



APPLICATION FOR RENT-GEARED-TO-INCOME HOUSING

Applications will be accepted ONLY when all required information/documentation listed below has been received and the application is completed in full.

Please use the checklist below to ensure application is complete.

- Read the Declaration (Page 12) and Consent (Page 11) Sections and have all individuals age 16 and over sign the form.
- Ensure that you have responded to all questions.
- Select the project addresses that you wish to be considered for.
- Provide Birth Verification for all household members.
- Provide proof of residency status in Canada under the *Immigration Act (Canada)*.
- Provide verification of all income for all household members (one month worth – most recent month).
- IF IN RECEIPT OF OAS/CPP CALL 1-800-277-9914 FOR A MONTHLY STATEMENT**
- Provide verification of all assets for all household members (including 2 months of bank account transactions - most recent months)
- Provide a copy of your current Income Tax Assessment from Revenue Canada.**
(IF YOU REQUIRE A COPY CALL C.C.R.A. at 1-800-959-8281)
- Provide School Verification for all dependents 16 years of age and older.



*Building community
one block at a time!*

***** Please Do Not Send Original Documents *****

PLEASE NOTE THAT ALL APPLICATIONS MUST BE RETURNED TO:

**Northumberland County Housing Services
555 Courthouse Rd. Cobourg, Ontario K9A 5J6
905-372-3329
1-800-354-7050 (Toll Free)
905-372-6463 (Fax)**

Do You Qualify for Rent-Geared-To-Income Housing?

The following are the eligibility rules for rent-geared-to-income housing in Northumberland County.

A household is eligible for rent-geared-to-income assistance if:

- At least one member is over 16 years of age, and able to live independently
- Each household member is a legal resident of Canada or a refugee claimant
- No deportation order under the *Immigration Act* (Canada) has been made against any member of the household
- No departure order or exclusion order under the *Immigration Act* (Canada) has become effective with respect to any member of the household
- No household member owes rental arrears to any Social Housing project
- No household member has been convicted by a court of law, or found by an administrative tribunal, to be misrepresenting their income for the purposes of rent-geared-to-income assistance
- Household members have applied for specified forms of assistance for which they may be eligible; these sources of income are limited to Ontario Works, Divorce or Support payments, Employment Insurance, Government pensions, and Support from a Sponsor under the Immigration Act
- Household members have divested interest in residential property as specified in Section 9 of the Regulations

IMPORTANT INFORMATION FOR APPLICANTS

The Social Housing Reform Act requires that a household notify the Housing Registry of any changes in the household that relates to their application for housing assistance **within 10 business days of the change**. This includes (but is not limited to :)

- 1) change of family composition**
- 2) change of household income or assets**
- 3) change of address or telephone number**

Failure to provide this information in accordance with the Social Housing Reform Act could result in your application being cancelled and you being removed from the waiting list. It would then be necessary for you to re-apply for housing assistance. If your new application deems you eligible for rent-geared-to-income assistance, a new date would be assigned based on the new application.

**APPLICATION FOR RENT-GEARED-TO-INCOME HOUSING
IN NORTHUMBERLAND COUNTY**

BUILDING SELECTION SHEET

The following Housing Providers provide rent-geared-to-income accommodation in Northumberland County. Please indicate by checking the appropriate address for the provider(s) / location(s) that you would like your application to be considered for:

EXPLANATION OF SYMBOLS:

NCH - Northumberland County Housing Corporation	Apt - Apartment
Co-op - Co-operative Housing	TH - Townhouse
NP - Non-Profit Housing	SD - Semi-Detached

BUILDING NAME	BUILDING ADDRESS	PROVIDER TYPE	TENANT TYPE	BUILDING TYPE	# OF BEDROOMS	ELEVATOR/LIFT
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BRIGHTON:

<input type="checkbox"/> Francis Court	2 Francis St.	NCH	Mixed	Apt	1	
<input type="checkbox"/> Midland Court	12A Meade St.	NCH	Senior / 50+	Apt	1	Lift
<input type="checkbox"/> Midland Court II	12 Meade St.	NCH	Senior / 50+	Apt	1	

CAMPBELLFORD:

<input type="checkbox"/> Kinlee Terrace	224 First St.	NP	Family	TH	2, 3, 4	
<input type="checkbox"/> Multicare Lodge <i>*Smoke Free*</i>	174 Oliver Rd.	NP	Senior/Supportive	Apt	1, 2	Elevator
<input type="checkbox"/> Sunrise Court	111 Front St. S.	NCH	Senior	Apt	1	Lift
<input type="checkbox"/> Sunset Court	112 Front St. S.	NCH	Mixed	Apt	1	

COBOURG:

<input type="checkbox"/> Elgin Estates	330 Alexandria Dr.	NP	Family	TH	2, 3	
<input type="checkbox"/> Trinity Place	25 James St. E.	NP	Family	Apt	1, 2, 3	
<input type="checkbox"/> Halcyon Place	580 Courthouse Rd.	NP	Senior	Apt	1, 2	Elevator
<input type="checkbox"/> Elgin St.	265-327 Elgin St. E.	NCH	Family	SD	2, 3, 4	
<input type="checkbox"/> Windemere	330 King St. E.	NCH	Mixed	Apt	1	Lift
<input type="checkbox"/> Sutherland Place	199A Sutherland Cres.	Co-op	Family	Apt	1, 2	Elevator
<input type="checkbox"/> Sutherland Place	199A Sutherland Cres.	Co-op	Family	TH	2, 3, 4	

COLBORNE:

<input type="checkbox"/> Maple Court	8 King St. W.	NCH	50+	Apt	1	
<input type="checkbox"/> Percy Manor	6 Percy St.	NCH	Senior / 50+	Apt	1	Lift

HASTINGS:

<input type="checkbox"/> Victoria Place	94 Victoria St.	NP	Senior	Apt	1, 2	
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PORT HOPE:

<input type="checkbox"/> Scriven	7 Scriven Blvd.	NCH	Family	TH	2, 3	
<input type="checkbox"/> Wellington Place	41 Wellington St.	NCH	Family	TH	2, 3, 4	
<input type="checkbox"/> Wellington Manor	43 Wellington St.	NCH	Mixed	Apt	1	
<input type="checkbox"/> Wellington Court	45 Wellington St.	NCH	Senior	Apt	1	Lift
<input type="checkbox"/> Holland Court	24 Queen St.	NCH	Senior	Apt	1	Lift
<input type="checkbox"/> Fairview Estates	61 McCaul St.	NP	Family	TH	2, 3	
<input type="checkbox"/> Rose Glenn Woods	144 Rose Glenn Rd.	NP	Family	TH	2, 3	
<input type="checkbox"/> Rose Glenn Woods	144 Rose Glenn Rd.	NP	Family	Apt	1, 2	Elevator

WARKWORTH:

<input type="checkbox"/> Mill Creek Manor <i>*Smoke Free*</i>	140 Church St.	NP	Senior/60+	Apt	1, 2	Elevator
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**APPLICATION FOR RENT-GEARED-TO-INCOME HOUSING
IN NORTHUMBERLAND COUNTY**

Instructions:

1. Complete all sections of the application.
2. Please print all information in pen.
3. If you require assistance in completing this application, please contact Northumberland County Housing at (905) 372-3329 or Long Distance 1-800-354-7050.

SECTION 1 - APPLICANT

Salutation: Mr. Mrs. Ms. Miss

First Name: _____

Last Name: _____ Middle Name: _____

Marital Status: Single Married Common Law Divorced Widowed Other

Date of Birth: (mm/dd/yyyy) _____ Sex: Male Female

Social Insurance Number: _____

Status in Canada: Canadian Citizen Landed Immigrant Sponsored Immigrant

Refugee Status Other (Please Specify) _____

Mailing Address: Street No. /Name: _____

Apt. No: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers: Home: _____ Work: _____

Can you take personal calls? Yes No

Can we safely contact you at this address and phone number? Yes No

If No, where can we contact you? _____

Special Notes: _____

Persons to contact in your absence or to act as an interpreter:

NAME	RELATIONSHIP	TELEPHONE NUMBER

Special Priority:

- I am applying for special priority status because I am currently a victim of abuse.
- I am applying for special priority status because someone in my household is currently a victim of abuse.
- I am currently living with the abuser.
- I have lived apart from the abuser for less than 3 months.

Present Accommodation: Own Rent Temporary Co-Own

Monthly Housing Expenses: \$ _____

Current Landlord Information:

Landlord Name: _____

Landlord Address: _____

Landlord Telephone Number: _____

Length of Tenancy: From _____ To _____

Have you ever received an eviction notice? Yes No

Eviction Date: _____ Eviction Reason: _____

SECTION 2 – PREVIOUS TENANCY (Please specify the previous tenancies up to 5 years for Applicant and Co-Applicant(s))

Previous Tenancy in Subsidized Rental Accommodations in Ontario:

Have you or anyone else listed on this application lived in subsidized rental accommodation in Ontario? Yes No

Are there any rental arrears outstanding from this former tenancy? Yes No

If “yes”, amount outstanding: \$ _____

Do you have a repayment schedule in place with the previous landlord? Yes No

If “yes” please give name of person, subsidized address and occupancy dates below:

Name	Address	Occupancy Date – From / To

Other Previous Tenancies:

1) Tenant Name:	2) Tenant Name:
Tenancy Address:	Tenancy Address:
Occupancy From: (mm/yy)	Occupancy From: (mm/yy)
Occupancy To: (mm/yy)	Occupancy To: (mm/yy)
Landlord Name:	Landlord Name:
Landlord Address:	Landlord Address:
Landlord Phone Number:	Landlord Phone Number:
Arrears Owing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrears Owing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount: \$	Amount: \$

SECTION 3 – CO-APPLICANT (All household members 16 years of age and older)

Salutation: Mr. Mrs. Ms. Miss

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Applicant: _____

Marital Status: Single Married Common Law Divorced Widowed Other

Date of Birth: (mm/dd/yyyy) _____ Sex: Male Female

Social Insurance Number _____

Status in Canada: Canadian Citizen Landed Immigrant Sponsored Immigrant
 Refugee Status Other (Please Specify): _____

Mailing Address: Street No./Name: _____

Apt. No: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers: Home: _____ Work: _____

Can you take personal calls? Yes No

Can we safely contact you at this address and phone number? Yes No

If No, where can we contact you? _____

Special Notes: _____

Persons to contact in your absence or to act as an interpreter:

NAME	RELATIONSHIP	TELEPHONE NUMBER

School Attendance: Do you attend school full-time? Yes No

If “yes”, Name of School/College/University attended: _____

Location of School/College/University: _____

Grade/Year of Attendance: _____

SECTION 4 – CO-APPLICANT (All household members 16 years of age and older)

Salutation: Mr. Mrs. Ms. Miss

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Applicant: _____

Marital Status: Single Married Common Law Divorced Widowed Other

Date of Birth: (mm/dd/yyyy) _____ Sex: Male Female

Social Insurance Number _____

Status in Canada: Canadian Citizen Landed Immigrant Sponsored Immigrant
 Refugee Status Other (Please Specify): _____

Mailing Address: Street No. /Name: _____

Apt. No: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers: Home: _____ Work: _____

Can you take personal calls? Yes No

Can we safely contact you at this address and phone number? Yes No

If No, where can we contact you? _____

Special Notes: _____

Persons to contact in your absence or to act as an interpreter:

NAME	RELATIONSHIP	TELEPHONE NUMBER

School Attendance: Do you attend school full-time? Yes No

If “yes”, Name of School/College/University attended: _____

Location of School/College/University: _____

Grade/Year of Attendance: _____

SECTION 5 – OTHER MEMBERS (DEPENDENTS)

– Please include only those who will live with you and who will not be leaseholders.

Last Name	First Name	Date of Birth (yy/mo/day)	Sex (M/F)	School Attended	Relationship to Applicant

Is a baby expected? Yes No If “yes”, date expected: _____

SECTION 6 – INCOME

Statement of all MONTHLY income BEFORE deductions for all household members.

Income means all income, benefits and gains, of every kind and every source including, but not limited to, the following: gross salary, overtime, commissions, self-employment, employment insurance, worker's safety insurance board, pensions, annuities, inheritance, social assistance (Ontario Works Program / Ontario Disability Support Program), alimony/support payments, interest income from bank accounts, interest from investments, term deposits, grants, scholarships, etc.

	Applicant	Co-Applicant	Co-Applicant
Income Categories:	Amount: \$	Amount: \$	Amount: \$
Ontario Works Program			
Ontario Disability Supports Program			
Employment Insurance			
Worker's Safety Insurance Board			
Old Age Security/G.I.S.			
GAINS – Aged			
Canada Pension Plan (Q.P.P.)			
Spouse's Allowance			
Company Pension			
Other Pensions			
War Veteran's (DVA) Allowance			
National Child Benefits Supplement			
A.C.S.D.			
Support Payments (Child or Spousal)			
Annuities, Superannuation, Insurance			
Privately Administered Trust Fund			
Earned Interest (Bank/Investments)			
Loans/Mortgage Agreement			
Farm or Business			
Rental			
Band Allowance			
Student Grants			
O.S.A.P.			
Other Income			

Employment: Earnings and/or Training Allowance

Household Member:	Employer:	Gross \$: (Monthly)

Self-Employment:

Household Member:	Name of Business & Phone:	Gross \$: (Monthly)

SECTION 7 – ASSETS

Cash on Hand:

Household Member:	Amount: \$

Chequing/Savings Accounts:

Household Member:	Bank Name:	Account Number:	Balance: \$

Investments:

Investment Category:	Household Member:	Value:
R.R.S.P.		
R.I.F.		
G.I.C.		
Annuities		
Other		

Life Insurance: (Cash Surrender Value)

Household Member:	Value:
Company:	Policy No:
Household Member:	Value:
Company:	Policy No:

Monies Owed to You (Over \$500.00)

Household Member:	\$ Amount:
Details:	

Property:

Do you or any other member listed on this application own property (house, farm, land, mobile home, cottage, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If “yes”, please indicate type of property, location (street address & municipality) and estimated value:	
Type:	Location:
Value \$:	Outstanding Mortgage \$:

Business:

Do you or any member listed on this application own or have interest in a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If “yes” please indicate type of business (street address & municipality) and estimated value:	
Type:	Location:
Value \$:	

Transfer of Assets:

Have you or any member listed on this application transferred or sold any assets in the last 3 years? Yes No

If "yes" please indicate amount, type of asset and date of transfer:

Type:

Date of Transfer:

Value \$:

SECTION 8 – HOUSING PREFERENCES

(Note: Select unit size based on your family size. These preferences will determine the properties that you are able to select on this application.)

I/We wish to apply for the following:

1 Bedroom

2 Bedroom

3 Bedroom

4 Bedroom

I/We are able to accept a second floor apartment if no elevator service is available at the address (es) we have selected: Yes No

I/We require: 1) a modified/wheelchair accessible unit: Yes No

2) accommodation where essential support services are provided: Yes No

If "yes" to either 1) or 2) above, please provide specific details of your needs below. (Also, if your need is due to medical reasons, please provide a doctor's note).

Details: _____

Are you willing to accept other subsidized housing programs within the Community?

Yes

No

Market Rent:

If one of the properties you have selected have Market Rent units (units that are not subsidized), do you want the Northumberland County Not-for-Profit Housing Registry to forward a copy of this application to the Housing Provider so that you might be considered for a Market Rent unit?

Are you willing to pay Market Rent? Yes

No

RELEASE AND CONSENT

Please read this carefully, and sign in the spaces below.

All persons 16 years of age and older who are going to live with you must sign this.

1. I understand that the **County of Northumberland** as service manager and any Housing Provider listed in my application for rent-geared-to-income (RGI) assistance are permitted under the *Social Housing Reform Act, 2002* (the “Act”) to collect personal information about me so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in the Act.
2. I understand that the **County of Northumberland and/or the Housing Provider** will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
3. I allow the **County of Northumberland and/or the Housing Provider** to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, 2000*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
4. I allow the **County of Northumberland and/or the Housing Provider** to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow the **County of Northumberland and/or the Housing Provider** to give the information on this form and any attachments to any government or body with whom the **County of Northumberland and/or the Housing Provider** has made an agreement under the *Social Housing Reform Act, 2000*, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by the **County of Northumberland and/or the Housing Provider** to a body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.

If you have any question about the collection and use of personal information, please contact: Northumberland County Housing Services, 555 Courthouse Rd. Cobourg, Ontario K9A 5J6, Telephone (905) 372-3329 or 1-800-354-7050.

“Personal information contained in this form or in attachments is collected by the County of Northumberland pursuant to the *Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31.)* or the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56)*. This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.”

Please sign here (include signature of all household members over the age of 16 years).

X _____ X _____
Applicant Co-Applicant

X _____ X _____
Co-Applicant Co-Applicant

Today’s Date: _____

DECLARATION

Please read this carefully, and sign in the spaces below.

All persons 16 years of age and older who are going to live with you must sign this.

- 1. I give my word that everything I have written in this application is correct and complete.
- 2. I understand that all information I give to the **County of Northumberland** will belong to them and they will give my information to the housing providers I have chosen.
- 3. If something on this application is incorrect or not true, the **County of Northumberland** or the housing providers I have applied to may request additional information, may cancel my application or both, and I may be prohibited from re-applying for assistance for a minimum period of four years under the *Social Housing Reform Act, 2000*.
- 4. I understand that only the people I have listed on this application form may live with me in subsidized housing.
- 5. I understand that the **County of Northumberland** will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
- 6. I give my word that I am in Canada legally.
- 7. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing project.

X _____ X _____
 Applicant Co-Applicant

X _____ X _____
 Co-Applicant Co-Applicant

Today's Date: _____

Questions about this collection should be directed to:

Northumberland County Housing Services
555 Courthouse Rd., Cobourg, Ontario K9A 5J6
1-800-354-7050
(905) 372-3329

How to Apply for Rent Geared to Income Housing.

- Complete application, answer all questions and attach photocopies of **ALL** required documents. (Do not attach originals)
- Caseworker will review application and determine eligibility within 30 days.
- Written confirmation of your eligibility status will be mailed to you.
- Once you are confirmed eligible your name will be placed on the wait list by the date that the application was stamped as “received and complete” in our office.
- Incomplete applications (missing information or unanswered questions) will be returned to you by regular mail.

If you are a victim of domestic violence and wish to apply for Special Priority Status please ensure that you have requested the SPP Application

**If you have any questions please contact the Housing Services Clerk
@ 905-372-3329 Ext. 2304**