

## HOUSING SERVICES

### Information Update for Affordable and Rent Geared-to-Income Housing

The following form is to be completed by all households currently on the waiting list for affordable or rent geared-to-income (RGI) housing in Dufferin County. Details on the types of housing options available can be found on page 11.

Written information on Eligibility, Applicant Obligations, Waiting List Procedures, etc., can be found in the Housing Access Dufferin (HAD) Information Brochure for Applicants. Brochures are available at the HAD office. HAD staff are available at (519) 941-6991 x2021 for assistance.

**Before completing the update, please review the following:**

- Please PRINT all information in ink.
- **Your update must be complete for your name to remain on the centralized waiting list.**
  - If you have not filled in **all** sections of the form, your update will be returned to you to finish, and your application on the centralized waiting list will be placed on hold until your completed form is returned.
- If a new household member is added on this update, copies of Canadian Birth Certificates, proof of Canadian Citizenship or Permanent Resident status, must be provided with the information update for **all new** members of the household.
  - NOTE: We **will not** accept copies of your Ontario Health Card, Driver's License or Social Insurance Number card, as these are not considered proof of status in Canada. If you have no other form of identification, please contact the Housing Access Dufferin office.
- Complete all sections of the update, and mail or deliver it to the address above. Faxed forms **must** be followed by an original received by mail or hand delivery.
- Before signing, please read the "Declaration, Release and Consent". Please ask for clarification on any part of the form that you do not understand.

**Important Notice:**

It is your responsibility to notify our office within 30 days of any changes to any information provided in this update, and to respond to all letters and phone calls from the Housing Access Dufferin office.

- The County of Dufferin is committed to promoting a healthy community with safe living and working environments. All County of Dufferin owned buildings are transitioning to a smoke free environment as identified on the Housing Access Checklist.
- All phone calls will occur during normal business hours. Ensure that you have provided our office with a number where we can reach you by phone during the day.
- ♣ All letters will be sent to you at the address you provide by regular mail through Canada Post.
- ♣ If we are unable to contact you at the telephone number and/or the mailing address provided on the update, and if your contacts are unavailable to assist us in communicating with you, your application will be cancelled.

**Contact the Housing Access Dufferin office at (519) 941-6991 x 2021**

OFFICE USE ONLY:		HAD Staff: _____
Arrears: ♦ No ♦ Yes: Service Manager: _____	Amount Owing: \$ _____	Repay in place & good standing: ♦ No ♦ Yes
Declaration signed: ♦ No ♦ Yes	Custody documents received: ♦ No ♦ Yes ♦ n/a	Locations Checklist Complete: ♦ No ♦ Yes
Proof of Status in Canada received: ♦ No ♦ Yes	Other: _____	

## **Declaration, Release and Consent: Signatures and Date required**

1. I/we declare that all information given in this information update is complete and correct. No information that is required to be given has been withheld or intentionally omitted.
2. I/we understand that this information update 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.
3. I/we 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.
4. I/we understand that when rental accommodation is provided to me/us, it will be occupied only by the persons listed on this information update, and no other persons may live with me/us.
5. I/we understand that this information update 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 factual and investigative information as permitted by law, and the County of Dufferin will use the information I/we give to:
  - a. Find out if I/we qualify for rent-geared-to-income/special needs housing
  - b. Determine if I am/we are eligible for affordable housing
  - c. Find out if I/we continue to qualify for rent-geared-income assistance and/or special needs housing
  - d. Contact my/our household and contacts to review my/our eligibility, or to offer accommodation
  - e. Find out how much RGI assistance I am/we are eligible to receive
  - f. Determine the size and type of unit for which I am/we are eligible
  - g. Determine my/our household's placement on the Centralized Waiting List
  - h. Confirm that no members of this household owe arrears of rent, or cost of damages, to any Housing Provider in Ontario
    - The Housing Access Dufferin office will consult the Provincial Arrears Database to confirm that I/we do not owe money to any Housing Provider in Ontario.
    - The Housing Access Dufferin office will also contact any Housing Provider necessary, in writing, to request verification that there are no monies owing through a Tenancy Report.
  - i. Determine my/our eligibility for Special Priority Policy (SPP), if applicable
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 in any housing project under any housing program, before housing can be offered in Dufferin County.
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 information update 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 my/our application. My/our residency may be terminated if false information is determined after approval of my/our application for housing.

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

1. 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*.
2. 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)*
  - *Day Nurseries Act, 1990 (DNA)*
3. 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 social housing or rent geared-to-income assistance program.
4. 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

**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 information update 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, L9W 2X1 or by telephone at 519-941-6991 x2021.

## Information Update for Affordable and Rent Geared-to-Income Housing

**NOTE:** Offers of housing are made during business hours only. Provide a daytime telephone number where you can be reached or immediately notified of our call, in addition to your home phone number, if different.

### Applicant #1

Last Name:		First Name:	
Maiden Name or Other Family Names (e.g., married more than once):			
Date of Birth (day/month/year):	Social Insurance Number (optional):	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City/Town:	Postal Code:
Home Telephone Number: (        )		Can we safely contact you at this mailing address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No: state preferred method of contact	
Cell/Alternate Phone Number: (        )			
Email Address (optional):			

<b>Current Landlord Information:</b>			I/We own our home <input type="checkbox"/>
Landlord Name:		Landlord Address:	
Landlord Telephone Number: (        )	Current Rent: \$                                      per month	Move in Date:	

<b>Employment Information:</b>			I am currently unemployed <input type="checkbox"/>
Name of Employer:		Work Telephone Number: (        )	Can you accept personal calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Status in Canada (please check one):</b>	
<input type="checkbox"/> Canadian Citizen - Submit copy of Birth Certificate or Citizenship Card	<input type="checkbox"/> Permanent Resident - Submit copy of Permanent Resident Card
<input type="checkbox"/> Refugee Claimant - Submit copy of refugee claim documents	<input type="checkbox"/> Other: _____ - Submit documentation on status

Interpretation Services Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what language:
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<b>If you are applying for Special Priority Status, check the next box.</b>  <input type="checkbox"/> I/We currently live in or moved from (in the past three months) an abusive relationship. - Written verification and a completed "Special Priority Verification Form" are required. Contact the Housing Access Dufferin office for details.
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**Continued on next page....**

**Applicant #2**

Last Name:		First Name:	
Maiden Name or Other Family Names (e.g., married more than once):			
Date of Birth (day/month/year):	Social Insurance Number (optional):	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Applicant #1:			
Address: Same as Applicant #1: <input type="checkbox"/>		City/Town:	Postal Code:
Home Telephone Number: (      )		Can we safely contact you at this address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Landlord Information:		Same as Applicant #1: <input type="checkbox"/>	
Landlord Name:		Landlord Address:	
Landlord Telephone Number: (      )	Current Rent: \$                      per month	Move in Date:	

Employment Information:		I am currently unemployed <input type="checkbox"/>	
Name of Employer:	Work Telephone Number: (      )	Can you accept personal calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Status in Canada (please check one): Provide Verification only if household member is being added to original application, or if household member's status has changed.			
<input type="checkbox"/> Canadian Citizen - Submit copy of Birth Certificate or Citizenship Card		<input type="checkbox"/> Permanent Resident - Submit copy of Permanent Resident Card	
<input type="checkbox"/> Refugee Claimant - Submit copy of refugee claim documents		<input type="checkbox"/> Other: _____ - Submit documentation on status	

**Alternate Contacts**

Person(s) to contact if we cannot reach you by phone, or if the home number is not safe, and with whom your application may be discussed:

Name: \_\_\_\_\_

Relationship to Household: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Household: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Continued on next page...

List all other persons who will live in the accommodations applied for: Provide Verification of status in Canada only if household member is being added to the original application through this information update, or if the household member's status has changed.		
Last Name	First name	Date of Birth (day/month/year)
Relationship to Applicant #1		<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First name	Date of Birth (day/month/year)
Relationship to Applicant #1		<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First name	Date of Birth (day/month/year)
Relationship to Applicant #1		<input type="checkbox"/> Male <input type="checkbox"/> Female

**NOTE: Copies of Custody and Support order documents are required to verify support income and household composition, where relevant. Select one of the following:**

- Custody orders are not required as both birth parents will reside in accommodation.
- Copy of custody orders are being submitted with this information update.
- Custody orders do not exist and a written declaration of custody arrangement is being submitted with this information update. (Please contact the Housing Access Dufferin office to discuss.)
- Not applicable

Is a Baby Expected? <input type="checkbox"/> Yes – due date: _____ (Copy of written medical verification detailing due date required.) <input type="checkbox"/> No
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Do you currently reside/have you ever lived in Rent-Geared-to-Income Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following section.		
Name of Housing Provider and Address:		
Address of your residence:		
<input type="checkbox"/> Market <input type="checkbox"/> Subsidized	Move in Date:	Move Out Date:
<p>The Housing Services Act, 2011 states that a household is eligible for rent-geared-to-income assistance if no member of the household owes, with respect to a previous tenancy in any housing project under any housing program,</p> <ol style="list-style-type: none"> <li>1) Arrears of rent</li> <li>2) Money owed as the result of a reimbursement requested by a service manager, or</li> <li>3) Money owed in respect of damage caused by a member of the household.</li> </ol> <p>If a household owes money, the household is ineligible unless they have made a written agreement with the housing provider to repay the arrears, and the agreement must be in good standing. Before an offer of housing can be made, evidence of complete repayment of the money owing is required (Special Priority applicants may be excluded). List the details of any money owed by you or any member of your household.</p>		
Name of Person(s) Owing Money:		
Amount Owing \$	Repayment Agreement in Place? <input type="checkbox"/> Yes - provide copy of agreement <input type="checkbox"/> No	

**Continued on next page...**

**List all previous addresses for the last 3 years, including Landlord's information.**

Check here if you have lived at your current address for more than 3 years, and do not complete the fields below.

<b>1. Address:</b>		<b>City/Town:</b>	<b>Postal Code:</b>
<b>Move In Date:</b> (day/month/year)	<b>Move Out Date:</b> (day/month/year)	<b>Subsidized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Landlord Name:</b>	<b>Landlord Address:</b>	<b>Landlord Telephone Number:</b>	

<b>2. Address:</b>		<b>City/Town:</b>	<b>Postal Code:</b>
<b>Move In Date:</b> (day/month/year)	<b>Move Out Date:</b> (day/month/year)	<b>Subsidized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Landlord Name:</b>	<b>Landlord Address:</b>	<b>Landlord Telephone Number:</b>	

<b>3. Address:</b>		<b>City/Town:</b>	<b>Postal Code:</b>
<b>Move In Date:</b> (day/month/year)	<b>Move Out Date:</b> (day/month/year)	<b>Subsidized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Landlord Name:</b>	<b>Landlord Address:</b>	<b>Landlord Telephone Number:</b>	

<b>Additional Locations/Comments:</b>
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**Continued on next page...**

All individuals applying to live in affordable or rent geared-to-income housing are required to provide an updated statement of monthly income and assets. The information update is incomplete until all income and assets have been declared.

**Detailed Statement of Income**

<b>Source of Income (state GROSS MONTHLY amounts)</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other Applicants</b>
Old Age Security (including Guaranteed Income Support, if applicable)	\$	\$	\$
Provincial Guaranteed Annual Income System (GAINS)			
Canada Pension Plan			
Pension – Other Countries			
Ontario Disability Support Plan (ODSP)			
Worker’s Compensation (WSIB)/ Other Disability Pensions			
Veterans Affairs Canada Allowance/Pension			
Private Pension – Specify type:			
Monthly Employment Income (include all gross salary, overtime, bonuses, tips, commissions, etc.)			
Ontario Works (OW)			
Child Support/Alimony/Other Support Payments: Made Received (please circle applicable type)			
Employment Insurance			
Annuities/RIF payments (state monthly amount received)			
Sponsorship Support			
Other Income – Specify:			
Other Income – Specify:			
<b>Total <u>GROSS</u> Monthly Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Our household has no monthly income because:

Continued on next page...



### Detailed Statement of Assets

Asset	Applicant #1	Applicant #2	Other Applicants
Bank/Trust Company/Credit Union/Other Accounts (chequing & savings)	\$	\$	\$
Stocks, Bonds, GICs, Debentures and other security/savings certificates			
RRSPs			
Business Assets (e.g. partnership, self-employment, franchise, etc.)			
Monies owed to you/others on the application			
Assets transferred within the last 36 months - please describe:			
Other Asset – Specify:			
Other Asset – Specify:			
<b>Total Value of Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>Do you own Real Estate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Estimated Value:	Mortgage Outstanding at date of Application:

**Housing Preferences:** Check the boxes below that apply to this household.

<p>I am/We are applying to live in accommodation under the following program(s) (see page 11 for details):</p> <p><input type="checkbox"/> Affordable Seniors Apartments  <input type="checkbox"/> Rent Geared-to-Income Accommodation</p>
<p>The size of unit for which you are eligible is determined by the number of household members, in accordance with the County of Dufferin Occupancy Standards Procedure.</p>
<p>Check Unit Size(s) Required/Preferred:</p> <p><input type="checkbox"/> Bachelor      <input type="checkbox"/> 1 Bedroom      <input type="checkbox"/> 2 Bedrooms  <input type="checkbox"/> 3 Bedrooms      <input type="checkbox"/> 4 Bedrooms      <input type="checkbox"/> 5+ Bedrooms</p>
<p>Occupancy Standards for Rent Geared-to-Income Applicants:</p> <ul style="list-style-type: none"> <li>→ Largest size unit = one bedroom per two members who are spouses of each other; one bedroom for each additional member; and additional bedrooms required for medical or custody reasons (contact the Housing Access Dufferin office to discuss)</li> <li>→ Smallest size unit = one bedroom per two members who are spouses of each other; one bedroom for every two other members of the household; and an additional bedroom if there is an odd number of members in the household. Note: two members who are spouses of each other are eligible for bachelor sized units.</li> </ul>

Continued on next page...

## Additional Requirements/Information

**If you require a ground floor apartment or a building with an elevator for health related issues, check the next box. If you require this, you will be excluded from offers for housing that require the use of stairs.**

I/We require ground floor or elevator access for health reasons.

**Some buildings have extremely limited parking. If you own a car, please indicate if parking is mandatory for you. If you require parking, you may be excluded from offers for housing where parking is not available. If you are willing to find alternate parking for your car and you do not wish to be excluded from certain building options, do not check the next box.**

I/We require a parking space.

Please exclude me/us from offers where parking is unavailable.

I/We have pets.

Type of Pet(s): \_\_\_\_\_

Pet Type 1: Breed \_\_\_\_\_ Number \_\_\_\_\_

Pet Type 2: Breed \_\_\_\_\_ Number \_\_\_\_\_

**Please note that some providers have rules regarding pet ownership, and you may not be accepted at some locations if the type and/or number of pets you wish to bring would violate their rules.**

I/We require a modified/wheelchair accessible unit. If you check this box, please specify type of modifications required. Medical documentation may be requested as verification.

I/We require a housing project where essential support services are provided. If you check this box, please specify type of care you need:

Supportive Housing is for families and individuals who have special needs including a physical disability, developmental disability, or mental disability. If you require supportive housing, please contact the Housing Access Dufferin Office at (519) 941-6991 x2021 to discuss.

Additional Comments:

## Housing Options in Dufferin County

### Affordable Housing

Housing provided through this program gives tenants access to rental units where the monthly rent is set at 80% of the average market rent for the area. The average market rent is determined by available data for Dufferin County, and is classified by bedroom size as determined under the prescribed government funding program. Rents for these units will not change if the income of the household changes. Increases to rents in these units are determined by the Ontario Government and implemented by the County of Dufferin as required. The seniors' apartment complex at 40 Lawrence Avenue, Orangeville, is the only "affordable housing" project in Dufferin County.

### Rent Geared-to-Income Housing

All other forms of subsidized housing in Dufferin County are rent geared-to-income. Tenants are housed in units where a contractual arrangement has been made for the rent for that unit to be set based on the household's income. Rents can change when the household's income changes. Tenancies in these units are governed by both the *Housing Services Act, 2011* and the *Residential Tenancies Act, 2006* (with certain exclusions). Units are subsidized under various programs, including rent supplement, non-profit housing, co-operative housing and County-owned housing.

### Co-operative Housing

The Co-operative ("Co-op") is a democratic organization managed by the membership based on the Principles of Co-operation. Those who live in Co-ops are members - not tenants - and are not covered under the *Residential Tenancies Act, 2006*. The obligations and responsibilities of the Co-op and the members are outlined in the Co-op's local by-laws and principles and the *Co-operative Corporations Act of Ontario*.

Co-ops are organized to provide non-profit housing with security of tenure in good quality housing. They provide direct and equal control by all members and seek to form a community. As a member of a Co-operative, you have the right and responsibility to take an active part in making decisions in the Co-op. Decisions are made by the members in General Members Meetings including the Annual General Meeting, and all members are expected to attend these meetings.

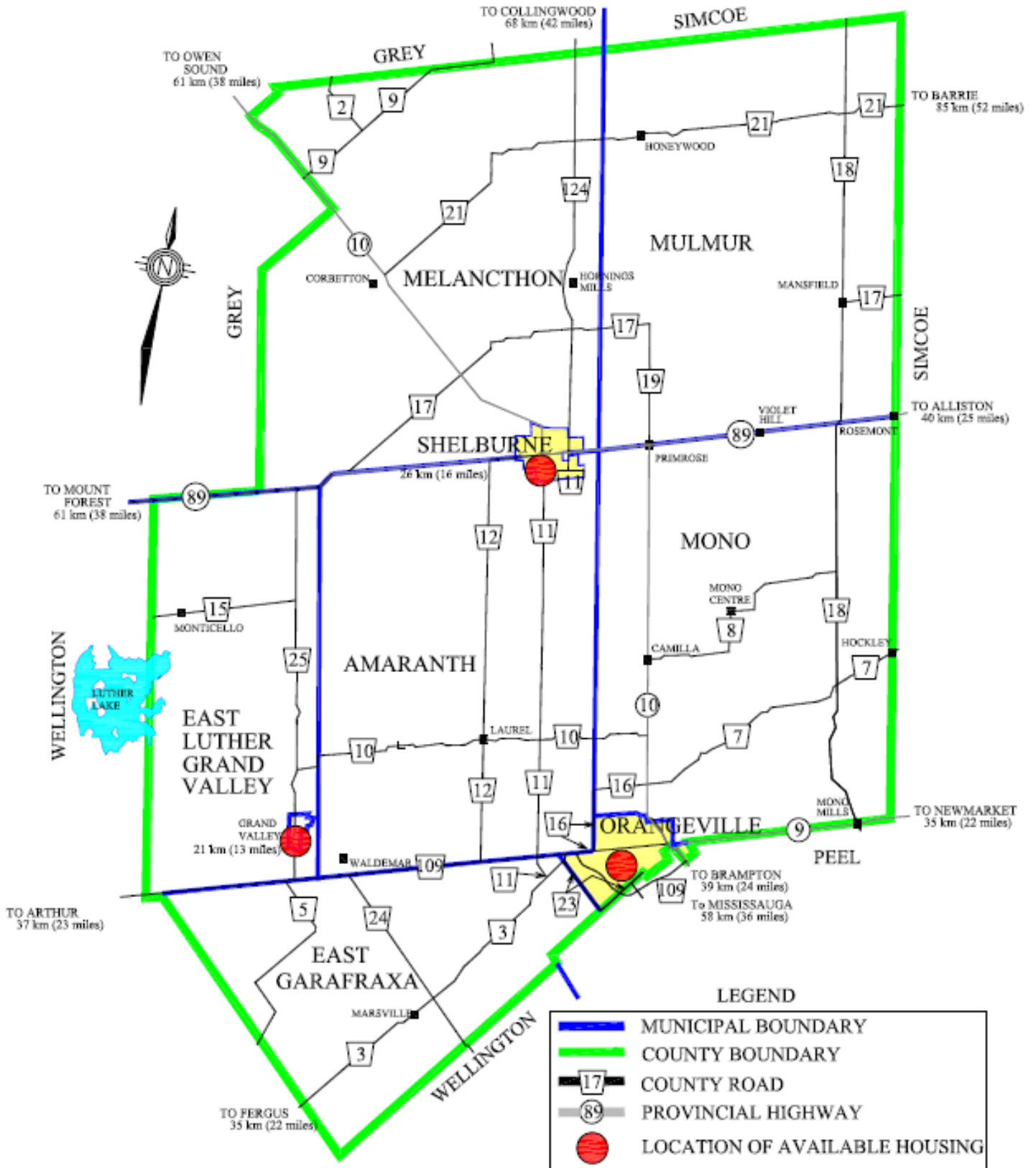
If you wish to be referred for membership in a Co-operative, you will be required to attend a Co-op information and orientation meeting and participate in a membership interview. The Board of Directors makes all decisions regarding applicants. Membership fees may apply.

Membership criteria include:

1. A willingness to participate in the development of the Co-op as a respectful, harmonious and neighbourly community
2. A willingness to abide by the By-laws, Agreements, policies and regulations set by the Co-op
3. A willingness to respect human and civil rights of others
4. An indication of membership permanence or at least long-term residence, and
5. An indication of willingness to volunteer, to participate in committee work related to the Co-op, or to participate in the daily operations of the Co-op according to your abilities and interests (usually a requirement of membership).

If you have questions regarding membership, please contact the co-op to which you are interested in applying.

# Map of Dufferin County



**NOTE: ALL DISTANCES APPROXIMATE FROM ORANGEVILLE**

COUNTY OF DUFFERIN COMMUNITY SERVICES  
 COUNTY OF DUFFERIN PUBLIC WORKS DEPARTMENT  
 JANUARY 2008

# Housing Locations Checklist for Dufferin County

Indicate your choices by checking in the left column beside all locations for which you would like to apply. A "Y" under "Number of Bedrooms in Units Available" indicates that this location contains units with the specified number of bedrooms in them. Locations selected for which your household is not eligible will not be added to your file. You must sign and date this form on the reverse to indicate that you agree with these choices in order for your application to be processed.

If a wheelchair accessible unit or supportive housing are required, contact the Housing Access Dufferin office for details on applying for special needs housing.

If applying for a unit with more bedrooms than one for which your household would normally be eligible, please contact the Housing Access Dufferin office to discuss.

Applicant Name(s): \_\_\_\_\_

Check Your Selection	Address	Tenant Type	Building Type	Number of Bedrooms in Units Available					Elevator Available	Smoke Free
				Bach	1	2	3	4		
<b>AFFORDABLE AND MARKET HOUSING</b>										
	301 First Avenue East - <b>Shelburne</b>	Senior	Apartment		Y	Y			Y	Y
	40 Lawrence Avenue - <b>Orangeville</b>	Senior	Apartment		Y	Y			Y	Y
	54 Lawrence Avenue - <b>Orangeville</b>	Senior/ Family	Townhouses		Y	Y	Y			Y
<b>RENT GEARED TO INCOME, GRAND VALLEY</b>										
	71 Emma Street, South	Senior	Apartment		Y				Y	Y
	33 Main Street, North	Senior/Singles/Family	Apartment		Y	Y	Y			
<b>RENT GEARED TO INCOME, SHELBURNE</b>										
	250 Simon Street	Senior	Apartment		Y				Y	Y
	207 William Street	Senior/Singles	Apartment		Y					Y
	227 William Street	Senior/Singles	Apartment		Y					Y
	Fiddleville (Shelburne) Non-Profit (Old Mill Lane)	Senior/Singles/Family	Apartment		Y	Y				Y
	225/325 Robert Street	Family	Townhouses			Y	Y			Y
	Scattered Locations	Family	Duplex			Y	Y			

Check Your Selection	Address	Tenant Type	Building Type	Number of Bedrooms in Units Available					Elevator Available	Smoke Free
				Bach	1	2	3	4		
<b>ORANGEVILLE RENT GEARED TO INCOME</b>										
	114 Broadway	Senior/Singles	Apartment		Y					
	15 John Street	Senior/Singles	Apartment	Y	Y					
	16 William Street	Senior/Singles	Apartment		Y					
	19 First Street	Senior/Singles	Apartment		Y					
	22 Third Avenue	Senior/Singles	Apartment	Y	Y				Y	Y
	260 Broadway	Senior/Singles	Apartment		Y					
	305 Broadway	Senior/Singles	Apartment		Y					
	311 Broadway	Senior/Singles	Apartment		Y					
	37 Fifth Avenue	Senior/Singles	Apartment		Y					
	4 Hillside Dr.	Family	Apartment			Y				
	43 Bythia Street	Senior	Apartment		Y	Y			Y	Y
	53 First Avenue	Singles/Family	Apartment		Y	Y	Y			
	54 Lawrence Ave.	Family	Townhouse				Y	Y		Y
	56 Bythia Street	Senior/Singles	Apartment	Y	Y				Y	Y
	58 William Street	Senior/Singles	Apartment		Y	Y				
	67C Townline	Senior/Singles	Apartment		Y					
	70 Second Avenue	Singles/Family	Apartment		Y	Y	Y			
	Shaw's Creek Co-operative 20 Century Drive	Family	Townhouses				Y			
	Dufferin Gardens Co-operative 15 Sherbourne Street	Family	Townhouses			Y				
	Orangeville Non-Profit (Ivy MacDonald Court) 22 Sherbourne Street	Senior/Singles/Family	Apartment		Y	Y	Y			
		Family	Townhouses				Y	Y		
	Credit River Non-Profit (Quarry Gates) 60 Chisholm Street	Senior	Apartment		Y	Y			Y	
		Family	Townhouses			Y	Y	Y		
	Lavender Lane Co-operative 61 Second Street	Senior/Singles	Apartment		Y					
		Family	Townhouses			Y	Y	Y		

for these locations. \*all household members over 16 years of age must sign below.

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date



COMMUNITY SERVICES

**County of Dufferin  
Consent to Release Information  
(Municipal Freedom of Information and Protection of Privacy)**

I understand that my personal information will be collected, held, used and may be shared responsibly within the County of Dufferin Community Services Department. This includes Ontario Works, Housing Services and Children’s Services.

The collection of information will be used only for the purposes of providing me/my family members with programs and services provided by the Community Services Department.

The information will be used to administer the Ontario Government Social Assistance programs, County of Dufferin Housing Services and County of Dufferin Children’s Services to qualifying applicants and tenants and for investigating fraud.

I also acknowledge that I have received and reviewed a copy of this form.

_____ Signature/mark of applicant/ recipient or person applying on behalf of applicant/recipient	_____ Witness	_____ Date
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I have read or had read to me and understand the consent set out above and I join in this consent.

_____ Signature/mark of Spouse of applicant/recipient	_____ Witness	_____ Date
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_____ Signature/mark of dependant adult	_____ Witness	_____ Date
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If you have any questions or concerns related to the County of Dufferin’s collection of personal information, please contact Housing Access Dufferin at (519) 941-6991 ext. 2021.

Form - 2009-001 Consent Form  
Refer to: 2009-001 Consent to Share Information

## Information Update Review Checklist

Before you submit your information update form, please review your package to be sure that:

- If you have added **NEW** members to your application, you have photocopied proof of status of Canadian Citizenship or permanent resident details and it is included with this information update (copies of documents already provided are not required).
- Photocopies of Custody and Support order documents and/or a written declaration of custody arrangements are included for added **NEW** members, where relevant.
- All sections of this information update form are filled in.
- Everyone over the age of 16 who is listed on the information update has signed the Declaration, Release and Consent form (page 2 and 3).
- Everyone over the age of 16 who is listed on the information update has signed the Housing Locations Checklist.
- Contacts' information has been provided on page 5.
  - ♣ Should we be unable to contact you by phone, we will use your contact person to pass messages along to you. **We cannot offer your household accommodation if we are unable to contact you during business hours.**
  - ♣ By providing an alternate Contact, you authorize the Housing Access Dufferin office to discuss your file with that contact, if deemed necessary by the Housing Access Dufferin office.
- Your entire household's **gross** monthly income and assets have been reported on pages 8 and 9.
- On the Housing Locations Checklist, you have chosen housing locations only in the towns where you are interested in living. Consult the attached map if needed.
- You have signed and dated the Consent to Release Information (page 15).

**INCOMPLETE INFORMATION UPDATES CANNOT BE PROCESSED  
AND WILL BE RETURNED FOR COMPLETION**