

AFFORDABLE HOUSING PROGRAM

COUNTY VIEW SENIORS' APARTMENTS, 77722C LONDON ROAD, CLINTON
146 SANDERS STREET, EXETER 211 GIBBONS STREET, GODERICH

Checklist for a complete application:	
<input type="checkbox"/>	Print all information clearly in pen
<input type="checkbox"/>	Include a copy of your Notice of Assessment (Income Tax) for the last calendar year for each adult member. Contact Canada Revenue Agency at 1-800-959-8281 to obtain a copy, if necessary
<input type="checkbox"/>	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
<input type="checkbox"/>	Have all household members sign if they are 16 years of age or older and have them declare their income and assets (<i>includes Chequing/savings accounts</i>)
<input type="checkbox"/>	Canadian Birth Certificate, Canadian Passport, landed immigrant papers, permanent resident card or documents supporting a claim for refugee status (one piece of identification is required for every household member)
<input type="checkbox"/>	If anyone in your household owes money to an Ontario housing provider, attach confirmation that the household member has entered into an agreement for the repayment
<input type="checkbox"/>	Completed Asset Declaration Form
<input type="checkbox"/>	Ensure completing the most up to date version of application (check www.huroncounty.ca)
<input type="checkbox"/>	Submit application to address below, by fax 519-482-1632 or contacthousing@huroncounty.ca

Affordable Housing Program Information

What is Affordable Housing?

Affordable housing is rental housing that was developed with government funding, like the Canada-Ontario Affordable Housing Program or Investment in Affordable Housing (IAH) program. Rents in affordable housing are about 80 per cent of average market rents for similar units in the area.

Who Can Apply?

- At least one member of the household must be 16 years of age or older and able to live independently. (example: do your own cooking, cleaning, laundry, bathing) with or without supports
- Each household member must be a Canadian Citizen; or have made an application for status as permanent resident; or a claim for refugee protection; and must not have an enforceable removal order under the Immigration and Refugee Protection Act (Canada).
- Arrears to any Social Housing Provider must be paid in full or there must be an active repayment agreement plan in place and in good standing.
- Willing to put any house you own up for sale and sell it within six months of the date of offer of a lease

Additional Information

- Any changes to an applicant's information must be reported to Huron County Housing within 10 days of them occurring. This ensures that applicants can be contacted at all times as a file will be cancelled if Huron County Housing is unable to contact the applicant at the phone numbers and/or address provided on the application form.
- Huron County Housing will contact you by mail, periodically at their discretion, for an application update. The applicant's name will be removed from the waiting list if a response is not received, and the file will be cancelled.
- A household where a member owns a home must agree to sell it within 6 months of being housed.
- Applicants will receive written confirmation via email or mail that the application has been processed.
- If you do not complete all sections of this application form or do not attach all the required documents, you will be advised in writing that your application is incomplete, and you will not be placed on the waiting list until complete information is received.

If you need help completing, or need to make changes to this application, contact the Housing staff:
Housing Programs Coordinator @ Extension 4255

Applicant Last Name:

DOB:

AFFORDABLE HOUSING APPLICATION

c/o Huron County Housing Services

77722D London Road, Clinton, ON N0M 1L0

Phone: 519-482-8505 | Fax: 519-482-1632 | Contact: Housing Programs Coordinator @ ext. 4255

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

Applicant Last Name:	DOB:
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SUPPORT/ALTERNATE CONTACTS & CONSENT TO RELEASE INFORMATION

I give permission to the County of Huron to share my personal information regarding this application and related matters with the following persons/organizations. This may include but is not limited to your next of kin, OW/ODSP worker, Power of Attorney, Public Guardian and Trustee, or any other supports (i.e. CMHA/Housing Stability Worker/Outreach), etc.

I/We understand the purpose for disclosing this personal information to the persons/organizations provided in the Support Contact section below is so that they can assist me/us with obtaining and maintaining housing services. I/We understand that I/We can withdraw this consent at any time by providing written notice.

	Support Contact #1	Support Contact #2
First & Last Name		
Relationship to you		
Organization (if applicable)		
Phone Number		
Email		
You may contact this person & discuss my application with them:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. <u>Copies of your Notice of Assessment are required with this Application, and when offered an apartment.</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in receipt of Canada-Ontario Housing Benefit? (COHB)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently own property? (If yes, please provide a current mortgage and MPAC statement)	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:	Phone Number:

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 Name	Signature	Witness	Date
Co-Applicant Name	Signature	Witness	Date

Applicant Last Name:	DOB:
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BUILDING SELECTION (Please check which buildings 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 2026 rent will be set at \$612.00 per month for a one-bedroom apartment and \$829.00 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, 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.

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 \$52,800.00 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 \$67,200.00 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 2026 rent will be set at \$779.00 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 \$57,200.00 per year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you share custody of the children listed in this application? <i>If yes, please attach a copy of the court order or legally authorized custody agreement.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ **211 GIBBONS STREET, GODERICH**

This four-storey, 40-unit apartment building has 30 one-bedroom units (of which 4 of these are fully accessible) and 10 two-bedroom units (of which 4 of these are fully accessible), laundry facilities, two elevators, all apartments contain a full-size refrigerator and stove, and individually controlled heat and air conditioning. Tenant Content & Liability Insurance will be mandatory. The 2026 rent will be set at \$1,000.00 per month for a one-bedroom apartment and \$1,200.00 per month for a two-bedroom apartment, plus heat and electricity. Water and sewer 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"/>	
Are you applying for a 1-bedroom apartment? Household net income must be less than \$57,200.00 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 \$72,800.00 per year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you share custody of the children listed in this application? <i>If yes, please attach a copy of the court order or legally authorized custody agreement.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ **RENT SUBSIDY (COHB)**

Canada-Ontario Housing Benefit (applicable to market rental units only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Applicant Last Name:

DOB:

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	
<i>(All household members 16 years of age and older)</i>			
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> CPP/OAS <input type="checkbox"/> Employment <input type="checkbox"/> CPP-D <input type="checkbox"/> Other:	
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> CPP/OAS <input type="checkbox"/> Employment <input type="checkbox"/> CPP-D <input type="checkbox"/> Other:	
		<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> CPP/OAS <input type="checkbox"/> Employment <input type="checkbox"/> CPP-D <input type="checkbox"/> Other:	
Apt #:	Street Address:		
Town/City:	Postal Code:	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 check 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 (\$)
EXAMPLE	Chequing Account	Royal Bank of Canada	\$430.04

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)			
<p>You must check one of the following:</p> <p><input type="checkbox"/> No member of my household owns, or jointly owns, property.</p> <p><input type="checkbox"/> At least one member of my household owns, or jointly owns, property.</p> <p><i>If you check this box, list all properties owned, or jointly owned by all members of your household who are 16 years of age and older here:</i></p>			
Household Member (first name, last name)	Property type & address	Property value (\$) (from the most recent (MPAC) report)	Percentage of ownership (%)
EXAMPLE	Seasonal Camping Trailer	\$25,000	100%

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.

Applicant Name	Signature	Witness	Date
Co-Applicant Name	Signature	Witness	Date
Household Member	Signature	Witness	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-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:

LIST OF ASSET TYPES

Bank Accounts: Savings accounts and chequing accounts, overseas or foreign accounts

Real Estate

- 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

Business assets: Business bank accounts, business property, business vehicle

Trust funds: Trust funds, Personal Trusts, Family Trusts, Spousal Trusts

LIST OF EXEMPTED ASSETS: You are not required to declare the following assets.

Personal Possessions

The value of a household member's interest in a personal motor vehicle that is not used primarily for 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 any 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. *Note: The TFSA contribution room varies depending on the individual's age. Refer to the [CRA TFSA website](#) for detailed information.*

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

***Absolute Discretionary Trusts are not considered an asset for the purposes of assessing RGI eligibility**

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: 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:

- 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