounty.ca</a>

OFFICE USE ONLY: HAD Staff:	Int. Trf.: ☐ Yes ☐ No NOA: ☐ Yes ☐ No	Proof of Assets: $\square$ Yes $\square$ No Arrears: $\square$ Yes $\square$ No
Service Manager:	Amount Owing: \$	Repay in place & good standing: ☐ Yes ☐ No
Declaration signed: ☐ Yes ☐ No	Locations Checklist Complete: $\square$ Yes $\square$ No	Proof of Status in Canada received: ☐ Yes ☐ No

#### **Declaration. Release and Consent:**

- 1. I/we declare that all information given in this application is complete and correct.
- 2. I/we understand that this application and all supporting documents become the property of the County of Dufferin, and that the County of Dufferin will release my/our information to Housing Providers when referring my/our household for accommodation. Information will be released as permitted by law. I/we further understand that personal information may be disclosed to the Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies that assist in the provision of affordable housing.
- 3. I/we understand that when rental accommodation is provided to me/us, it will be occupied only by the persons listed on this application, and no other persons may live with me/us.
- 4. I/we agree with the choices that I have outlined in the Housing Locations Checklist for Dufferin County which is attached hereto.
- 5. I/we understand that this application does not constitute an agreement on the part of the County of Dufferin to provide me/us with rental accommodation.
- 6. I/we authorize the County of Dufferin to obtain such information as permitted by law, and the County of Dufferin will use the information I/we give to:
- a. Determine if I am/we are eligible for Rent-Geared-to-Income, Affordable or Market Housing.
- b. Determine if I am/we are eligible for Special Needs Housing or Special Priority Policy (SPP).
- c. Contact my/our household and contacts to review my/our eligibility, or to offer accommodation.
- d. Determine the size and type of unit for which I am/we are eligible.
- e. Determine my/our household's placement on the Centralized Waiting List.
- f. Confirm that no members of this household owe arrears of rent, or cost of damages, to any Housing Provider in Ontario by consulting with any Housing Provider and the Province Wide Arrears Database.
- 7. I/we declare that I/we must pay back or arrange to pay any money I/we may owe with respect to a previous tenancy under any provincial housing program before housing can be offered.
- 8. I/we declare that all household members are residing in Canada legally.
- 9. I/we understand that it is an offence, under the *Housing Services Act, 2011*, for an applicant or any individual to knowingly obtain or assist a household member to obtain rent geared-to-income assistance for which they are not entitled. Such an offence carries up to a \$5,000.00 fine or up to 6 months imprisonment, as well as a prohibition from re-applying for assistance for a minimum period of two years. If something in this application is missing, incorrect or false, the County of Dufferin or the Housing Providers to whom I/we have applied may request additional information or may cancel this application. My/our tenancy may be terminated if false information is determined after approval of my/our application for housing.
- 10. I/we understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.

#### 11. Changes effective July 1, 2021 – Single Offer Rule

I/we understand that all applicants on the Housing Access Dufferin centralized wait list will receive one (1) offer of housing. This change is required by the province of Ontario as written in Ontario Regulation 367/11 Section 32.2.

If I/we do not accept an offer, I/we may choose to cancel our application, or to remain on the wait list with a re-ordered application date.

\*Exceptions may be made due to extenuating circumstances, at the Service Manager's discretion.

#### Having declared that the above is true, I/we consent to the following:

I/we authorize the County of Dufferin and the Housing Providers to whom I am/we are applying to collect personal information about me in accordance with the *Housing Services Act, 2011*.

I/we consent to the verification, disclosure and transfer of information given on this form and attachments by or to any entity as required under law without any further notice to this household and will provide any required supporting material. I/we understand that this will be done if the information is necessary to make decisions or verify my/our eligibility for assistance under the following legislation:

Housing Services Act, 2011 (HSA); Residential Tenancies Act, 2006 (RTA); Ontario Works Act, 1997 (OW); Ontario Disability Support Program Act, 1997 (ODSP); Child Care and Early Years Act, 2014.

I/we consent to the County of Dufferin giving the information on this form and any attachments to any government office or agency or individual with whom the County of Dufferin has made an agreement under the HSA, without further notice to me/us, for the purpose of conducting research related to a social benefit program or Community Housing or Rent Geared-to-Income assistance program.

This consent shall grant irrevocable authority to the County of Dufferin to use this information as stated and shall grant irrevocable authority to any agency who has information pertaining to my/our housing application to release requested information to the County of Dufferin.

#### Signatures of all household members over the age of 16 years:

Name	Signature	 Date
Name	 Signature	 Date
Name	Signature	 Date
Name	 Signature	 Date

#### NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION

(Municipal Freedom of Information and Protection of Privacy Act, Housing Services Act, 2011 and Residential Tenancies Act, 2006)

Personal information provided within this application or in any attachments to it is collected and maintained by the County of Dufferin and/or the Housing Provider(s), under the authority of the *Municipal Freedom of Information and Protection of Privacy Act, the Housing Services Act, 2011* and the *Residential Tenancies Act, 2006*. This information is held in confidentiality and will be used only as set out in this form. Questions or concerns about the collection, use or disclosure of personal information, should be directed to the Housing Access Dufferin office, 30 Centre St., Orangeville, ON L9W 2X1 or by telephone at 519-941-6991 x2021.

Written information on Eligibility, Applicant Obligations, Waiting List Procedures, etc., can be found in the Housing Access Dufferin (HAD) Information Brochure for Applicants and are available at <a href="https://www.dufferincounty.ca">www.dufferincounty.ca</a> Staff are available at (519) 941-6991 x2021 for assistance.

# Application for Rent Geared-to-Income, Affordable and Market Rent Housing

NOTE: Housing offers are made dutelephone number and/or email, w		_				
If you are applying for Special Prio	rity Status, check	the next b	юх.			
I/We are currently living with this p	person who is abusi	ve and inte	nd to per	manently live apart from them.		
I/We currently are no longer living	g with the alleged al	buser, and l	haven't b	een since:Date (D/M/Y)		
I/We are currently impacted by hu	man trafficking.					
It is safe to contact me using the in	nformation given in	the Contac	t Informa	ation section.		
* If contact information is <a href="NOT">NOT</a> safe, please provide your safe mailing address and current physical address below. We will only mail to the safe address listed.  Written verification and a completed "Special Priority Verification Form" are required.						
Written verification and a complete Contact the Housing Access Duffer	-	-				
Applicant # 1						
Last Name:		First Nam	ne:			
Alternate/Preferred Name(s):		Date of B	Date of Birth (day/month/year):			
Mailing Address						
Apt/Unit Number:	Street Number:			Street Name:		
City/Town:	Province:			Postal Code:		
Physical Address (If different from ma	iling address)					
Apt/Unit Number:	Street Number:		Street N	Name:		
City/Town:	Province:	Postal Code:				
Contact Information	l					
Phone #: Home V	Vork Mobile	Email Address:				
Do you consent to receive email com regarding your application? Yes	Interpretation Services Required:  Yes Specify language:					
Status in Canada (please check one)	):	1				
Canadian Citizen (Submit copy of	Birth Certificate or	<sup>r</sup> Citizenshi	p Card)			
Permanent Resident (Submit copy	y of Permanent Res	sident Card	l)			
Refugee Claimant (Submit copy of	of Refugee Claiman	t documen	ts)			
Other:		(Subm	it docun	nentation on status)		

Applicant #2								
Last Name:				First Name:				
Alternate/Preferred Name(s):				Date of Bir	rth (day/r	month/year):		
Relationship to Applic	cant #1:							
Mailing Address San	ne as Applicant	#1:						
Apt/Unit Number:		Street	Number:			Street Name:		
City/Town:		Provin	ce:			Postal Code:		
Phone#:	Home Wo	ork	Mobile	Email Addı	ress:			
Do you consent to re-	ceive email cor	nmunica	ations reg	arding your	applicat	ion? O Yes	○ No	
Status in Canada (pl	ease check on	e):						
Canadian Citizen	(Submit copy o	of Birth (	Certificate	or Citizensh	nip Card)			
Permanent Resid	ent (Submit coլ	oy of Pe	rmanent F	Resident Car	rd)			
Refugee Claiman	t (Submit copy	of Refu	gee Claima	ant docume	ents)			
Other:		(Sul	bmit docu	mentation o	on status	)		
Alternate Contact(s) office to discuss you	* -	_		ontact, you	u autho	rize the Housii	ng Access Dufferin	
Name:		Relatio			Phone Number and/or Email:			
Name:		Relatio	nship:		Phone Number and/or Email:			
List all other persons								
Last Name	First Nan	ie		of Birth M/YYYY)	Statu	s in Canada	Relationship	
Is a Baby Expected? [ (Submit medical documental)	Yes, Specify			tificate or Reco	ord of Live	Birth at the time of c	hild's birth)	
I am the custodia							•	
I am the non-cust		•	-	-	th overni	ght access.		

What is your current housing situa	ation?		
Rent:	Own		Other (please describe):
Monthly amount: \$			
Current Landlord Name:			
Landlord Phone #:		Date Moved In:	
Previous Subsidized Housing Info	mation:		
Have you or anyone listed on your a	pplication ever live	d in subsidized hou	using?
If yes, name of the person(s) who live	ed in subsidized ho	ousing	
Name of the Housing Provider:		Your address in s	ubsidized housing:
Special Housing Requirements:			
a medical questionnaire must	be completed. By s nat choosing this o	selecting this optio	edical reasons. To support this request n, a questionnaire will be sent to you you from consideration for housing
I/We <u>prefer</u> ground floor or ele			
I/We own a vehicle and require (This selection may exclude you		ousing where parki	ng is not available).
I/We require a modified/wheel To support this request, a med questionnaire will be sent to ye	lical questionnaire		d. By selecting this option, a
I/We require an additional bed a medical questionnaire must for completion.			port this request n, a questionnaire will be sent to you
Housing Benefit/Housing Allowan	ce (For residents	residing in Duffer	in County only):
By choosing this option, you could be monthly amount of money to help performed to find their own housing, or who do costs. Check the box below to be co	pay your housing co o not want to move nsidered for Benef	osts. This option is but need addition its/Allowances, bas	most suitable for people who want nal help to pay monthly housing sed on availability.
	owance opportunit	•	ed in being considered for any vide financial assistance instead of

#### **Income and Asset Limits**

All applicants on the Housing Access Dufferin centralized wait list for Rent Geared-to-Income Housing are now required to provide proof of income and assets.

This change is being implemented as written in Ontario Regulation 367/11 s.32.4 & 32.5 indicating that the Service Manager (County of Dufferin) shall establish local eligibility rules that limit maximum household income and assets to determine continued eligibility for Rent Geared-to-Income assistance.

Do you own Real Estate?	Yes No	Location:
Estimated Value:		Mortgage Outstanding at date of Application:

Please provide the following documents for **all household members 16 years of age and older** (Please ensure that the NAME appears on all documentation that you submit).

#### **APPLICATION CHECK LIST**

ш	indist recent Notice of Assessment from the Canada Revenue Agency (CRA) – If prior to July 1,
	then the prior tax year submission is acceptable. Please call the CRA at 1-800-959-8281 for help
	obtaining information, if needed.
	Bank Profile (not bank statements) is a summary of all accounts you have at the bank, and the
	balances in those accounts.
	<ul> <li>If you do online banking, log in using a browser, not the banking app. It is the landing page that you see once you have logged in.</li> </ul>
	<ul> <li>If you do not do online banking, you can go to the bank and request this information when you do your regular banking activity. Some banks will refer to this as a 'Customer Snapshot or account overview'.</li> </ul>
	<b>Investments</b> accounts outside of your financial institution (investment statements)
	If you own a home, please provide a Municipal Property Assessment Corporation (MPAC)
	<b>assessment</b> , or recent municipal property tax bill, along with a copy of your most current mortgage statement (if applicable). Please call the MPAC 1-866-296-6722 for help obtaining information on the MPAC assessment, if needed.
	<b>Proof of Status</b> can be in the form of a passport, refugee status, permanent resident card or birth certificate
	If dependent is 16 years of age or older please provide a recent Notice of Assessment and bank

Please Note: Failure to produce this information could result in the cancellation of your Housing Access Dufferin application.

☐ Any person 16 years of age or older must sign and date the declaration form on page 3

profile **OR** proof of full-time school enrollment

## **Housing Location Checklist for Dufferin County**

The maximum number of bedrooms allowed is one bedroom per couple and one additional bedroom for each family member. In the boxes below, you may choose units with only the maximum number of bedrooms for your family size or you may also choose units with fewer bedrooms.

Identify your selection by inserting a ✓ in the white box associated with the location and # of bedrooms you are eligible for. A grey box indicates that the unit option is not available. Locations marked with a 'b' indicate that an accessible modified unit is part of the composition – it does not mean that all bedrooms of this size are accessible modified units. Please note that the level or degree of accessibility will vary between locations and may vary within the same location. Modifications may affect front entrances as well as the individual units.

**Rent Geared-to-Income Housing** 

Orangeville	Tenant Type	Building Type		# of B	Bedrooms	Available	in Unit		Elevator	Smoke
			Bachelor	1	2	3	4	5	Available	Free
149 Burbank Cres	Any	Semi detached								
19 First St	Any	Apartment								
214 Broadway	Any	Apartment								
22 Third Ave	Any	Apartment							✓	✓
305 Broadway	Any	Apartment								
311 Broadway	Any	Apartment								
43 Bythia St	Senior Only	Apartment							✓	✓
54 Lawrence Ave	Any	Townhouses								✓
90 Lawrence	Any	Townhouse								<b>√</b>
56 Bythia St	Any	Apartment							✓	✓
67 Townline	Any	Apartment								
77 Third St	Any	Semi detached								
Grand Valley	Tenant Type	<b>Building Type</b>		# of B	Bedrooms	Available	in Unit		Elevator	Smoke
			Bachelor	1	2	3	4	5	Available	Free
71 Emma St South	Senior Only	Apartment							✓	✓
33 Main St North	Any	Apartment								
Shelburne	Tenant Type	<b>Building Type</b>		# of B	Bedrooms	Available	in Unit		Elevator	Smoke
			Bachelor	1	2	3	4	5	Available	Free
250 Simon St	Senior Only	Apartment		بغ					✓	✓
207 William St	Any	Apartment								✓
227 William St	Any	Apartment								✓
Fiddleville Non-Profit	Any	Apartment		بغ						✓
225/325 Robert St.	Any	Townhouses		Ť					✓ *lift	<b>√</b>
341 Orvis Cres.	Any	Detached								
412 Simon St.	Any	Detached								
520 Main St.	Any	Apartment								

Supportive Housing									
Orangeville	Tenant Type	<b>Building Type</b>	Ava	ailable Un	oom	Elevator Available	Smoke Free		
236 First St	Any	Apartment	By Referra	l Only – P	lease call 51	9-941-6991	ext. 2110		<b>√</b>
Affordable and Marke	et Rent Housing	,							
Orangeville	Tenant Type	Building		# of Bed	rooms Avail	able in Unit		Elevator	Smoke
		Туре	Bachelor	1	2	3	4	Available	Free
40 Lawrence Ave	Senior Only	Apartment		اخ ا	ځ			<b>√</b>	<b>✓</b>
54 Lawrence Ave	Any	Townhouses		Ė					<b>*</b>
Shelburne	Tenant Type	Building		# of Bed	rooms Avail	able in Unit		Elevator	Smoke
		Туре	Bachelor	1	2	3	4	Available	Free
301 First Ave East	Senior Only	Apartment		Ġ	ė.			<b>√</b>	<b>✓</b>
McKelvie Burnside Village 200 Mill St	Senior Only	Apartment	ė.	Ġ	Ė				<b>√</b>
Housing Providers (Co	o-operatives and	Non-Profits)	•	1	•			1	
Orangeville	Tenant Type	Building		# of Bed	rooms Avail	able in Unit		Elevator	Smoke Free
		Туре	Bachelor	1	2	3	4	- Available	
Shaw's Creek Co-operative 20 Century Dr	Any	Townhouses			Ė				
Dufferin Gardens Co-operative 15 Sherbourne St	Any	Townhouses							
Orangeville Non-Profit	Any	Apartment		Ė	ė.				
(Ivy MacDonald Court) 22 Sherbourne St	Any	Townhouses							
Credit River Non-Profit	Senior Only	Apartment		بغ				<b>✓</b>	✓
(Quarry Gates) 60 Chisholm St	Any	Townhouses							
Lavendar Lane Co-operative	Any	Apartment		بغ	<u>. j</u>				
61 Second St	Any	Townhouses							

Locations marked with a 'b' indicate that an accessible modified unit is part of the composition – it does not mean that all bedrooms of this size are accessible modified units