



Investment in Affordable Housing for Ontario
SOCIAL INFRASTRUCTURE FUND
Housing Allowance
Application

PO Box 570, 12 Gilbertson Drive
 Simcoe, Ontario N3Y 4N5
 519-426-6170 or 905-318-6623 or
 519-582-3579
 Fax: 519-426-9974



Section 1: Personal Information

Applicant #1 Mr. Mrs. Ms. Miss

Last Name: _____

First Name: _____

Date of Birth: _____

Attach copy of two government issued photo ID for each Applicant

Social Insurance Number: _____

Attach copy of SIN card

Address: _____

Attach a rent receipt, rental agreement, or piece of mail containing the applicant(s)' name(s) and address listed above.

P.O. Box _____

Apt. No: _____

City/Town: _____

Postal Code: _____

Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

List Every Person Residing in the Home If Not Already Listed Above

Last Name	First Name	Relationship to Applicant #1	Date of Birth (M/D/Y)	Male/Female	Social Insurance Number	Canadian Citizen Y/N

If anyone provided assistance with filling out this application form, please check the box that describes the person who primarily provided assistance. Fill in their contact information, in case clarification is needed.

Medical Professional Social Worker Volunteer Family, Friend or Neighbour

Other (Please specify) _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Section 2: Gross Household Income

Total household income is the monthly gross income (before taxes and other deductions) of all members of the household who are 18 years of age and over, residing in the home. Refer to Appendix A for the types of income to include and acceptable supporting documentation.

Proof of all income sources is required with this application.

Income Sources	Applicant #1	Applicant #2
Employment / Self-Employment	\$ _____	\$ _____
Social Assistance	\$ _____	\$ _____
Pensions and Allowances	\$ _____	\$ _____
Investment Income / Assets	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Total Income for Each Applicant	\$ _____	\$ _____
Total Gross Household Income	\$ _____	\$ _____

Rental Unit Information				
Address of Rental Unit	Address:			Unit No.
	City/Town:	Province:	Postal Code:	
Size of Rental Unit	<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1-bedroom	<input type="checkbox"/> 2-bedroom	<input type="checkbox"/> 3 or more bedrooms
Type of Rental Unit	<input type="checkbox"/> Apartment	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Single detached	<input type="checkbox"/> Other (Please specify)
Is the rental unit in a satisfactory state of repair?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the rental unit self-contained (i.e. unit has its own kitchen and bathroom)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3: Monthly Shelter Expenses

Amount of monthly rent you currently pay to your landlord _____

Amount of monthly utilities (heat, electricity, water) you currently pay to a utility company _____

Landlord Information		
Landlord's Name:		
Landlord's Address:		Unit No.
City/Town:	Province:	Postal Code:
Landlord's Mailing Address if different from above:		
Landlord's Contact Information:	Telephone #:	Fax #:

Section 4: Declaration and Release

1. I/We hereby confirm that, to the best of my/our knowledge, the information provided in this application is complete and accurate in every respect.
2. I/We acknowledge that in the event that a false declaration is knowingly made, Norfolk County as Service Manager shall have the right to cancel the approval and recover any paid funds.
3. I/We hereby authorize Norfolk County and/or its authorized representatives to make any inquiries deemed necessary to verify the information I/We have provided, and I/We give consent to any person corporation or social agency with this information to release it to Norfolk County, Social Housing Division in relation to this application only; and /or to contact the person (Identified in Section 1) who provided assistance in completing this form should clarification be necessary.
4. I/We agree to promptly inform the Social Housing Division of any changes in address, income, marital status, or household composition.
5. I/We acknowledge that failure to report these changes may result in termination of Housing Allowance.
6. This application and all schedules and attachments are subject to the Municipal Freedom of Information and Protection of Privacy Act (referred to as "MFIPPA"). Any information collected by Norfolk County as Service Manager pursuant to this application is subject to the rights and safeguards provided for in MFIPPA. Personal information contained in this form is collected by Norfolk County as Service Manager for the purpose of determining eligibility for assistance under the Investment in Affordable Housing for Ontario Program: Housing Allowance component.
7. Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the applicant(s) gives consent and authorization to Norfolk County as Service Manager to share select information in the application form as required. Any questions regarding the collection or release of this information should be directed to the Supervisor, Housing Services.
8. Funding for this program ends immediately upon move-in to rent-geared-to income housing, changes to eligibility status, relocation outside Haldimand or Norfolk, or at end of funding period as notified by Social Housing Division.

Name (Please Print)

Signature

Date

Name (Please Print)

Signature

Date

Name (Please Print)

Signature

Date

Completed applications with all required information, documentation and verification attachments must be returned to:

Social Services & Housing Department
Housing Services
PO Box 570
12 Gilbertson Drive
Simcoe ON N3Y 4N5
ATTENTION: Housing Resource Coordinator
519.426.6170 or 905.318.6623 Ext. 3234 or 3235

Date Received Stamp

Appendix A

Household Income Examples and Supporting Documentation Required

Household Income/Asset	Documentation Required
<p>a) Employment</p> <ul style="list-style-type: none"> • Full-time, part-time, or casual • Commissions, tips, or bonuses • Illness and/or disability pay 	<ul style="list-style-type: none"> • Copy of last notice of assessment and; • Letter from employer or employment agency – on company letterhead indicating monthly income or average earnings or; • Pay stubs for at least two months (employer identified) or; • Cheque stubs from disability, pension or insurance
<p>B) Self-Employment</p> <ul style="list-style-type: none"> • Tutoring • Babysitting or child care • Taxi • Business • Other 	<ul style="list-style-type: none"> • Copy of last notice of assessment
<p>c) Pensions and Allowances</p> <ul style="list-style-type: none"> • Old Age Security (OAS) • Canada/Provincial Pension (CPP, QPP) • Pensions, for example: Widow's, Retirement, War Disability, Other • War Veterans Allowance (DVA) • Training Allowance • Ontario Disability Payments (ODSP) 	<ul style="list-style-type: none"> • Copy of last notice of assessment and; • Cheque stub or copy of cheque or; • Direct bank deposit: <ul style="list-style-type: none"> o Copy of pass book entries for previous two months or monthly bank statements o Letter from government agency issuing cheque or; • Statement from issuing source or employer
<p>d) Investment Income/Assets</p> <ul style="list-style-type: none"> • Interest and dividends from all investments, including: Stocks, Bonds, Bank/Trust/Credit Union accounts, shares, securities, annuities • Registered Retirement Savings Plans (RRSPs) • Guaranteed Income Statements (GICs) • Property you own or have an interest in 	<ul style="list-style-type: none"> • Copy of last notice of assessment
<p>e) Other Income</p> <ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) • Employment Insurance (EI) and Ontario Works (OW) • Compensation for Victims of Crime • Alimony, child support, or separation payment(s) 	<ul style="list-style-type: none"> • Copy of last notice of assessment and; • Cheque stub or letter from source of income or; • Sworn affidavit with both the applicant and ex-spouse's signature or legal statement/letter from lawyer or; • Copy of assessment form and confirmation of other earnings

Please make sure that you have the following attached to your application:

- Two pieces of Government issued photo identification for each applicant.
- Photocopies of the Social Insurance card belonging to each applicant.
- Proof of income from every owner of the home and from every member of the household 18 years of age or older.
- Copy of a rent receipt, rental agreement or piece of mail containing both the applicant(s)' name(s) and the address listed on this application.
- Copy of any/all utility bill, (hydro, gas, water), containing both the applicant(s) name(s) and the address listed on this application.