

**HOUSING SERVICES**  
**Application for Rent Geared-to-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.*

<b>Eligibility Requirements:</b>
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 have no deportation order under the Immigration Act (Canada) against any member of the household or no departure order or exclusion order 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. Total value of all assets owned by you and all members of your household who are over the age of 16 must be less than \$50,000 for a single or \$75,000 for a household, if you are applying for rent geared-to-income 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.
<b>Completing the Application:</b>
1. Please <b>print</b> all information in ink.
2. <b>Do not send original personal documents.</b> Photocopies only.
3. Copies of proof of Canadian Citizenship, Landed Immigrant Status or Refugee Protection Claimant Document for all members of the household <b>must</b> be provided with the application. Do not send Health Card information. Visit our website at <a href="http://www.dufferincounty.ca">www.dufferincounty.ca</a> for a list of acceptable proof of status documents.
4. By signing the form, you are stating that you have read and understand the "Declaration, Release and Consent to Information."
5. It is the applicant's responsibility to notify our office within 30 days of any changes in your contact information, income, household members, and alternate contacts.
6. If we are unable to contact you at the telephone number, including alternate contacts, and/or the address provided on the application your file <b>will be cancelled</b> .
7. Complete all sections of the application and mail it to: <b>County of Dufferin, Housing Services, 30 Centre St, Orangeville ON, L9W 2X1</b> Applications can also be faxed to <b>519-941-0271</b> , or emailed to <a href="mailto:communityservicesinfo@dufferincounty.ca">communityservicesinfo@dufferincounty.ca</a>
8. <b>Unsigned</b> applications will be returned.

OFFICE USE ONLY: HAD Staff: _____ NOA & Proof of Assets: <input type="checkbox"/> No <input type="checkbox"/> Yes Arrears: <input type="checkbox"/> No <input type="checkbox"/> Yes
Service Manager: _____ Amount Owing: \$ _____ Repay in place & good standing: <input type="checkbox"/> No <input type="checkbox"/> Yes
Declaration signed: <input type="checkbox"/> No <input type="checkbox"/> Yes Locations Checklist Complete: <input type="checkbox"/> No <input type="checkbox"/> Yes Proof of Status in Canada received: <input type="checkbox"/> No <input type="checkbox"/> Yes

Read this Declaration, Release and Consent Section carefully.

<b>Declaration, Release and Consent:</b>
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 hereto attached.
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: <ol style="list-style-type: none"> <li>a. Determine if I am/we are eligible for Rent-Geared-to-Income, Affordable or Market Housing.</li> <li>b. Determine if I am/we are eligible for Special Needs Housing or Special Priority Policy (SPP).</li> <li>c. Contact my/our household and contacts to review my/our eligibility, or to offer accommodation.</li> <li>d. Determine the size and type of unit for which I am/we are eligible.</li> <li>e. Determine my/our household's placement on the Centralized Waiting List.</li> <li>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.</li> </ol>
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 <i>Housing Services Act, 2011</i> , 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.
<p><b>11. Changes effective July 1, 2021 – Single Offer Rule</b></p> <p>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.</p> <p>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.</p> <p>*Exceptions may be made due to extenuating circumstances, at the Service Manager's discretion.</p>

**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 [www.dufferincounty.ca](http://www.dufferincounty.ca) 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 during business hours only and are time sensitive. Provide a telephone number and/or email, where you can safely be reached or immediately notified.**

**If you are applying for Special Priority Status, check the next box.**

- I/We currently living with this person who is abusive and intend to permanently live apart from them.
- I/We currently are no longer living with the alleged abuser, and haven't been since: \_\_\_\_\_  
Date (D/M/Y)
- I/We are currently impacted by human trafficking.
- It is safe to contact me using the information given in the Contact Information section.

**Written verification and a completed "Special Priority Verification Form" are required. Contact the Housing Access Dufferin office or visit [www.dufferincounty.ca](http://www.dufferincounty.ca) for details.**

### Applicant # 1

Last Name:		First Name:	
Alternate/Preferred Name(s):		Date of Birth (day/month/year):	
Mailing Address			
Apt/Unit Number:	Street Number:	Street Name:	
City/Town:	Province:	Postal Code:	
Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone#:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email Address:		Interpretation Services Required: <input type="checkbox"/> Yes Specify language: _____	

### Status in Canada (please check one):

- Canadian Citizen (Submit copy of Birth Certificate or Citizenship Card)
- Permanent Resident (Submit copy of Permanent Resident Card)
- Refugee Claimant (Submit copy of Refugee Claimant documents)
- Other: \_\_\_\_\_ (Submit documentation on status)

**Alternate Contact(s): By providing an alternate contact, you authorize the Housing Access Dufferin office to discuss your file with that person.**

Name:	Relationship:	Phone Number and/or Email:
Name:	Relationship:	Phone Number and/or Email:

Applicant #2				
Last Name:		First Name:		
Alternate/Preferred Name(s):		Date of Birth (day/month/year):		
Relationship to Applicant #1:				
Mailing Address Same as Applicant #1: <input type="checkbox"/>				
Apt/Unit Number:		Street Number:		Street Name:
City/Town:		Province:		Postal Code:
Phone#:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone #:	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Email Address:				
Status in Canada (please check one):				
<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 Claimant documents)				
<input type="checkbox"/> Other: _____ (Submit documentation on status)				
List all other persons who will living with you in the accommodations you are applying for:				
Last Name	First Name	Date of Birth (DD/MM/YYYY)	Status in Canada	Relationship
Is a Baby Expected? <input type="checkbox"/> Yes, Specify Due Date: _____ (Submit Birth Certificate or Record of Live Birth at the time of child's birth)				
<input type="checkbox"/> I am the custodial parent of my dependent child(ren)				
<input type="checkbox"/> I am the non-custodial parent of my dependent child(ren) with overnight access.				
<input type="checkbox"/> Not applicable				

**What is your current housing situation?**

<input type="checkbox"/> Rent: Monthly amount: \$ _____	<input type="checkbox"/> Own	<input type="checkbox"/> Other:
Current Landlord Name:		
Landlord Phone #:	Date Moved In:	

**Previous Subsidized Housing Information:**

Have you or anyone listed on your application ever lived in subsidized housing?  Yes  No

If yes, name of the person(s) who lived in subsidized housing \_\_\_\_\_  
\_\_\_\_\_

Name of the Housing Provider:

Your address in subsidized housing:

**Special Housing Requirements:**

I/We require ground floor or elevator access for health reasons. (This selection will exclude you from offers for housing that require the use of stairs).

I/We prefer ground floor or elevator access.

I/We require a parking space.  
(This selection may exclude you from offers for housing where parking is not available).

I/We require a modified/wheelchair accessible unit.  
(Please provide medical documentation of accessibility requirements upon application).

**Housing Benefit/Housing Allowance (For residents residing in Dufferin County only):**

By choosing this option, you could be considered for a Housing Benefit/Housing Allowance, which is a monthly amount of money to help pay your housing costs. This option is most suitable for people who want to find their own housing, or who do not want to move but need additional help to pay monthly housing costs. Check the box below to be considered for Benefits/Allowances, based on availability.

I/We currently reside within Dufferin County and are interested in being considered for any Housing Benefit/Housing Allowance opportunities that would provide financial assistance instead of offering a subsidized housing unit.

**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.

**All individuals applying to live in Rent Geared-to-Income, Affordable or Market Rent Housing are required to complete the Detailed Statement of Gross Monthly Income and List of Assets (below). The application is incomplete until all income and assets have been declared.**

<b>Detailed Statement of Gross Monthly Income (before deductions)</b>				
<b>List of Sources of Income (GROSS)</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other Applicant</b>	<b>Other Applicant</b>
Old Age Security (OAS)				
GAINS - Aged				
Canada Pension Plan (CPP)				
Pension – Other Countries				
Ontario Disability Support Program (ODSP)				
Workplace Safety Insurance Benefits (WSIB)				
Other Disability Pensions				
Veterans Affairs Canada Pension				
Private Pension (specify):				
Income: Full Time/Part Time/Self Employment				
Ontario Works (OW)				
Support Payments Received				
Sponsorship Payments				
Employment Insurance				
Annuities/RIF Payments				
Student Grants				
Ontario Student Assistance Program (OSAP)				
Other Income (specify):				
<b>Total GROSS Monthly Income</b>				
<b>Details of Assets (to be submitted)</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other Applicant</b>	<b>Other Applicant</b>
Bank/Trust/Credit Union				
Investments/GIC/Stocks & Shares/Bonds/TFSA				
RRSP/RESP and Annuities				
Rent Revenue				
Business Assets				
Other Assets (specify):				
<b>Total Value of Assets</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:			

Please provide the following documents for all household members 16 years of age and older:

- Current Notice of Assessment – proof of income
- Bank Profile of all assets, or documentation showing all current assets
- Investments accounts outside of your financial institution (investment statements)
- If you own a home, please provide an MPAC assessment, and copy of most current mortgage statement (if applicable).

## 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 '♿' indicate that an accessible modified unit is present. 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 Bedrooms Available in Unit					Elevator Available	Smoke Free
			Bachelor	1	2	3	4		
114 Broadway	Any	Apartment							
15 John St	Any	Apartment							
16 William St	Any	Apartment							
19 First St	Any	Apartment							
22 Third Ave	Any	Apartment						✓	✓
305 Broadway	Any	Apartment							
311 Broadway	Any	Apartment							
37 Fifth Ave	Any	Apartment							
4 Hillside Dr	Any	Apartment							
12 Hillside Dr	Any	Apartment							
43 Bythia St	Senior Only	Apartment						✓	✓
53 First Ave	Any	Apartment							
54 Lawrence Ave	Any	Townhouses							✓
56 Bythia St	Any	Apartment						✓	✓
58 William St	Any	Apartment							
67C Townline	Any	Apartment							
70 Second Ave	Any	Apartment							
9 McCarthy St	Any	Apartment						✓	✓
Scattered Locations	Any	Detached							
Grand Valley	Tenant Type	Building Type	# of Bedrooms Available in Unit					Elevator Available	Smoke Free
			Bachelor	1	2	3	4		
71 Emma St South	Senior Only	Apartment						✓	✓
33 Main St North	Any	Apartment							



## Rent Geared-to-Income Housing

Shelburne	Tenant Type	Building Type	# of Bedrooms Available in Unit					Elevator Available	Smoke Free	
			Bachelor	1	2	3	4			5
250 Simon St	Senior Only	Apartment		♿					✓	✓
207 William St	Any	Apartment								✓
227 William St	Any	Apartment								✓
Fiddleville Non-Profit 225/325 Robert St	Any	Apartment		♿						✓
	Any	Townhouses							✓ *lift	✓
Scattered Locations	Any	Duplex								

## Affordable and Market Rent Housing

Orangeville	Tenant Type	Building Type	# of Bedrooms Available in Unit					Elevator Available	Smoke Free	
			Bachelor	1	2	3	4			5
40 Lawrence Ave	Senior Only	Apartment		♿	♿				✓	✓
54 Lawrence Ave	Any	Townhouses		♿						✓
Shelburne	Tenant Type	Building Type	# of Bedrooms Available in Unit					Elevator Available	Smoke Free	
			Bachelor	1	2	3	4			5
301 First Ave East	Senior Only	Apartment		♿	♿				✓	✓
McKelvie Burnside Village 200 Mill St	Senior Only	Apartment								✓

## Housing Providers (Co-operatives and Non-Profits)

Orangeville	Tenant Type	Building Type	# of Bedrooms Available in Unit				Elevator Available	Smoke Free	
			Bachelor	1	2	3			4
Shaw's Creek Co-operative 20 Century Dr	Any	Townhouses			♿				
Dufferin Gardens Co-operative 15 Sherbourne St	Any	Townhouses							
Orangeville Non-Profit (Ivy MacDonald Court) 22 Sherbourne St	Any	Apartment		♿	♿				
	Any	Townhouses							
Credit River Non-Profit (Quarry Gates) 60 Chisholm St	Senior Only	Apartment		♿				✓	✓
	Any	Townhouses							
Lavendar Lane Co-operative 61 Second St	Any	Apartment		♿	♿				
	Any	Townhouses							