

## Application for Housing

Complete **all** sections and return to the address noted above. Please **print** all information in **blue or black ink**.

If you need any assistance in completing this application, please contact the above office.

If you require *dedicated supportive housing* please contact the Housing Help Centre at 905-526-8100 for assistance.

### Section 1: Applicant Information

Name (last)	Name (first)	Name (middle)
Social Insurance Number	Birth date (mm/dd/yy)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing Address		Unit #
City/Town	Prov	Postal Code
Home # ( )	Cell # ( )	Work # ( ) x:
E-mail Address:		
Current Address if different than above		
Address		Unit #
City/Town	Prov	Postal Code
In what city/country did you live one year ago?		
<b>Citizen Status (check all that apply):</b> <i>&lt;copy of immigration documents or proof of Canadian citizenship are required – birth certificates, citizenship card, baptismal, birth registration. Photocopying of these documents will be available at ATH free of charge&gt;</i>		
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident (Landed Immigrant)	<input type="checkbox"/> Refugee
<input type="checkbox"/> Native Ancestry	<input type="checkbox"/> In Canada for less than one year? (verification required)	
Date of Entry:		
Do you require and interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in what language?		
<b>Person to contact as an alternate or to act as your interpreter:</b>		
Name:		Telephone #

### Section 2: Co -Applicant Information

Relationship to Applicant:		
Name (last)	Name (first)	Name (Middle)
Social Insurance Number	Birth date (mm/dd/yy)	Male <input type="checkbox"/> Female <input type="checkbox"/>



**Section 4: Annual Income Information:**

Household Member	Type of Income	Amount
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
<b>Total Annual Household Income</b>		<b>\$</b>

## Section 5: Where You Live Now

Are you currently:

- Homeowner  
Monthly mortgage payment \$ \_\_\_\_\_
- Renting
  - Private landlord
  - Subsidized housing
  - Are you currently receiving a rent-geared-to-income subsidy?  Yes  No
  - Is this a transfer request?  Yes  No
  - Are you Overhoused?  OR Under housed?
  - Monthly rental payments \$ \_\_\_\_\_
- Living in temporary accommodation (please specify)
  - With friends
  - With relatives
  - In a shelter
  - In a hotel/motel
  - In a trailer park
  - Other (Please specify) \_\_\_\_\_

Do you currently own property in Canada or outside of Canada?  Yes  No

**Current Landlord:** Name: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Move in: \_\_\_\_\_

**Previous Landlord:** Name: \_\_\_\_\_  
**Previous Address:** Address: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Move in/out dates: \_\_\_\_\_

*Please Note: Only when you are to be offered a housing unit will a housing provider contact your current and/or previous landlord for a tenant reference.*

## Section 6: Housing History - Any misrepresentation of your housing history may lead to the cancellation of your application

Does anyone listed on this application live, or have they ever lived, in non-profit, co-op, or public housing in Ontario as a leaseholder either in subsidized or market rent accommodation?  Yes  No

If "yes", please provide:

Address: \_\_\_\_\_

Name of person who lived there: \_\_\_\_\_

Name of non-profit, co-op, or public housing provider: \_\_\_\_\_

Phone number (if not in Hamilton): \_\_\_\_\_

Is this your present address:  Yes  No

If "no", date you moved out: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm/ dd/ yy

Does anyone on this application owe money to any non-profit, co-op, or public housing provider?  Yes  No

If yes, do you have a repayment agreement with the non-profit, co-op, or public housing provider?  Yes  No

**PLEASE NOTE:** If you or any member of your household has arrears owing to any social housing provider within Ontario, Access to Housing will require confirmation that the member has entered into an agreement with the Housing Provider for the repayment of the arrears before we can process your application.

Within the last 2 years, have you or anyone in your household been convicted of an offence related to rent-geared-to-income housing under section 85 of the SHRA or a crime under the Criminal Code in relation to rent-geared-to-income housing?  Yes  No

## Section 7: General Information

I am able to live independently  Yes  No

Number of bedrooms needed:  Room  Bachelor  1  2  3  4  5 or more

*(Applicants accepting a bachelor unit with CityHousing Hamilton will be allowed to reapply and maintain their original date of application for a one bedroom unit with CityHousing Hamilton only)*

## Section 8: Special Needs/Exceptional Circumstances

Are you in an abusive relationship which qualifies you for **Priority Status**?  Yes  No

**If yes, ensure contact information in section 1 is a safe address and phone number.**

*(Documentation is required – please see definition on page 8)*

Are you in an abusive relationship which qualifies you for **Urgent Status**?  Yes  No

*(Documentation is required for Urgent Status – please see definition on page 8)*

Is this an urgent application due to a **Terminal Illness**?  Yes  No

*(Documentation is required for Terminally Ill Status – please see definition on page 8)*

Are you applying for **Homeless Status**?  Yes  No

*(Documentation is required for Homeless Status – please see definition on page 8)*

Are you applying for **Newcomer Status**?  Yes  No

*(Newcomer Status – please see definition on page 8)*

Are you applying for **Youth Status**?  Yes  No

*(Youth Status – please see definition on page 8)*

**Do you require building accessibility only?**  Yes  No

*(for example, the building that you live in must be “barrier free” so that the mobility device that you use (i.e., scooter) can enter the building and unit only, no further unit modifications are required)*

**Do you require any other unit modifications?**  Yes  No

*(for example, modifications required are specific to your unit, i.e., a roll-in shower, lowered kitchen counters for wheelchair access) If the answer is “yes”, please fill out an “Access to Housing – Special Needs Form”*

## Section 9: Where You Want to Live

Are you willing to pay market rent? Yes  No

**Max Rent** (office use only)

### Building Selections:

Please choose where you want to live carefully. **You can make as many selections as you want.** Mark your location choices with an “X” on the **Building Selection Form** which is included with this application.

Be sure to put your name, social insurance number and initials on each page (front and back) of the **Building Selection Form**. If you select locations for which you are not eligible, your name will not be placed on those waiting lists.

***If no Building Selection Form is submitted, your name will be added to waiting lists for all locations meeting your bedroom requirements and offers of accommodation from these lists will count as valid offers. Please choose your locations carefully!***

# ACCESS TO HOUSING

Here is your legal agreement with us. Please read it carefully, and sign in the spaces below.

1. I understand that there are laws that allow Access to Housing (ATH) to collect personal information about me.
2. I understand that ATH will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
3. I allow ATH to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the Social Housing Reform Act, 2000, the Ontario Works Act, 1997, the Ontario Disability Program Act, 1997, or the Day Nurseries Act.
4. I allow ATH to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.
5. I allow ATH to give the information on this form and any attachments to any government or body with whom ATH has made an agreement under the Social Housing Reform Act, 2000, without further notice to me, for the purpose of conducting research to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by the ATH to a body listed above is confidential and will only be given in accordance with the Social Housing Reform Act, 2000 and associated regulations.
7. I understand that information provided herein is to the best of my knowledge and that this information may be used to determine my credit worthiness. ATH and/or a housing provider may request and obtain personal information on an ongoing basis from credit bureaus from information they previously collected about me in order to assess my credit history.
8. I understand that I give my consent and authorization to ATH to disclose to municipal, provincial or federal departments and any agency that assists in the provision of social housing, social agencies which provides social assistance, or any credit information company, a collection agency, to any private or social housing landlord, any Consolidated Municipal Service Manager or District Social Service Administration Board and the Province-wide Arrears Database, all information regarding outstanding debts owed to the Landlord by my household. This information will be used by the individual Coordinated Access systems in the province of Ontario, as part of the screening process for applicants for social housing and for the collection of arrears.  
This consent is given under the provisions of the Personal Information and Electronic Document Act. This consent is valid until revoked in writing.

If you have any questions about the collection and use of personal information, please contact: ATH at 905-524-2228

Personal Information contained in this form or in attachments is collected by ATH pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31.) or the Municipal Freedom of Information and Protection of Privacy Act and is used to determine eligibility for the housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important! Please Read!

 It is important to tell us of any changes in your household size, address and phone number 

**Your application will be cancelled if we are unable to contact you.**

**You will have one year to reactivate your application, after which time you will be required to reapply and your name will be placed at the bottom of the waiting list.**

- Use this checklist to make sure that you have attached all the required documents. If any required documents are missing, we will advise you in writing that your application is incomplete without placing you on the waiting list.**

<input type="checkbox"/> Status in Canada	You must attach photocopies of related documentation for each member of your household < <i>photocopying of these documents will be available at ATH free of charge</i> >
<input type="checkbox"/> Proof of Age	Attach a copy of the applicant's birth certificate to prove that he or she is 16 or older < <i>photocopying of these documents will be available at ATH free of charge</i> >
<input type="checkbox"/> Arrears	If anyone in your household owes money to an Ontario housing provider, attach confirmation that the household member has entered into an agreement with the Housing Provider for the repayment of the arrears
<input type="checkbox"/> Custody Agreements	If you have asked for an additional bedroom because a member of your household has a legal custody agreement or visiting rights involving overnight stays, you must supply a copy of the agreement
<input type="checkbox"/> Proof of Disability	If you have asked for an additional bedroom because of a disability in your household you must attach a detailed explanation (Additional medical verification may be required later.)

## Definition of Terms

### Building Selection Form:

This is a list of not-for-profit housing in Hamilton available through Access to Housing listed by geographical area. This form is where applicants select housing for which they wish to be placed on the waiting list.

### Co-Operative Housing:

The Board of Directors of a co-operative is comprised of resident members of the complex. Members of the co-operative are expected to participate in the operation of their co-operative. This may be accomplished by serving on the Board of Directors, a committee or contributing to the tasks involved in the maintenance of the property. Co-operatives are a mix of market rent and rent-geared-to-income units.

### Non-Profit Housing:

This housing can be provided by private groups or a municipal sponsor. Non-profit housing is managed by a Board of Directors which may consist of municipal councillors, interested community members and/or tenant members. The complexes are a blend of market rent and geared-to-income units. Often, non-profit complexes have tenant associations that contribute input to the Board of Directors to affect the management of the residence in which they reside.

## **Priority Status:**

### **Priority Status**

Priority Status is special consideration which is given to an applicant whose personal safety or the safety of another household member is at risk because of abuse by someone **with whom they live or have lived in a familial relationship within the last 6 months**. This priority status is given in order to help the applicant separate from the abuser. To obtain priority status, the applicant is required to submit a *Special Priority Verification Form, letter of verification and verification of co-residency*. The required form and further information can be obtained from Access to Housing.

### **Urgent Status:**

Person(s) whose personal safety is significantly at risk. To apply for this status, the applicant is required to submit an *Urgent Status Verification Form* and a Letter of Verification. The required form and further information can be obtained from Access to Housing.

### **Terminally Ill Status:**

Terminally ill status is special consideration give to people who are terminally ill (this status is not granted to people who have serious chronic conditions, illnesses or diseases and who are not terminally ill). To apply for this status, the applicant is required to submit a Verification of *Terminal Illness Form*. The required form and further information can be obtained from Access to Housing

### **Homeless Status:**

Homeless status is special consideration which is given to people who are homeless and includes people who are:

- Persons burned out of their places of residence
- Without shelter
- Living in temporary or emergency housing or
- Living in a house condemned by the municipality or
- About to be discharged from a care facility or
- About to evicted for reasons outside of an alleged breach of the Tenant Protection Act by the tenant
- Separated from other family members due to a lack of housing

### **\*Youth Status:**

The applicant is sixteen to seventeen years old

### **\*Newcomer Status:**

A newcomer is an applicant with refugee status or refugee claimant status who applies for housing within one year of entry into the country and has an immigration status that meets basic eligibility requirements. Refugees with government sponsorship are excluded. In order for the application to be given Newcomer Status, both the applicant and co-applicant (if there is one) must be a newcomer.

\* Retention of Status for Youth and Newcomer will be retained for three offers of housing only.

## **Public Housing:**

Public housing units are managed by the Hamilton Housing Corporation. Applicants must qualify for rent-geared-to-income assistance in order to become initially housed within this portfolio.

## **Rent-Geared-To-Income:**

Rent-geared-to-income is rent which is based on household income and/or social assistance benefits.

## **Supportive Housing:**

Housing in which the tenant receives staff support or care from one or several agencies.

**If you require assistance or information in order to fill out this application form please contact Access to Housing at 905-524-2228**