Health and Social Services
Haldimand and Norfolk

Haldimand and Norfolk Central Waiting List

Housing Services Application

Please make sure that the following are attached to your application:

- ☐ Copy of most recent Income Tax Notice of Assessment or Summary page filed with matching T4/T5's for any/all adult members of the household.
- ☐ Copy of Social Insurance Number for all members of the household
- ☐ Copy of Birth Certificate for all members of the household
- ☐ Proof of Canadian residency status for all members of the household if not born in Canada. (i.e. Passport, Citizenship card, Permanent Resident card, Health Card)
- ☐ Copy of bank statements for any/all bank accounts for two months. Ensure document includes both the account number and account holders name on the document.
- ☐ Income verification, stubs or bank account activity (i.e., OW, ODSP, employment, pensions)
- ☐ Copy of custody and support documentation for members of the household

Haldimand and Norfolk Central Waiting List
c/o Housing Services
Haldimand and Norfolk Health and Social Services
12 Gilbertson Drive
PO Box 570
Simcoe, ON N3Y 4N5
Phone: 519-426-6170
Email: housing@hnhss.ca

A GRAND EXPERIENCE HALDIMAND COUNTY

Norfolk COUNTY

Haldimand and Norfolk Central Waiting List

Housing Services Application

For office use only:
Application Code: _____
Arrears: _____

1. Applicant

Last Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

First Name: _____ Social Insurance Number: _____

Are you/do you have: ☐ Canadian Citizen(ship) ☐ Landed Immigrant Status ☐ Indian Status ☐ Refugee ☐ Refugee Claimant
☐ Other (Please specify) _____

Address: _____

P.O. Box _____ Apt. No: _____

City/Town: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Preferred method of communication? (Check all that apply) ☐ phone ☐ email ☐ correspondence

Present Landlords Name: _____ Phone: _____

Present Landlords Address: _____

How long have you lived at present address? (MM/YYYY) _____

Are you/have you been evicted? ☐ Yes ☐ No If "yes" please provide the date of eviction and attach notice _____

Please provide your physical address, where you currently reside, if different from your mailing address:

Address: _____ Apt. No: _____

City/Town: _____ Postal Code: _____

Are you currently residing in subsidized housing? ☐ Yes ☐ No

Is your rent up-to-date where you currently reside? ☐ Yes ☐ No

Have you ever lived in subsidized housing? ☐ Yes ☐ No

Do you have arrears from living in subsidized housing previously? ☐ Yes ☐ No

Do you currently ☐ own ☐ rent ☐ reside with family or friends

Current rent: $ _____ /month Plus utilities: ☐ Yes ☐ No

Have you been diagnosed with a life threatening medical condition? ☐ Yes ☐ No

2. Co-Applicant

Last Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

First Name: _____ Social Insurance Number: _____

Are you/do you have: ☐ Canadian Citizen(ship) ☐ Landed Immigrant Status ☐ Indian Status ☐ Refugee ☐ Refugee Claimant

☐ Other (Please specify) _____

Address: _____

P.O. Box _____ Apt. No: _____

City/Town: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Preferred method of communication? (Check all that apply) ☐ phone ☐ email ☐ correspondence

Present Landlords Name: _____ Phone: _____

Present Landlords Address: _____

How long have you lived at present address? (MM/YYYY) _____

Are you/have you been evicted? ☐ Yes ☐ No If "yes" please provide the date of eviction and attach notice _____

Please provide your physical address, where you currently reside, if different from your mailing address:

Address: _____ Apt. No: _____

City/Town: _____ Postal Code: _____

What is your relationship to the applicant? _____

Are you currently residing in subsidized housing? ☐ Yes ☐ No

Is your rent up-to-date where you currently reside? ☐ Yes ☐ No Have you ever lived in subsidized housing? ☐ Yes ☐ No

Do you have arrears from living in subsidized housing previously? ☐ Yes ☐ No

Do you currently ☐ own ☐ rent ☐ reside with family or friends

Current rent : $ _____ /month Plus utilities: ☐ Yes ☐ No

Have you been diagnosed with a life threatening medical condition? ☐ Yes ☐ No

3. Contact Information

Is there a person to contact in your absence? (next of kin, friend, sponsor, doctor): ☐ Yes ☐ No

Name	Address	Phone:	Relationship

4. Other Household Members to Reside In Accommodation Applied For

Is Baby Expected? ☐ Yes ☐ No Due Date (MM/DD/YY) Please provide medical verification of due date. _____

Last Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

First Name: _____ Social Insurance Number: _____

Relationship: _____

Are you/do you have: ☐ Canadian Citizen(ship) ☐ Landed Immigrant Status ☐ Indian Status ☐ Refugee ☐ Refugee Claimant ☐ Other (Please specify) _____

Last Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

First Name: _____ Social Insurance Number: _____

Relationship: _____

Are you/do you have: ☐ Canadian Citizen(ship) ☐ Landed Immigrant Status ☐ Indian Status ☐ Refugee ☐ Refugee Claimant ☐ Other (Please specify) _____

Last Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

First Name: _____ Social Insurance Number: _____

Relationship: _____

Are you/do you have: ☐ Canadian Citizen(ship) ☐ Landed Immigrant Status ☐ Indian Status ☐ Refugee ☐ Refugee Claimant ☐ Other (Please specify) _____

Last Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

First Name: _____ Social Insurance Number: _____

Relationship: _____

Are you/do you have: ☐ Canadian Citizen(ship) ☐ Landed Immigrant Status ☐ Indian Status ☐ Refugee ☐ Refugee Claimant ☐ Other (Please specify) _____

If there are additional household members, attach a separate piece of paper and include the same information as identified above for each member.

5. Present Location of Household Members

Do all household members/children live with you? ☐ Yes ☐ No If "No" give address and reason for separation.

6. Monthly Income

(Income from ALL sources for every member of the household must be declared.)

	Gross Monthly Income (Before Deductions)			
	Applicant	**Co-Applicant**	**Other Household Members**	
Canada Pension Plan (CPP) – Retirement				
Old Age Security (OAS)				
Federal Guaranteed Income Supplement (GIS)				
Provincial Guaranteed Annual Income System (GAINS)				
Canada Pension Plan - Disability (CPP-D)				
Workplace Safety Insurance Board (WSIB)				
Ontario Disability Support Program (ODSP)				
Ontario Works (OW)				
Employment Income - Full or Part-Time				
Alimony/Support				
Other (Specify)				

7. Assets

(List ALL assets for every member of the household.)

		Applicant	**Co-Applicant**	**Other Household Members**	
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					
Rent Revenue					
Business Assets (Partnership, etc.)					
Monies Owed to you (Amounts over $500.00)					
Paid-up Life Insurance					
Other (Specify e.g. Mortgage)					

8. Property

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? ☐ Yes ☐ No Do you own your own home? ☐ Yes ☐ No

If Yes, identify location: _____

Address: _____

Apt. No.: _____ City/Town: _____ Province: _____ Country: _____

Assessed value of:	**Applicant**	**Co-Applicant**	**Other Household Members**	
A) House(s)				
B) Other Real Estate				
Amount of Mortgage Outstanding				

Have you transferred or sold any property, personal and/or business in the last 3 years? ☐ Yes ☐ No

If yes, identify address: _____

Date of Transfer: _____ Transferred to: _____

Address: _____

Apt. No.: _____ City/Town: _____ Province: _____ Country: _____

9. Special Needs

Do you need: ☐ a fully modified unit ☐ a wheelchair accessible unit

What support services do you require to live independently? (Documentation may be required.)

10. Abusive Relationship

Are you or any member of your household currently in an abusive situation (see page 11)? ☐ Yes ☐ No

11. Accommodation

I/We wish to apply for the following:

Accommodation size: ☐ Bachelor ☐ 1 Bedroom ☐ 2 Bedrooms ☐ 3 Bedrooms ☐ 4 Bedrooms ☐ 5 Bedrooms

Occupancy Standards:
One bedroom for every two members of the household. (i.e. spouses and single occupants qualify for one bedroom only)
One additional bedroom for odd number of household members; medical condition or disability verified by a doctor; pregnancy verified by a doctor; joint custody or visitation; any other qualified condition as approved by the Service Manager.
Note: For family accommodation, in order to qualify for an additional bedroom(s), you will require a legal document (i.e. custody order, lawyer's letter, Affidavit) stating that you have the following:

For visitation rights:

- Visiting rights with respect to your child(ren), and;
- It is a condition of your visiting rights that you provide adequate accommodation for your child(ren) when they stay overnight, and;
- Your child(ren) stay overnight frequently, and;
- You require an additional bedroom(s) to accommodate your child(ren).

For joint custody:

- A member of the household has joint custody over a child(ren), who is not a member of the household, and;
- The member is required to provide accommodation for the child(ren), and;
- The bedroom is required to accommodate the child(ren).

Additional comments, if any

12. Check off all Housing Communities that you are interested in.

Please refer to the Public Information Guide located at www.hnhousing.org, libraries, municipal offices, and some social agencies in Haldimand and Norfolk Counties as well as our office for details.

Do you need a ground floor apartment if there is no elevator? ☐ Yes ☐ No

Seniors 65+	St. Paul's Court 100 Robinson St., Simcoe ☐	Lynn View Terrace 85 Argyle St., Simcoe ☐	Brantwood Villa 1 Robert Dell Court, Cayuga ☐
Seniors 60+	91 Oak St., Simcoe ☐	20 Scott Ave., Simcoe ☐	503 Main St. E., Dunnville ☐
	Del Gold Villa 283 William St., Delhi ☐	38 Erie Ave., Port Rowan (Building #40) ☐	11 Arthur St., Simcoe (bachelor also available) ☐
Seniors & Adults (16+) 1 bedroom	68 Selkirk St., Caledonia ☐	243 Western Ave., Delhi ☐	54 William St., Delhi ☐
	400 Queen St. E., Dunnville ☐	39 Nichol St., Waterford ☐	109 King St. E., Hagersville ☐
	219 Regent Ave., Port Dover ☐	38 Erie Ave., Port Rowan (Building #42) ☐	440 Queen St. E., Dunnville (bachelor also available) ☐
	Kent Park, Maranatha Gardens (Apartments) 368 Queen St. N., Simcoe ☐	South & Metcalfe 265 Metcalfe St. S., Simcoe ☐	
Family Housing 2 bedroom	Queen/Main St's., Dunnville ☐	Erie Park Place 38 Erie Ave., Port Rowan ☐	Thompson Creek Court 550 George St., Dunnville ☐
	South &Metcalfe 265 Metcalfe St. S., Simcoe ☐	Oakwood Ave./Ashton Dr., Simcoe ☐	Kent Park, Maranatha Gardens (Townhouses) 368 Queen St. N., Simcoe ☐
	Kin Villa 141 Windham St., Simcoe ☐		
Family Housing 3 bedroom +	Banstead/Gibraltar St.'s., Delhi ☐	Elizabeth Crescent, Dunnville ☐	Thompson Creek Court 550 George St., Dunnville ☐
	Queen/Main St.'s., Dunnville ☐	Erie Park Place 38 Erie Ave., Port Rowan ☐	Victoria Place Austin Crescent, Simcoe ☐
	South &Metcalfe 265 Metcalfe St. S., Simcoe ☐	Oakwood Ave./Ashton Dr., Simcoe ☐	Kent Park, Maranatha Gardens (Townhouses) 368 Queen St. N., Simcoe ☐
	Kin Villa 141 Windham St., Simcoe ☐		

Second Stage Housing	Quetzal Family Homes 269 Metcalfe St. S., Simcoe ☐	**Other Supportive Housing**	Canadian Mental Health Association, Haldimand-Norfolk Branch, Simcoe ☐

Declaration, Conditions and Consent

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

1. I/We have reported all income received and all assets currently owned and assets transferred within the last three years by every member of the household, 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/us may be cause for NON-ACCEPTANCE of this application. I/We hereby certify that the information contained on this application for tenancy is true and accurate.

3. The application and any supporting documents become the property of the Corporation of Norfolk County. Copies of the application and supporting documents may be given to housing providers that I/we have selected for placement on the waiting lists in locations where I/we wish to live.

4. If rental accommodation is provided to me/us it will be occupied by only me/us and only the persons listed on this application.

5. This application does not constitute an agreement on the part of the Corporation of Norfolk County or any of its housing providers or any organization that will process this application and/or offer subsidized housing to me/us to provide, me/us with rental accommodation.

6. Any occupancy granted as a result of this application is subject to the present tenant vacating the premises, if and when offered. I/we agree to waive any claim for damages against the Corporation of Norfolk County**,** any housing provider, or any organization that will process this application and/or offer subsidized housing to me/us, Landlord or Agents for any and all losses that accrue to me/us resulting from the present tenant not vacating the premises offered to me/us at the time previously indicated by the present tenant.

7. Each household member named in this application 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. No member of the household named in this application has been convicted of misrepresentation of income or found by the Ontario Rental Housing Tribunal to have misrepresented their income for the purpose of receiving rent geared-to-income housing within the last two years.

9. Any member of the household named in this application must not owe rent or damage charge arrears to any federally, provincially or municipally funded housing groups in Ontario, or must be actively adhering to an approved repayment schedule. I/we acknowledge and understand that arrears information will be shared among other provincial Service Managers.

10. Any member of the household named in this application that owns residential property suitable for year-round occupancy agrees to sell it within six months of being housed.

11. At least one member of the household must be 16 years old or older and able to live independently and that proof of age must accompany the application for all household members listed on the application.

12. All members of the household who are 16 years of age or older, must sign the application and consent, and, if housed, all other forms and documents required by the provider or; have it signed on their behalf by an approved designate - parent, guardian, person with power of attorney or authorization. **(Proof of Age must accompany the application.)**

13. The number of bedrooms allocated to a household is dependent on the number of persons in the family for subsidized housing.

14. Any member of the household applying for subsidized housing must make reasonable efforts to pursue income entitled to receive such income under the Ontario Works Act 1997; Divorce Act (Canada); Employment Insurance Act (Canada); financial undertakings given under the Immigration Act i.e. Sponsorship (Canada); and any pension or other benefit entitlement from the Provincial and Federal government. Failure to make a reasonable effort to pursue such income may result in cancellation of your application, removal from the Waiting List and, if housed, cancellation of subsidized rent.

EXCEPT: Special priority RGI household member(s) MAY NOT be required to pursue the specified incomes if the pursuit of the income will place member(s) safety at risk.

15. All members of the household assume the responsibility to inform and must report any change in the information provided in this application to the Corporation of Norfolk County or its delegated agent in writing and if housed to the housing provider within 30 business days of the change occurring (i.e. change of address, phone number, family size, 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.

16. The household will comply with any other eligibility governing social housing application and tenancy in Ontario as amended from time to time.

17. The undersigned consents to the disclosure and/or transfer of information given on this form and attachments to Corporation of Norfolk County or its delegated agent. The undersigned further consents to:

    a) The exchange of information between the Corporation of Norfolk County 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 household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing, determining the placement of the household on waiting lists and determining the amount of geared-to-income rent payable by the household.

Declaration, Conditions and Consent Continued

18. Any information contained on this form or in attachments is collected by the Corporation of Norfolk County or its delegated agent pursuant to the Housing Services Act, 2011. Inquiries relating to this collection should be directed to the Social Housing Manager, the Corporation of Norfolk County, Health & Social Services Department at 12 Gilbertson Drive, P.O. Box 570, Simcoe, Ontario N3Y 4N5. 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.

19. Pursuant to the Housing Services Act, 2011; I/we give my/our consent and authorization to the Corporation of Norfolk County or its delegated agent:

    a) To make inquiries to verify the information given in this application and I/we authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Corporation of Norfolk County or its delegated agent. I/We agree to provide any supporting material required for my/our application;

    b) To disclose the information given on this form to non-profit housing corporations, local housing corporation, the Social Housing Manager and other municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and persons listed on this application.

20. I/We, the undersigned, understand that any member of the household may make a request for an internal review of certain decisions made with which I/we do not agree regarding this application for housing and if housed, regarding the subsidized tenancy under the following conditions:

    a) the request for an internal review is made in writing within 10 business days of receiving the decision, and

    b) the request is in regard to a decision made with respect to the:
    - type of accommodation for the household
    - category the household has been placed on the Waiting List
    - amount of geared-to-income rent payable
    - deferral of geared-to-income rent payable
    - determination that the household is ineligible for rent geared-to-income assistance and/or special needs housing.

21. Please ensure the following information is included with your application:
    - a copy of every birth certificate for all household members on the application
    - a copy of custody and support documentation for household members on the application
    - a copy of your most recent income tax return
    - the most recent copy of all income stubs/information for the household.

22. I/We hereby release the Corporation of Norfolk County 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.

23. In the event that I/we are provided with rental accommodation as a result of my/our application, I/we acknowledge that my/our eligibility shall be reviewed at least every 12 months and that I/we have the same obligation to provide information. In addition, I/we have the same obligations to inform the Corporation of Norfolk County or its delegated agent and my housing provider of any changes in information within 10 business days. In the event that I/we are provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me/us by the Corporation of Norfolk County and its delegated agent and my/our 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/us.

24. The undersigned and all members of the household, if housed, in consideration of being housed, agree that all provisions of this application shall be equally enforceable by the housing provider and the Corporation of Norfolk County or its delegated agent in the same manner.

Date:	Approved Designate:
Applicant:	Co-Applicant:
Other Household Member:	Other Household Member:
Other Household Member:	Other Household Member:

All members of the household 16 years of age and over must sign this application.

Provincial Special Priority Policy (SPP)
Request for Status as a Victim of Domestic Abuse

Complete the separate "Request for Special Priority" form to be deemed eligible for Special Priority (SPP) status on the centralized waiting list.

☐ I am applying for special priority status

☐ I have completed and attached the separate form.