



Community and Health Services Department
Housing and Long Term Care Branch

Application For Overhoused Households

Your household as been identified as being overhoused.

You are required to complete this application and submit it to your housing provider. You will be added to the Centralized Wait List for an appropriately sized unit.

You must select a minimum of three (3) buildings.

If you do not complete this application or choose less then 3 buildings, the Region will assume that you are interested in living in every building for which you are eligible for.

You can refuse up to a maximum of three (3) units.

If you refuse all three units, you will no longer be eligible for rent-geared-to-income (RGI) subsidy.

Please complete all sections of this form.

Section 1 – Household Contact Information

Applicant Name:

Current Street Address:

Apartment #:

City:

Postal Code:

Home Phone:

Cell Phone:

Work Phone:

Extension:

Best time of day to call you:

What hours do you work?

Provide us with an alternate contact name and number in the event we cannot reach you.

Alternate Contact Name:

Relationship:

Telephone number:

Section 2 - Household Information

Please list all adults (including yourself) and children who live with you.

Everyone in your household must have legal status in Canada. Attach a copy of the birth certificate, landed immigrant documents or refugee claim forms for everyone who lives with you.

Household Member Name First & Last Name	Relationship to Applicant	Social Insurance Number	Date of Birth	Male or Female	Citizenship
	Self				
Size of unit you are currently living in:		Unit size Required:			

Is a baby expected?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state the expected date: (A doctor's note may be required during the last trimester)				
Will all of the above live permanently in the unit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you share custody of any of your children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide a copy of your most current custody arrangement.				

Section 3 – Income & Assets

Income Information

What income do you and the other people who live with you receive each month?
Income means all money you receive, from all sources.

Income — Here are some examples of possible places from which you receive income:

Employment

- Full-time work
- Part-time work
- Irregular work
- Casual work
- Seasonal work
- Odd jobs
- Seasonal or vacation pay
- Yearly bonuses
- Cost of living bonuses
- Long term disability
- Short term disability
- Shift bonuses

- Sickness pay
- Tips or gratuities
- Commissions
- Overtime pay

Self-Employment

- Tutoring
- Child care
- Driving a taxi
- Teaching music
- Farm income
- Any other business income

Pensions, Allowances and Other Income

- Ontario Works
- Ontario Disability Support Plan
- Canada Pension Plan
- Old Age Security
- Quebec Pension Plan
- Alimony/support payments
- War Veteran's Allowances
- Employment Insurance
- Training allowances
- Company pensions
- Annuities
- Public service pensions
- Workers Compensation payments
- Sponsorship payments
- Canada Manpower Retraining Allowance
- One time lump sum payments (e.g., inheritances, court and out-of-court settlements)
- Mortgage income
- OSAP grants

List all money you and all persons who will be living with you receive from all sources.

Name of Household Member	Income Source (refer to examples above)	Gross Income per Month (before deductions)

Total Monthly Income: \$

Section 8 – Release and Consent

PLEASE MAKE SURE YOU SIGN PAGES 6 AND 7

This is your legal agreement with us to consent to the release of your personal information.

1. I understand that The Regional Municipality of York (“Region of York”) as service manager and any housing provider listed in my application for rent-geared-to-income (RGI) assistance are permitted under the *Social Housing Reform Act, 2000* (the “Act”) to collect personal information about me so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in the Act.
2. I understand and agree to release any personal information and required documents to either the Region of York and/or the housing provider for the purpose of processing my application for RGI assistance which may include determining:
 - a. my initial and ongoing eligibility for RGI assistance;
 - b. the size and type of unit that I may be eligible for;
 - c. where I am on the waiting list for RGI assistance; and
 - d. the amount of geared-to-income rent I will be required to pay.Any personal information collected by the Region of York and/or the housing provider about me for the above mentioned purpose will be hereafter referred to as “my personal information”.
3. I agree to release to the Region of York and/or the housing provider information about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependants or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my initial or ongoing eligibility for RGI assistance.
4. For the purpose set out in paragraph 2, I allow the Region of York and/or the housing provider to obtain any credit information about me from any credit agency or any other source.
5. I allow the Region of York and/or the housing provider to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Ontario Housing Corporation, the Social Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Act, and each person or organization providing services by contract to any of them, if it is needed to make decisions or verify my eligibility for assistance under the Act, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*.
6. I understand that any of my personal information given by the Region of York and/or the housing provider to a government or body mentioned above in paragraph 5 is confidential and will only be given in accordance with the Act and its regulations.
7. I understand that any of my personal information provided by me to the housing provider is given on the understanding that the housing provider is collecting this information on behalf of the Region of York.
8. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.
9. I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact:

Supervisor, Housing Access Unit
The Regional Municipality of York
Community and Health Services Department
Housing Access Unit
55 Eagle Street West
Newmarket ON L3Y 8W5
Tel: (905) 830-4444 or 1-877-464-9675



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Housing and Long Term Care Branch

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Personal information contained in this form or in any attachments to it is collected by The Regional Municipality of York and/or the housing provider, pursuant to the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form. The information will be used to determine current/on-going eligibility to rent-geared-to-income assistance, as well as for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household.

Applicant's Name (Please print)

Signature

Date

Co-Applicant's Name (Please print)

Signature

Date

Other Household Member (Please print)

Signature

Date

Other Household Member (Please print)

Signature

Date

Other Household Member (Please print)

Signature

Date

Section 9 – Declaration

PLEASE MAKE SURE YOU SIGN PAGES 6 AND 7

I declare:

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to the Region of York and/or the housing provider will belong to them.
3. I understand that only the people I have listed on this document may live with me in subsidized housing.
4. I understand that the Region of York and/or the housing provider will use my personal information that I give them to determine if I am eligible or continue to be eligible for RGI assistance; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of geared-to-income-rent payable by me.
5. I declare that I am in Canada legally.
6. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing project.
7. I understand that it is an offence, under the Act for an individual to knowingly obtain or assist a household member to obtain RGI assistance for which they are not entitled. Such an offence carries a fine and/or imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, the Region of York and/or the housing provider may request additional information, or may cancel my eligibility for RGI assistance and may request my household to reimburse the Region of York for the amount of RGI assistance paid on behalf of my household.
8. I understand that if the Region of York and/or the housing provider request a household to reimburse the Region of York, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to Region of York.

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