



**HURON COUNTY
CO-ORDINATED ACCESS FOR SOCIAL HOUSING**

c/o HURON COUNTY HOUSING SERVICES
77722D London Road, RR 5
Clinton, ON N0M 1L0

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

To apply for Rent Geared-to-Income Housing, you must be:

- Sixteen years of age or older (**attach copies of birth certificates for all household members or application is incomplete**)
- Able to live on your own (example: do your own cooking, cleaning, laundry, bathing) with or without supports
- You must be a Canadian Citizen/Permanent Resident or have made an application for status as a Permanent Resident or have Refugee Claimant household under the Immigration and Refugee Protection Act (Canada) where no removal order has become enforceable against any member of the household (attach a copy of the Permanent Resident card, Canadian Citizenship card, Landed Immigrant papers etc. or application is incomplete)
- You must not owe arrears to any social housing provider or have been found by the Landlord and Tenant Board or a court of law to have misrepresented income in relation to the receipt of rent geared-to-income assistance
- Willing to put any house you own up for sale and sell it within six months of the date of offer of a lease

Instructions for filling out this application:

- Print all information in pen
- **Include a copy of your most recent Notice of Assessment from Canada Revenue Agency**
- Answer every question. Mark a line through the space or mark it "n/a" (not applicable) in sections that don't apply to you. Add another sheet for any additional information
- Have all household members sign if they are 16 years of age or older and have them declare their income and/or provide verification that they are attending high school or post-secondary education (for example: most recent report card or letter from the school)
- **Unsigned and/or incomplete applications will be returned to you**

IMPORTANT NOTE: Effective January 1, 2021 Applicants are entitled to ONE (1) housing offer. If the offer is refused, the file will be cancelled. Failure to respond to a housing offer shall be considered a refusal.

You must report any changes in documents or information that you have provided for this application.

Report changes to the Huron County Housing Services within 10 days of the change.

Examples include items such as number of family members, income, address, phone number.

If you need help completing this application, contact the Housing staff at:
Huron County Housing Services
77722D London Road, RR 5, Clinton, Ontario N0M 1L0
Phone: 519-482-8505 Ext. 4252 | Toll-Free: 1-888-371-5718 | Fax: 519-482-1632



APPLICATION FOR RENT-GEARED-TO-INCOME HOUSING

In order to determine eligibility for subsidized rent-geared-to-income housing, all sections of the application must be completed. When the completed application has been reviewed, you will receive written notice of your eligibility and what category your household is listed in. Verification of all sources of income will be required prior to an offer of accommodation being made.

Effective July 1, 2016, smoking is prohibited inside all buildings, including private units, balconies, and 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.

As a condition of being offered accommodation by Huron County Housing Services you will be required to provide proof of liability insurance coverage (minimum \$1,000,000 liability) by way of a current insurance certificate to the Landlord on an annual basis.

APPLICANT

Last Name		First Name	S.I.N
Apt #	Box #	Street Address	
Town/City		Postal Code	Alternate Contact Name: _____
Home Phone Number _____		Alternate Contact's Relationship to Applicant: _____	
Work Phone Number _____		Phone Number: _____	
Date of Birth (mm/dd/yy)		Female <input type="checkbox"/>	
Attach copy of birth certificate		Male <input type="checkbox"/>	
Email Address: _____			

CO-APPLICANT

Last Name		First Name	S.I.N
Apt #	Box #	Street Address	
Town/City		Postal Code	Home Phone Number _____
			Work Phone Number _____
Date of Birth (mm/dd/yy)		Female <input type="checkbox"/>	Relationship to Applicant
Attach copy of birth certificate		Male <input type="checkbox"/>	

OTHER PERSON(S) TO RESIDE IN ACCOMMODATIONS

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i> (mm/dd/yy)	<i>Custody</i>	<i>Relationship to Applicant</i>	<i>*Student/Working</i>	<i>Male/Female</i>
Attach copy of birth certificate			Sole <input type="checkbox"/> Joint <input type="checkbox"/>		Student <input type="checkbox"/> Working <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Attach copy of birth certificate			Sole <input type="checkbox"/> Joint <input type="checkbox"/>		Student <input type="checkbox"/> Working <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Attach copy of birth certificate			Sole <input type="checkbox"/> Joint <input type="checkbox"/>		Student <input type="checkbox"/> Working <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Attach copy of birth certificate			Sole <input type="checkbox"/> Joint <input type="checkbox"/>		Student <input type="checkbox"/> Working <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Attach copy of birth certificate			Sole <input type="checkbox"/> Joint <input type="checkbox"/>		Student <input type="checkbox"/> Working <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

***Verification of Registration at School or Income will be required for children over 16 years of age.**

Is a baby expected? No Yes If yes, what is the due date?(mm/dd/yy)_____
(*attach a copy of ultrasound picture or doctor’s note)

In order to qualify for a bedroom for your child (or children), the child must stay overnight with the applicant at least four nights per month.

***attach a copy of court issued documentation or legally authorized custodial agreement**

GENERAL INFORMATION SECTION

1.	Does each member of the household meet at least one of the following criteria?	
	• Is a Canadian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Has made application for status a permanent resident under the Immigration and Refugee Protection Act (Canada)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Has made a claim for refugee protection under the Immigration and Refugee Protection Act (Canada)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has a removal order become enforceable under the Immigration and Refugee Protection Act (Canada)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Is at least one member of the household 16 years old or older and able to live independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Does any member of the household owe arrears for rent or damages as a result of tenancy with a Social Housing Provider for rent-geared-to-income assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Has any member of the household ever been convicted of an offence in relation to the receipt of rent-geared-to-income assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Has any member of the household been found by the Ontario Landlord & Tenant Board or a court of law to have misrepresented income in relation to the receipt rent-geared-to-income assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Does any member of the household have special needs due to a medical condition or disability? *If yes, please provide details:* Yes No

8. Are you able to manage the stairs? Yes No
 • Do you require a ground level unit or elevator availability? Yes No
If yes, please provide details (i.e. uses walker):

9. Do you need a modified/wheelchair accessible unit? Yes No

10. Do you own your home? Yes No

11. Current Landlord: Phone:

12. Previous Landlord: Phone:

13. Have you previously resided in subsidized accommodation in Ontario? Yes No

Name and Address of Accommodation:		
Reason for Leaving:		
Date of Move-In:		Date of Move-Out:

Comments:

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DECLARATION, RELEASE AND CONSENT OF INFORMATION

I/We _____ declare that all given in this application is correct and complete. The application and any supporting documents become the property of the County of Huron Housing Services. Copies of, and information pertaining to the application, may be shared with housing providers that I/we have selected for the purpose of processing the application including, but not limited to, determining the eligibility of the household for rent-geared-to-income assistance, determining the size and type of unit in respect of which the household is eligible to receive rent-geared-to-income assistance, determining the amount of rent-geared-to-income payable by the household.

If information on this application is incorrect or not true, County of Huron Housing Services 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 of two years under the Housing Services Act, 2011.

I/We understand that an offer accommodation will be contingent upon confirmation of eligibility.

I/We agree that I/we are legal residents of Canada.

I/We understand that if rent accommodation is provided to me/us, it will be occupied solely by me/us and those persons listed on the application.

I/We understand that this application does not constitute an agreement on the part of the County of Huron Housing Services to provide me/us with rental accommodation.

Personal information contained on this form or in attachments is collected by the County of Huron Housing Services pursuant to the Housing Services Act, 2011, and associated regulations.

Pursuant to the Municipal/Provincial Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.m.56) and the Federal Privacy Act, I/we give my/our consent and authorization to the County of Huron Housing Services:

- To make enquiries, to verify the information given on this application, including a landlord and/or credit check and I/we authorize the Minister, the Housing Services Corporation, the County of Huron Housing Services, each service manager, each administrator, each housing provider, each lead agency and each person or organization providing services by contract to any of them to share with any of the following persons personal information that is in their possession and was collected under the Housing Services Act, 2011, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, or the Day Nurseries Act, if the information is necessary for the purposes of making decisions or verifying eligibility for assistance.
- To share the information on this form and any attachments to any government or body with whom the County of Huron Housing Services has made an agreement under the Housing Services Act, 2011, without further notice to me, for the purpose of conducting research related to a social benefit program, social housing/housing services or rent-geared-to-income assistance.

Questions regarding the collection, use of disclosure of the information provided can be directed to:

County of Huron Housing Services,
77722D London Road, RR#5, Clinton, Ontario N0M 1L0
Phone: 519-482-8505 | Fax: 519-482-1632

NOTE: UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

This application MUST be signed by ALL persons age 16 years or over.

REMEMBER TO ATTACH COPIES OF BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

Other Household Member(s): _____ Date: _____

SOURCES OF INCOME & ASSETS

**For the purposes of assessing eligibility for Rent-Geared-to-Income Assistance, income means all gross income (before deductions), benefits and gains of every kind and every source including, but not limited to the following. Any sources of income not listed below are to be included under "Other".

Source Of Income	Applicant's Gross Monthly Income	Co-Applicant's Gross Monthly Income	Other Applicant(s) Gross Monthly Income
Employment (all sources)	\$ per month	\$ per month	\$ per month
Self-Employment	\$ per month	\$ per month	\$ per month
Employment Insurance (EI)	\$ per month	\$ per month	\$ per month
Workers' Compensation (WSIB)	\$ per month	\$ per month	\$ per month
Ontario Works (OW)	\$ per month	\$ per month	\$ per month
Ontario Disability Support Program (ODSP)	\$ per month	\$ per month	\$ per month
Old Age Security Pension (OAS)	\$ per month	\$ per month	\$ per month
Federal Guaranteed Income Supplement (GIS)	\$ per month	\$ per month	\$ per month
Canada Pension Plan (CPP)	\$ per month	\$ per month	\$ per month
Pensions/Allowance (Other)	\$ per month	\$ per month	\$ per month
Separation/Alimony/Support	\$ per month	\$ per month	\$ per month
Other Income (Specify source)	\$ per month	\$ per month	\$ per month

Income Producing Assets	Applicant	Co-Applicant	Other Applicant(s)
Real Estate/Property	\$	\$	\$
Bank Savings Accounts	\$	\$	\$
GICS, Stocks, Shares, Bonds	\$	\$	\$
Debentures, Mortgages, Loans, etc	\$	\$	\$
Licenses (i.e. Taxi) Business Interest	\$	\$	\$
Other	\$	\$	\$


Non-Income Producing Assets	Applicant	Co-Applicant	Other Applicant(s)
RRSP's	\$	\$	\$
Real Estate/Property	\$	\$	\$
Collections or Investment in Valuable Assets	\$	\$	\$
Disposal of Assets within the past 36 months	\$	\$	\$
Other	\$	\$	\$

**If there is a change in a document or information that the household has provided with respect to the application for Rent-Geared-to-Income Assistance, the household shall provide the updated document and information to the County of Huron Housing Services within 10 calendar days after the change.

Failure to do so can result in the applicant's name being removed from the waiting list.

This application must be used to apply for housing in any of the following Housing communities in Huron County. There are a limited number of accessible units within Huron County Housing Corporation. They are located in Blyth, Exeter, Goderich and Seaforth. **Check off areas of preference.**

LOCATIONS FOR APARTMENTS

Location	Address	Utilities	Household Type	Building Type	Lift or Elevator	1 Bed 	Bach	1 Bed
Bayfield	9 Jane Street	Included	Adult & Senior	Apartment	N/A	N/A	N/A	<input type="checkbox"/>
Blyth	299 Queen Street	Included	Adult & Senior	Apartment	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Brussels	400 Alexander Street	Included	Adult & Senior	Apartment	YES	N/A	N/A	<input type="checkbox"/>
Clinton	134 King Street	Included	Adult & Senior	Apartment	N/A	N/A	N/A	<input type="checkbox"/>
Clinton	135 James Street	Included	Adult & Senior	Apartment	N/A	N/A	N/A	<input type="checkbox"/>
Exeter	134 Sanders Street	Included	Adult & Senior	Apartment	YES	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Goderich	85 West Street	Included	Adult & Senior	Apartment	YES	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Goderich	250 Picton Street	Included	Adult & Senior	Apartment	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Seaforth	34 John Street	Included	Adult & Senior	Apartment	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Seaforth	50 Market Street	Included	Adult & Senior	Apartment	N/A	N/A	N/A	<input type="checkbox"/>
Wingham	359 Edward Street	Included	Adult & Senior	Apartment	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Wingham	45 Alfred Street	Included	Senior Only 65+	Apartment	YES	N/A	N/A	<input type="checkbox"/>
Wingham	50 Alfred Street	Included	Adult & Senior	Apartment	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Wingham	52 Bristol Terrace	Included	Adult & Senior	Apartment	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Zurich	31 Main Street	Included	Adult & Senior	Apartment	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

LOCATIONS FOR FAMILY UNITS

Location	Address	Utilities	Household Type	Building Type	2 Bed	3 Bed	4 Bed
Clinton	93-133 John Street	Tenant Pays (Except water)	Family	Townhouse	N/A	<input type="checkbox"/>	N/A
Goderich	Bennett Street	Tenant Pays	Family	Triplex	<input type="checkbox"/>	N/A	N/A
Goderich	Blake, Cameron, Gibbons	Tenant Pays	Family	Single Detached	<input type="checkbox"/>	N/A	N/A
Goderich	Blake & Strang Court	Tenant Pays	Family	Single Detached	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Goderich	Blake, Bennett, South Street	Tenant Pays	Family	Townhouse	N/A	<input type="checkbox"/>	N/A
Goderich	Gibbons, Cambridge, Elizabeth, Widder	Tenant Pays	Family	Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wingham	32-50 Bristol Terrace	Tenant Pays (Except water)	Family	Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	N/A

NON-PROFIT AND CO-OPERATIVE HOUSING

Location	Address	Utilities	Household Type	Bach	1 Bed	2 Bed	3 Bed	4 Bed
Belmore	Belle Haven Apartments - 91138 Belmore Line	Included	Seniors Only	N/A	<input type="checkbox"/>	N/A	N/A	N/A
Exeter	Exandarea Meadows - 51 Church Street	Included	Family & Adult	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Goderich	Huron Sands - 80 Balvina Drive East	Tenant Pays	Adult & Senior	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanastra	Vanastra Lion's Club - 198 th 12 th Street	Included	Adult & Senior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

RENT SUBSIDY

COHB	Canada-Ontario Housing Benefit (applicable to private market rental units only)	<input type="checkbox"/>
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