



## EMILY MURPHY CENTRE HOUSING APPLICATION

67 Barron Street., Stratford, ON N4Z 1G9  
 Tel: 519-273-7350 Toll Free: 1-888-826-8117 Fax: 519 272-2900

**INSTRUCTIONS:**

- Fill out this application form completely (please *print* clearly)
- Sign* Page 4 as an acknowledgement that you understand this information to be true
- All household members 16 year of age or older, must read and *sign*
- Verification (photocopies) of *all* gross income, assets, income tax return, notice of assessment and citizenship is required

FOR OFFICE USE ONLY		App. #:		Received:			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<b>Last Name- Applicant No. 1</b>	<b>First Name/Middle Initial</b>			Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.	
Mailing Address (if different from above)				Alternate Contact (where we can leave a message)			
				Name:			
				Phone No.:			
Status in Canada – Attach verification ( <i>photocopy</i> )							
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify):							
Are you a victim of family violence?		<input checked="" type="checkbox"/> <b>Safe</b> Contact Name & Phone No. (if victim of violence)			<input type="checkbox"/> Interpreter Name and Telephone No. (if required)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:			Name:		
		Phone No.:			Phone No.:		
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<b>Last Name- Applicant No. 2</b>	<b>First Name/Middle Initial</b>			Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.	
Mailing Address (if different from above)				Alternate Contact (where we can leave a message)			
				Name:			
				Phone No.:			
Status in Canada – Attach verification ( <i>photocopy</i> )							
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify):							
Are you a victim of family violence?		<input checked="" type="checkbox"/> <b>Safe</b> Contact Name & Phone No. (if victim of violence)			<input type="checkbox"/> Interpreter Name and Telephone No. (if required)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:			Name:		
		Phone No.:			Phone No.:		

**OTHER APPLICANTS TO RESIDE IN ACCOMMODATION APPLIED FOR:** (*All applicants age 16 years and older must sign the Declaration & Consent*)

Last Name	First Name	Age	Birth date(MM DD YY)	Sex	Relationship

1. Are all the above 'Other Applicants' who will be residing in accommodation applied for, legally entitled to be in Canada?  Yes  No  
 2. Is a baby/child expected to be added to this household?  Yes  No

Please give details: \_\_\_\_\_

Have you been tenants of subsidized rental accommodation at any time?  Yes  No  
 If yes, please state where and when: \_\_\_\_\_

Do you owe any rental arrears to any Landlord?  No  Yes – State amount \$ \_\_\_\_\_

Has your current Landlord issued you a 'Notice To Vacate'?  No  Yes – Reason: \_\_\_\_\_

**Present Accommodations**  
 Rent  Own home  Temporary housing (e.g. emergency shelter, care facility, hotel)  Other  
 If Temporary Housing or Other, please specify: \_\_\_\_\_

If you are eligible for more than one unit size (refer to page 3 for Occupancy Standards), what unit size(s) are you willing to accept? (check all applicable)  
 1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

Type of Unit Required? \_\_\_\_\_ Requirements of Special Needs: \_\_\_\_\_  
 No special need  Wheelchair /Handicap Accessible \_\_\_\_\_  
**Note:** If Wheelchair/Handicap Accessible is required, a doctor's note must be attached.

**HOUSEHOLD INCOME** See Examples on Page 4 (Verification required – photocopies) Income Tax Return, Notice of Assessment

Gross Employment Earnings	\$ \$	Ontario Works	\$ \$
Ontario Disability Support Plan (ODSP)	\$ \$	Old Age Security (Including Supplements)	\$ \$
Canada Pension Plan (CPP)	\$ \$	Private Pension	\$ \$
Canada Pension Plan (CPP-Disability)	\$ \$	War Veteran's Pension	\$ \$
Employment Insurance (EI)	\$ \$	Disability Pension	\$ \$
Worker's Compensation	\$ \$	Other (Specify)	\$ \$

**VALUE OF HOUSEHOLD ASSETS** See Examples on Page 4 (Verification required– photocopies)

Total Savings in <u>All</u> Banks	\$ \$ \$	<u>All</u> Real Estate (approx.) (Written appraisal obtained at household's expense may be required)	\$ \$ \$
<u>All</u> Certificates/Stocks/Bonds	\$ \$ \$	Other(s) (specify)	\$ \$ \$

Have you transferred any non-income producing assets, by sale, lease, gift, or in any other manner, within the last 36 months?  
 No  Yes – Please state value(s) \$ \_\_\_\_\_

APPLICANT NO. 1 (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

APPLICANT NO. 2 (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Do you have a safe address or phone number that we can contact you, if or when, necessary?**

(✓)	Reason For Application	Provide Details if desired
	Emotional/Psychological Abuse	
	Physical Abuse	
	Isolation	
	Assault w/ a weapon	
	Abuse of Children	
	Sexual Abuse	
	Sexual Abuse of Children	
	I believe I am still at risk/in danger	

**BASIC RENT GEARED-TO-INCOME ELIGIBILITY RULES:**

1. At least one member of your household is 16 years old or older.
2. Each member of your household is a Canadian citizen, permanent resident of Canada or a refugee claimant.
3. No deportation order has been made or has become effective for any members of your household.
4. No member of your household owes arrears of rent or owes money for damages to social housing.
5. No member of your household has had a conviction for misrepresentation of income related to social housing.
6. You must be able to live independently, with or without support services.

**OCCUPANCY STANDARDS (Bedroom Allocation)**

You can indicate what size of unit you want to live in. However, your choice must fall within a range of unit sizes that is determined by the occupancy standards that apply to your household size. The standards are:

- there can be no less than one person per bedroom
- applicants can choose to have two children of the same sex share a bedroom
- single adults are each allocated one bedroom
- if there is a documented medical need, a baby/child is expected, or there are documented child custody requirements, an extra bedroom may be provided.

If you do not indicate any size preference for a unit, we will assume you will only accept the largest sized unit for which you qualify.

**EXAMPLES OF POSSIBLE SOURCES OF INCOME (Domestic or Foreign)****(Note these are examples only – ALL income sources must be declared)****Pensions and Allowances**

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan
- Social Security (other countries)
- Widows Pension
- Company Pension
- Private Pensions
- Public Service Pension
- Civilian War Pension
- Disability Pension
- War Veteran's Allowance (D.V.A.)
- War Veteran's Allowance (other countries)
- Military or Militia or Civil Defense Allowances
- Canadian Manpower Retraining Allowance
- Training Allowances
- Retraining Allowances

**Income Producing Assets**

- Farm Property which produces income
- Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings Accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits
- Business interest which produces income

**Non-Income Producing Assets**

- Life Insurance (with a cash surrender value)
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Non locked-in Registered Retired Savings Plan
- License which produces income (e.g. Taxi License)
- Business Asset which does not produce income
- Non-interest bearing chequing accounts

**OTHER SOURCES OF INCOME**

- Employment (full-time/part-time, casual, seasonal, odd jobs)
- Self employment (child care, music teaching, business)
- Workers' Compensation Payments
- Employment Insurance
- Provincial or Municipal Payments
- Payments from Official Guardian or Public Trustee
- Support Payments (for spouse or child)
- Support from relatives or other sources
- Insurance Payments
- Alimony Payments
- Separation Payments
- Mortgage Income

**Note:** To be considered eligible for a rent subsidy, applicants must have pursued all sources of income available to them. This includes basic financial assistance under the *Ontario Works Act, 1997*, support under the *Divorce Act (Canada)*, the *Family Law Act* or the *Reciprocal Enforcement of Support Orders Act*, benefits under the *Employment Insurance Act (Canada)*, Government of Canada or Government of Ontario pensions for persons aged 65 or older, and support or maintenance due under the *Immigration Act (Canada)*

**DECLARATION, RELEASE AND CONSENT**

**PERSONAL INFORMATION**

1. I understand that there are laws that allow the Perth County Service Manager (or its delegate) to collect personal information about me.
2. I understand that the Perth County Service Manager (or its delegate) will use the information I give them to see if I qualify for the housing I have applied for and to see if I continue to qualify for rent-gearred-to-income assistance and to see how much assistance I am eligible for.
3. I allow the Perth County Service Manager (or its delegate) to give the information on this form and any attachment to the social services offices, other municipal service managers, district social services administration boards, or 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 Perth County Service Manager (or its delegate) 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 administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow the Perth County Service Manager (or its delegate) to give this information on this form and any attachments to any government or body with whom the Perth County Service Manager (or its delegate) has made an agreement under the *Social Housing Reform Act, 2000*, without further notice to me, for the purpose of conducting research relating to a social benefit program or social housing or rent-gearred-to-income assistance program.
6. I understand that any information on this form and any attachment given by the Perth County Service Manager (or its delegate) to a body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.
7. I understand that if I have any question about the collection and use of personal information, I may contact the Manager of Social Housing, Department of Social Services and Housing, 82 Erie Street Stratford, ON N5A 2M4 (519) 271-3773 x265.

**DECLARATION**

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 Perth County Service Manager (or its delegate) 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 Perth County Service Manager (or its delegate) 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 two 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 Perth County Service Manager (or its delegate) 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-gearred-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, that are satisfactory to the Perth County Service Manager (or its delegate), to pay any money I owe to any subsidized housing project.

Applicant #1	Witness	Date
Household Member (16+)	Witness	Date
Household Member (16+)	Witness	Date

Please return this form to the applicant or mail/fax it to our office at the address printed at the top of the page. Thank you for your assistance.