

AFFORDABLE HOUSING APPLICATION

County View Seniors' Apartments, 77722C London Road, Clinton
AND
146 Sanders Street, Exeter

c/o Huron County Housing Services
77722D London Road, Clinton, ON N0M 1L0
Contact: Client Services Coordinator @ ext. 4252
Phone: 519-482-8505 | Fax: 519-482-1632

APPLICANT			S.I.N. #:		
Last Name:			First Name:		
Apt #:	Postal Code:		Street Address:		
Town/City:		Box #:	Alternate Contact Name:		
Home Phone Number:			Relationship to Applicant:		
Work Phone Number:			Phone Number:		
Email:				Consent to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Letter Mail <input type="checkbox"/> Text					
Date of Birth (must provide copy of birth verification)				Do you identify with of the following:	
Month	Day	Year	<input type="checkbox"/> Mental Health/Addiction <input type="checkbox"/> Indigenous Person <input type="checkbox"/> Racialized Group <input type="checkbox"/> None of the above		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other:					

CO-APPLICANT (if applicable)			S.I.N. #		
Last Name:			First Name:		
Apt #:	Postal Code:		Street Address:		
Town/City:		Box #:	Relationship to Applicant:		
Home Phone Number:			Work Phone Number:		
Email:				Consent to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (must provide copy of birth verification)				Do you identify with of the following:	
Month	Day	Year	<input type="checkbox"/> Mental Health/Addiction <input type="checkbox"/> Indigenous Person <input type="checkbox"/> Racialized Group <input type="checkbox"/> None of the above		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other:					

OTHER PERSON(S) TO RESIDE IN ACCOMODATIONS					
Last Name:			First Name:		
Relationship to Applicant					
Date of Birth (must provide copy of birth verification)		Month	Day	Year	
Last Name:			First Name:		
Relationship to Applicant					
Date of Birth (must provide copy of birth verification)		Month	Day	Year	
Last Name:			First Name:		
Relationship to Applicant					
Date of Birth (must provide copy of birth verification)		Month	Day	Year	
Is a baby expected? No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, what is the due date? (mm/dd/yyyy)			

If there are any changes to the information provided herein, please contact 519-482-8505 ext. 4252.

Failure to do so may result in the applicant's name being removed from the waitlist.

Applicant Last Name:	DOB:
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GENERAL INFORMATION SECTION

Does any member of the household owe arrears for rent or damages as a result of a tenancy with a Social Housing Provider within the Province of Ontario?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have all members of the household filed their Income Tax for the current/previous year. Copies of your Notice of Assessment are required with this Application, and when offered an apartment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently own property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES to owning property, do you have plans in place to divest your property?	
If you are currently renting, please provide Landlord information as requested below:	
Current Landlord:	Previous Landlord:
Phone Number:	Phone Number:

Please check which building(s) you are applying for:

COUNTY VIEW SENIORS' APARTMENTS, 77722C London Road, Clinton [Age 60+]

This three-storey, 31-unit apartment building has 19 one-bedroom and 12 two-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. The 2024 rent will be set at **\$586.00 per month for a one-bedroom apartment** and **\$793.00 per month 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.

Is at least one member of the household 60 years old or older, and are all members able to live independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you applying for a 1-bedroom apartment? Household net income must be less than \$47,450.00 per year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you applying for a 2-bedroom apartment? Household net income must be less than \$60,450.00 per year.	Yes <input type="checkbox"/> No <input type="checkbox"/>

146 SANDERS STREET, EXETER

This two-storey, 20-unit apartment building has 20 one-bedroom units (of which 7 of these are fully accessible), laundry facilities, an elevator, all apartments contain a full-size refrigerator and stove, and individually controlled heat and air conditioning. Tenant Content & Liability Insurance will be mandatory. The 2024 rent will be set at **\$763.00 per month, plus electricity.** Heat and water are included in the rent.

This is a non-smoking building, smoking is prohibited inside the building, including private units, balconies, patios, and within a distance of five (5) meters from any windows, entrances or exits.

I/we require an accessible unit <input type="checkbox"/>	
Household net income must be less than \$47,450.00 per year.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant #1 Name	Signature	Witness	Date
Co-Applicant Name	Signature	Witness	Date

Applicant Last Name:	DOB:
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HOUSEHOLD ASSET DECLARATION FORM

The information on this form is collected as part of your household’s initial or annual RGI review. It is used to report information on any assets your household has and to determine your initial or continued eligibility to receive Rent-Geared-to-Income (RGI) assistance.

All members of your household who are 16 years of age and older must declare all assets that are not exempted (see Exempted Assets). Any member of your household who is receiving basic financial assistance through Ontario Works (OW) or income support through the Ontario Disability Support Program (ODSP) is not required to declare assets.

To be eligible, or remain eligible to receive RGI assistance, the household total asset value must not be greater than \$75,000.00 Household total asset value is defined as the total value of assets, excluding any exempted assets, owned by all members of your household who are 16 years of age and older.

There are certain assets which are exempt from the household total asset value and do not count towards the asset limit. If your household has any of these exempted assets, you are not required to declare them. If you are unsure about whether an asset your household has is exempted, you should declare it. Your RGI administrator will review your declaration form and ensure exempted assets do not count towards your household total asset value.

HOUSEHOLD INFORMATION		SOURCE OF INCOME:
Names of all household members 16 years of age and older:		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> OTHER: _____
Apt #:	Postal Code:	Street Address:
Town/City:	Box #:	Phone Number:

Section 1 – DECLARATION OF HOUSEHOLD ASSETS

You must check one of the following:

- No member of my household has any assets other than exempted assets.
- At least one member of my household has assets that must be declared.

If you checked this box, list all assets that are not exempted owned by all members of your household who are 16 years of age and older here:

Name of Household Member (first name, last name)	Asset/Investment Type (see examples pg.2)	Name of Financial Institution/Bank	Current Value (\$)



Applicant Last Name:	DOB:
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Section 2 – DECLARATION OF PROPERTY
 (including but not limited to land, house, condominium, cottage, rental, commercial property, park model trailer)

- You must check one of the following:
- No member of my household owns, or jointly owns, property.
 - At least one member of my household owns, or jointly owns, property.

If you checked this box, list all properties owned, or jointly owned by all members of your household who are 16 years of age and older here:

Household Member (first name, last name)	Property type & address	Property value (\$) (from the most recent (MPAC) report)	Percentage of ownership (%)

All household members 16 years of age and older must read and sign this form. By signing, I/we confirm that all household members have declared any and all assets, other than exempted assets, which we have. We also confirm that the information given about us in this form is true and complete.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

The County of Huron collects the personal information in this form and the corresponding documents and from third parties under the legal authority of the *Housing Services Act, 2011*, sections 42, 45, 46, 48, 50, 52, 59, 61, 63, 65 and 174. The personal information collected will be used to review your continuing eligibility for rent-g geared-to-income assistance or special needs housing, the amount of rent payable by your household and the size and type of unit that your household may occupy.

Questions about this collection can be directed to the Housing Services Manager, contacthousing@huroncounty.ca or by telephone at 519-482-8505.



Applicant Last Name:	DOB:
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LIST OF ASSET TYPES
<p>Bank Accounts</p> <ul style="list-style-type: none"> Savings accounts and chequing accounts, overseas or foreign accounts <p>Real Estate</p> <ul style="list-style-type: none"> Real estate equity (the value of the property as determined by the current MPAC assessment, minus the amount of any mortgage(s) owing and any balance owed on loans/lines of credit secured against the property) Includes residential and non-residential (camping trailer, three season mobile home) properties Includes property in Canada and in other countries <p>Business assets: Business bank accounts, business property, business vehicle</p> <p>Trust funds: Trust funds, Personal Trusts, Family Trusts, Spousal Trusts</p>

LIST OF EXEMPTED ASSETS
The following assets are exempted and do not count towards the \$75,000.00 asset limit for RGI eligibility. You are not required to declare these assets.
Personal Possessions
The value of a household member's interest in a personal motor vehicle that is not used primarily for the operation of a business
Value of clothing, jewelry, and other personal effects
Value of furnishings in the RGI unit used by the household, including decorative or artistic items not used primarily for the operation of a business
Value of a pre-paid funeral
Business Assets
Value of tools of a trade that are essential to the work of a member of the household as an employee
Value of assets of a member of the household that are necessary for the operation of a business that the member has an interest in, up to a maximum of \$20,000 for that business
Retirement Investments & Assets
Value of funds held in a Registered Education Savings Plan (RESP) for a member of the household or a dependent of a member of the household
Value of funds held in a Registered Retirement Savings Plan (RRSP)
Value of funds held in a Registered Retirement Income Fund (RRIF)
Value of funds held in a Locked-In Retirement Account (LIRA)
Value of funds held in a Life Income Fund (LIF)
Value of funds held in a Life Retirement Income Fund (LRIF)
Value of funds held in a Registered Pension Plan (RPP)
Tax-free Savings Accounts
Value of funds held in Tax-free Savings Accounts (TFSA), up to a maximum value that is equivalent to the household member's Canada Revenue Agency's (CRA) contribution room. <i>Note: The TFSA contribution room varies depending on the individual's age. Refer to the CRA TFSA website for detailed information.</i>
Disability-related Assets
Value of any Absolute Discretionary Trust (i.e. Henson Trust) *
Value of the beneficial interest in a trust of a household member with a disability up to a maximum value of \$100,000 for that household member if the capital of the trust was derived from an inheritance or from the proceeds of a life insurance policy (This does not include Henson Trusts and only applies to a trust where the household has a beneficial interest)
Value of the proceeds of a loan taken against a life insurance policy that will be used for disability-related items or services
Value of funds held in a Registered Disability Savings Plan (RDSP) – if the beneficiary of the plan is a member of the household
<i>*Absolute Discretionary Trusts are <u>not</u> considered an asset for the purposes of assessing RGI eligibility</i>
Government Assistance or Compensation
Value of any portion of a payment received under the Ministry of Community and Social Services Act that will be used for the member's post-secondary education within ten (10) years of its issuance, if the payment was received as the result of successful participation in the following program of activities: <ul style="list-style-type: none"> completion of a high school diploma development of employment-related skills further development of the person's parenting skills
Value of assets obtained, or payments received from existing or future compensatory packages from government, such as Indian Residential School Settlements, Extraordinary Assistance Plan, and Japanese Canadian Redress
Other Excluded Assets
Cash surrender value of life insurance policies – up to a maximum value of \$100,000 for the entire household
Value of funds held in an account of a household member in conjunction with an initiative under which a service manager, or an entity approved by a service manager, commits to contribute funds towards the household member's savings goals
Value of assets obtained from payments, or payments received as damages or compensation for: <ul style="list-style-type: none"> Pain and suffering due to the injury or death of a household member Expenses reasonably incurred as the result of the injury or death of a household member Loss of care, guidance, and companionship under the Family Law Act Non-economic loss under the Workplace Safety and Insurance Act, 1997 or the Workers' Compensation Act

