



**HOUSING APPLICATION FOR RESIDENCY**

**Part 1 Applicant**

Last Name			First Name				
Day	Month	Year	Social Insurance #	Male	Female	Other	
Date of Birth				Gender			
<b>Are you/do you have:</b>							
<input type="checkbox"/>	Canadian Citizen(ship)		<input type="checkbox"/>	Landed Immigrant Status		<input type="checkbox"/>	Aboriginal Status
<input type="checkbox"/>	Refugee Status		<input type="checkbox"/>	Refugee Claimant		<input type="checkbox"/>	Other
Present Address			Apartment #	P.O. Box			
City/Town			Postal Code				
Home Tel. #			Cell #				
Email Address:							
Preferred method of communication? (Circle all that apply)			Phone home or Cell	Email	Postal Mail		
Present Landlord's Name:			Tel. #				
How long have you lived at present address:							
Do you currently:		(Please Circle)	Own	Rent	Reside with Family or Friends		
Current rent: \$ /month			Plus utilities: Yes No				

**Part 2 Assets (List ALL assets.)**

Assets	Balance/Value	Comments/Notes
Bank Name & Savings Account #		
Bank Name & Chequing Account #		
Trust Companies, Credit Unions		
Tax Free Savings Account		
Mutual Funds/Bonds/Savings Certificates		
Annuities, Shares, Securities, Stocks, Debentures		
Monies owed to you		
Paid-up Life Insurance		
Other (specify)		

<b>Part 3</b>	<b>Property</b>
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Do you have legal or beneficial interest in a freehold or leasehold estate in a residential property located in or outside Ontario that is suitable for year-round occupancy?	<b>YES</b>	<b>NO</b>
Do you own your own home?	<b>YES</b>	<b>NO</b>
If yes, identify location:		
Address: _____		
Town/City: _____		
Postal Code: _____		

<b>Part 4</b>	<b>Debt/ Monthly Expenses</b>
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Expense	Amount	Notes/Comments

<b>Part 5</b>	<b>Monthly Income (Income from ALL sources must be declared.)</b>
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Income Source	Verification Provided	Notes/Comments
Ontario Disability Support Program (ODSP)		
Ontario Works (OW)		
Canada Pension Plan – Disability (CPP-D)		
Workplace Safety Insurance Board (WSIB)		
Employment Income – F/T or P/T		
Alimony/Support		
Private Disability Insurance (incl. name of carrier)		
Canada Pension Plan (CPP) – Retirement		
Old Age Security (OAS)		
Federal Guaranteed Income Supplement (GIS)		
Provincial Guaranteed Annual Income System (GAINS)		
Other (Specify)		

## Declaration, Conditions and Consent

I, the undersigned, acknowledge, understand and agree that:

1. I have reported all income received and all assets currently owned and assets transferred within the last three years, including income not taxed by Canada Customs and Revenue Agency (CCRA) (eg. child support, DVA, etc.). **The most recent copy of an applicant's Income Tax Form or Notice of Assessment must be submitted with this application.**
2. FALSIFICATION OF ANY OF THE INFORMATION given by me may be cause for NON-ACCEPTANCE of this application. I hereby certify that the information contained on this application for residency is true and accurate.
3. The application and any supporting documents become the property of True Experience Supportive Housing and Community Work Program.
4. If rental accommodation is provided to me it will be occupied by only me.
5. This application does not constitute an agreement on the part of True Experience Supportive Housing and Community Work Program.
6. Any occupancy granted as a result of this application is subject to the present tenant vacating the premises, if and when offered. I agree to waive any claim for damages against True Experience Supportive Housing and Community Work Program for any and all losses that accrue to me resulting from the present tenant not vacating the premises offered to me at the time previously indicated by the present tenant.
7. I understand that I must be a Canadian Citizen, Landed Immigrant, Indian Status (per Indian Act), Refugee or have Refugee Claimant status, with no outstanding deportation, departure or exclusion order in effect, or has made application for permanent residency under the Immigration and Refugee Act. **(Proof of Residency Status or completed application must accompany the application.)**
8. I have not been convicted of misrepresentation of income or found by the Ontario Rental Housing Tribunal to have misrepresented my income for the purpose of receiving rent geared-to-income housing within the last two years.
9. I assume the responsibility to inform and must report any change in the information provided in this application to True Experience Supportive Housing and Community Work Program or its delegated agent in writing within 30 business days of the change occurring (i.e. type or amount of income/assets). Failure to report changes may result in the cancellation of your application and removal from the Waiting List and if housed cancellation of subsidized rent.
10. I will comply with any other eligibility governing social housing application and tenancy in Ontario as amended from time to time.
11. The undersigned consents to the disclosure and/or transfer of information given on this form and attachments to True Experience Supportive Housing and Community Work Program or its delegated agent. The undersigned further consents to:
  - a) The exchange of information between True Experience Supportive Housing and Community Work Program or its delegated agent and the party/parties providing supporting documentation/information on behalf of the applicant(s), for the purpose of verifying the validity and accuracy of this information.
  - b) The disclosure of information contained in this application and associated documents and verifications for the purpose of processing the application including, but not limited to, determining the eligibility of the applicant for housing, determining the placement of the applicant on waiting lists and determining the amount of geared-to-income rent payable by the applicant.

12. Any information contained on this form or in attachments is collected by True Experience Supportive Housing and Community Work Program or its delegated agent pursuant to the Housing Services Act, 2011. Inquiries relating to this collection should be directed to the Executive Director, True Experience Supportive Housing and Community Work Program at 201 Forest Street East, Dunnville, Ontario N1A 3G5. This information will be used to determine eligibility of housing applied for, continuation of housing and may be used for the appropriate geared-to-income rent / housing charge and other purposes allowed by law.
13. Pursuant to the Housing Services Act, 2011; I give my consent and authorization to True Experience Supportive Housing and Community Work Program or its delegated agent:
14. To make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to True Experience Supportive Housing and Community Work Program or its delegated agent. I agree to provide any supporting material required for my application;
15. Please ensure the following information is included with your application: • a copy of your birth certificate • a copy of your most recent income tax return • the most recent copy of all income stubs/information.
16. I hereby release True Experience Supportive Housing and Community Work Program or its delegated agent, all housing providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information.
17. In the event that I am provided with rental accommodation as a result of my application, I acknowledge that my eligibility shall be reviewed at least every 12 months and that I have the same obligation to provide information. In addition, I have the same obligations to inform True Experience Supportive Housing and Community Work Program or its delegated agent and my housing provider of any changes in information within 10 business days. In the event that I am provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me by True Experience Supportive Housing and Community Work Program and its delegated agent and my housing provider, in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me.
18. The undersigned, if housed, in consideration of being housed, agree that all provisions of this application shall be equally enforceable by the housing provider and True Experience Supportive Housing and Community Work Program or its delegated agent in the same manner.

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

Signature of Applicant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_