



**COUNTY VIEW SENIORS' APARTMENTS APPLICATION**

**A Canada-Ontario Affordable Housing Program Building**

**c/o Huron County Housing Services**

77722D London Road, Clinton, ON N0M 1L0

Contact: Amanda Stevenson @ Extension 4252

Phone: 519-482-8505 or 1-888-371-5718 Fax: 519-482-1632

This three storey, 31 unit apartment building has 19 . 1 bedroom and 12 . 2 bedroom apartments, laundry facilities, an elevator, all apartments contain a full size refrigerator and stove, and individually controlled heat and air conditioning. **Residents must be 60 years of age or older.** Tenant Content & Liability Insurance will be mandatory. 2019 Rents will be set at **\$542.00 for a one bedroom apartment** and **\$732.00 for a two bedroom apartment**, plus electricity. Heat and water are included in the rent.

**Effective July 1, 2016, smoking is prohibited inside all buildings, including private units, balconies, patios for all new tenants moving in after July 1, 2016 and within a distance of five (5) meters from any windows, entrances or exits to any building of the Huron County Housing Services. Tenants who have signed a lease agreement before July 1, 2016, will be exempt.**

**APPLICANT**

|  |             |                                 |
|--|-------------|---------------------------------|
| S.I.N. #   |             |                                 |
| Last Name  |             | First Name                      |
| Apt #  | Box #       | Street Address                  |
| Town/City  | Postal Code | Alternate Contact Name          |
| Home Phone Number                                |             | Relationship to Applicant:      |
| Work Phone Number                                |             |                                 |
| Date of Birth                                    |             | Female <input type="checkbox"/> |
| Month _____ Day _____ Year _____                 |             | Male <input type="checkbox"/>   |
| <b>(Must Provide Copy of Birth Verification)</b> |             |                                 |

**CO-APPLICANT (if applicable)**

|  |       |                                 |
|--|-------|---------------------------------|
| S.I.N. #   |       |                                 |
| Last Name  |       | First Name                      |
| Apt. #   | Box # | Street Address                  |
| Town/City  |       | Postal Code                     |
| Home Phone Number                                |       | Work Phone Number               |
| Date of Birth                                    |       | Female <input type="checkbox"/> |
| Month _____ Day _____ Year _____                 |       | Male <input type="checkbox"/>   |
| <b>(Must Provide Copy of Birth Verification)</b> |       | Relationship to Applicant:      |

**GENERAL INFORMATION SECTION**

- 1. Is at least one member of the household 60 years old or older, and are all members able to live independently? Yes  No
- 2. Does any member of the household owe arrears for rent or damages as a result of a tenancy with a Social Housing Provider? Yes  No
- 3. Have all members of the household filed Income Tax for the current/previous year. **Copies of your Notice of Assessment are required with this Application, and also when offered an apartment.** Yes  No
- 4. Do you require a 1 bedroom apartment? Household net income must be less than \$37,200.00 per year. Yes  No
- 5. Do you require a 2 bedroom apartment? Household net income must be less than \$45,600.00 per year. Yes  No
- 6. Do you currently own your home? Yes  No

**If you answered YES to the above question, do you have plans in place to divest your property?**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**If you answered NO to the above question, please provide Landlord Information as requested below:**

Current Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant #1 Signature                      Witness                      Date

\_\_\_\_\_  
Co-Applicant's Signature                      Witness                      Date

**If there are any changes to the information provided above, please contact Ext. 4252, at Huron County Housing Services. Failure to do so may result in the applicant's name being removed from the waitlist.**