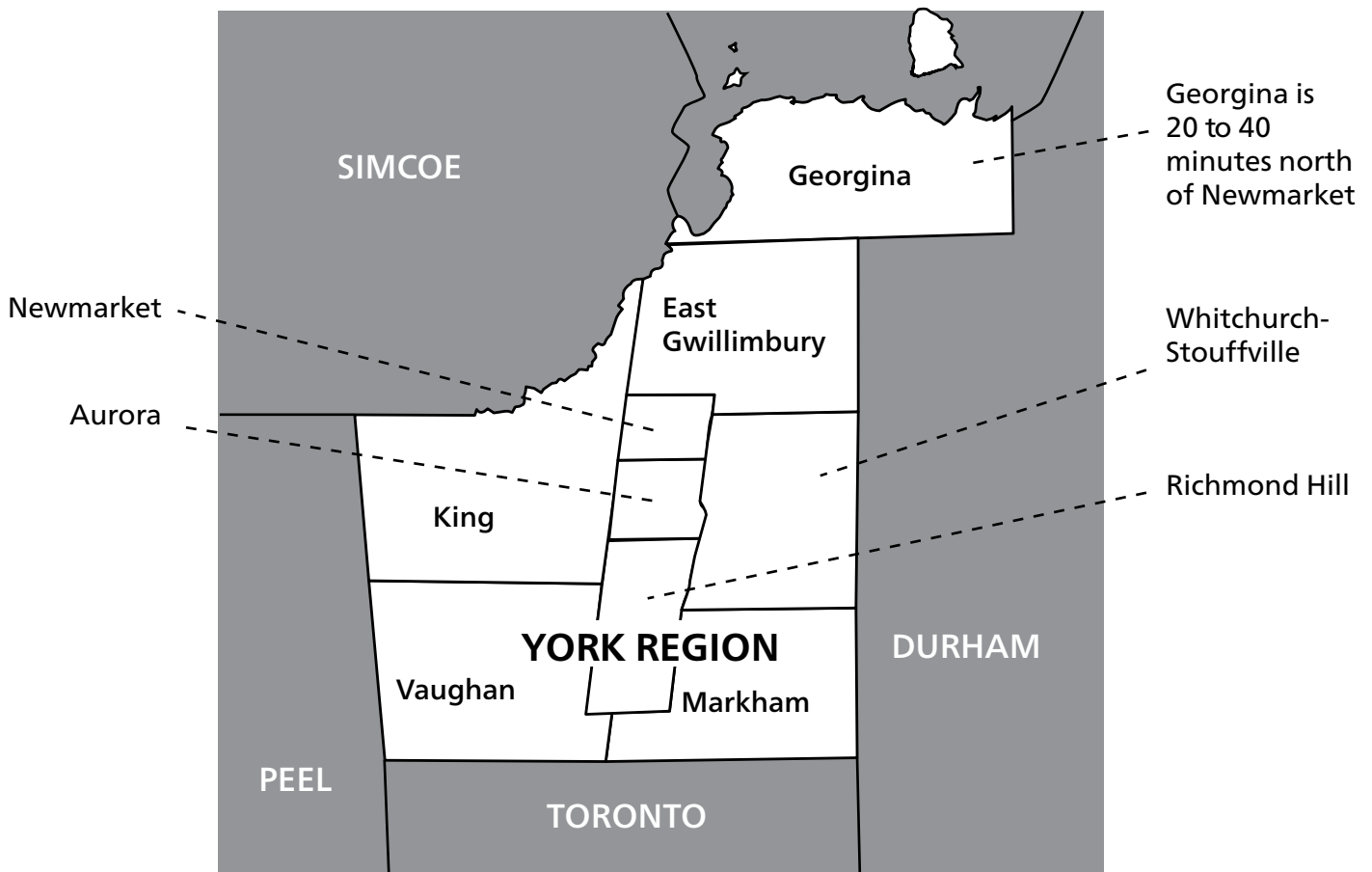


ELIGIBILITY REQUIREMENTS

To be eligible for subsidized housing, you must meet all of the following conditions:

- ✓ At least one member in the household must be 16 years or older
- ✓ All members of the household must be a Canadian Citizen, Permanent Resident or have Refugee Claimant Status
- ✓ No member of the household is currently under a deportation, departure or exclusion order to leave Canada
- ✓ No member of the household owes money to a social housing provider
- ✓ No member of the household has been convicted of an offence within the past two years under the Housing Services Act (HSA), the Social Housing Reform Act or the Criminal Code in relation to the receipt of rent-gear-to-income assistance
- ✓ Annual household income from all sources must be less than \$80,000
- ✓ Total value of all assets owned by you and all members of your household who are over the age of 16 must be less than \$75,000. Bank accounts, investments and real estate are examples of assets. Some assets, including Registered Retirement Savings Plans, Registered Education Savings Plans and Registered Disability Savings Plans are not counted toward the limit, but you must still declare them.
- ✓ You must be able to live independently, with or without supports



COMPLETING THE APPLICATION

Complete all sections of the application form.

For each member of your household you must include proof of your status in Canada. Include a copy of one of these documents:

- Canadian birth certificate or Canadian passport
- Canadian citizenship document, 8.5 x 11 paper form (both sides)
- Permanent resident card (both sides)
- Record of landing
- Convention refugee documentation and/or
- Refugee claimant form

We do not accept your Health Card or Driver's Licence as proof of your status in Canada.

Provide your Notice of Assessment and T1 General income tax for the most recently completed tax year for each member of your household over the age of 16. If you do not have a Notice of Assessment or T1 General you can request one by calling the Canada Revenue Agency at

1-800-959-8281 or visit canada.ca/en/revenue-agency.

Sign Section 8 - Release, Consent and Declaration

If you do not complete all sections of this application form, or do not include citizenship documentation for all household members, and do not provide verification of income, the application will be returned to you without placing you on the waiting list.

Mail, deliver, fax, or scan and email your application to Housing Access Unit:

The Regional Municipality of York
Housing Access Unit
17310 Yonge Street, Unit 9
Newmarket, ON L3Y 7R8

Email: Housing.Access@york.ca

Fax: 905-830-5023

Phone: 1-877-464-9675 or TTY: 1-866-512-6228

Please note that photographs of your documents will not be accepted.

This application is not for emergency/immediate housing needs. To learn more about homeless community programs please call 1-877-464-9675.

DEFINITION OF INCOME

'Income' means ALL income (i.e. gross income), benefits and gains of every kind and from every source.

DEFINITION OF ASSETS

'Assets' include any savings, investments and property owned by any member of your household over the age of 16.

EXAMPLES OF INCOME**Work/benefits/education**

- Full-time, part-time, casual, seasonal
- Self-employed
- Disability pay, sickness pay, long term income protection plan, Employment Insurance, etc.
- Commissions, overtime pay, vacation pay, bonuses, etc.
- Support payments received
- Maternity leave top-up by employer
- Full/part-time student

Pension

- Old Age Security (OAS)
- Guaranteed Annual Income System (GAINS)/ Guaranteed Income Supplement (GIS)
- Canada/Provincial Pension Plan - (CPP), (QPP)
- Government pensions from other countries
- Company pensions, private pensions, etc.
- Civilian war pensions
- Public service pensions

Payments and allowances

- Workers Safety Insurance Board (WSIB) payments
- Ontario Works (OW)
- Ontario Disability Support Plan (ODSP)
- Military or Militia or Civil Defense allowance
- Immigration allowance
- War Veteran's allowances
- Training allowances
- Payments from Children's Aid Society

EXAMPLES OF ASSETS**Assets/investments that count toward the asset limit:**

- Bank accounts (savings accounts and chequing accounts, Tax-Free Savings Accounts (cash), overseas or foreign accounts, etc.)
- Investments (stocks and bonds, annuities, stocks, shares, bonds, term deposits, Guaranteed Investment Certificates (GICs), mutual funds, overseas or foreign investments, Tax-Free Savings Accounts (investments), etc.)
- Real estate equity (the value of the property as determined by the current MPAC assessment, minus the amount of any mortgage(s) owing and any balance owing on any loans/lines of credit secured against the property)

Assets/investments that are exempt from the asset limit:

- Registered accounts/investments (Registered Disability Savings Plan (RDSP), Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund, Locked-in Retirement Account, Locked-in Income Fund, Registered Education Savings Plan (RESP), etc.)
- Personal motor vehicles
- Life insurance with a cash surrender value up to \$100,000
- Prepaid funerals
- Business assets (business bank accounts, business property, business vehicle, taxi license) up to \$20,000
- Trust fund for a person with disability, up to \$100,000

Office Use Only

SECTION 1 – YOUR INFORMATION

MAIN APPLICANT

First name Last name

Street number Street name

Apartment number City/Town Postal code

Primary Phone number Email

Marital status:

Single Married Divorced/Separated Widowed Other

Mailing address (if different than above)

Street number Street name

Apartment number City/Town Postal code

CURRENT LANDLORD OR PROPERTY OWNER INFORMATION

Current landlord Phone number

Current living situation

Own/co-own Rent Temporary Staying with relative/friend

How much rent do you pay Date moved in (mm/yy)

ALTERNATE CONTACT INFORMATION

Please provide an alternate contact we can talk to about your application:

First name Last name

Relationship to applicant

Phone number Email

SECTION 2 – HOUSEHOLD MEMBERS

List the names of all adults and children (including yourself) who will live with you in subsidized housing. You must attach proof of legal status in Canada for all household members. See the Application Checklist for examples of required documents.

First name	Last name	Relationship to you	Sex (M/F)	Date of birth (mm/dd/yy)	Status in Canada (Canadian Citizen, Permanent Resident, Refugee, Refugee Claimant, Applied for Permanent Residency or Sponsored)
		Self			

Do all family members currently live with you? Yes No

Is a baby expected? Yes No If yes, date expected

Do you share custody of the children listed in this application? Yes No

If yes, please provide custody documentation.

SECTION 3 – PREVIOUS ADDRESSES

List the addresses where you have lived for the past three years.

Street number Street name
 Apartment number City/Town
 Province Postal code
 Date moved in (mm/yy) Date moved out (mm/yy)
 Landlord name Landlord phone number

Street number Street name
 Apartment number City/Town
 Province Postal code
 Date moved in (mm/yy) Date moved out (mm/yy)
 Landlord name Landlord phone number

Street number Street name
 Apartment number City/Town
 Province Postal code
 Date moved in (mm/yy) Date moved out (mm/yy)
 Landlord name Landlord phone number

CURRENT OR PREVIOUS SUBSIDIZED HOUSING INFORMATION

Have you or anyone listed on your application ever lived in subsidized housing? Yes No

If yes, Name of person who lived in subsidized housing

Name of housing provider

What was your address in subsidized housing?

Street number Street name
 Apartment number City/Town

Province _____ Postal code _____

Date moved in (mm/yy) _____ Date moved out (mm/yy) _____

Do you or anyone listed in your application owe money to the above or to any other social housing provider? Yes No

If yes, how much do you owe? \$ _____

Do you have a repayment agreement? Yes No

If yes, please attach a copy of the repayment agreement.

I If you owe money to a social housing provider, you must attach a copy of the repayment agreement, signed by the social housing provider. We must have proof that you have an agreement in place before we can process your application. If you owe money and do not have a repayment agreement, your name will not be added to the waiting list.

MODIFIED ACCOMMODATION

There are a limited number of social housing units that have been modified for people with physical disabilities. These units have varying types of modifications, which can include the design and shape of the rooms, size of doorways, roll-in showers, grab-bars and door handles. For more details on modified units view york.ca/housing

Do you need a modified unit for a physical disability? Yes No

If yes, a medical form will be mailed to you for your doctor to complete.

SECTION 4 – INCOME INFORMATION

Fill in the monthly income (before deductions) for you and each person in your household 16 years of age and older. **Please refer to page 3 for examples of income.**

Note: For each member of your household aged 16 years or older, you must provide a copy of the Notice of Assessment and T1 General for the most recent tax year. If you do not have a Notice of Assessment or T1 General you can request one by calling the Canada Revenue Agency at 1-800-959-8281 or visit canada.ca/en/revenue-agency

Name of household member (first name, last name)	Income source	Gross monthly amount
John Smith	ABC Company	\$825
Mary Smith	ODSP	\$925

SECTION 5 – ASSET INFORMATION

List all assets owned by you and each person in your household 16 years of age and older.

You must also declare any assets that you own with someone else.

Your household's total assets must be less than \$75,000 to be eligible for subsidized housing in York Region. Some assets, including Registered Retirement Savings Plans, Registered Education Savings Plans and Registered Disability Savings Plans are not counted toward the limit. You must still declare these assets when you apply. You are also responsible to update your application if there is a change to your assets. You will need to provide verification of the value and ownership of each asset when you are closer to a housing offer.

Examples of assets are included in the application checklist. If you own an asset that is not on the list, it may still need to be declared. If you have questions about what you need to declare, please contact Housing Access, 1-877-464-9675.

Name of household member (first name, last name)	Asset/Investment type	Value (\$)
John Smith	Registered Retirement Saving Plan	\$45,000
Mary Smith	Tax Free Savings Account	\$25,000

Do you own, or are you the co-owner of any property in Canada or another country? Yes No

If yes, provide the address

What is the estimated value?

What is the amount of any mortgage owed on the property?

What is the amount owed on any loan or line of credit secured against the property?

Are there any assets that you or a member of your household owned that you have gotten rid of in the last three years? Yes No

If yes, what are the assets that you no longer own, what is their value and why do you no longer own them?

SECTION 6 – LOCATION PREFERENCES

Please select the municipalities for which you wish to be on the waiting list:

Aurora	East Gwillimbury	Georgina
King	Markham	Newmarket
Richmond Hill	Vaughan	Whitchurch/Stouffville

As you get closer to the top of the waiting list, we will contact you to select specific building locations.

SECTION 7 – APPLICATION FOR SPECIAL PRIORITY FOR SURVIVORS OF DOMESTIC ABUSE/HUMAN TRAFFICKING

Only fill in this section if it applies to you.

Special Priority is intended to permanently separate victims of abuse from their abuser.

Special Priority is only given to applicants whose safety is at risk because they live with someone who is abusing them. It does not apply to applicants who want to separate from someone because a relationship is not working.

Complete this section **only if** you are applying to the waiting list because **someone that you live with, or have lived within the last three months**, is abusing you or you are/were a victim of human trafficking within three months. You will have to provide a record confirming the abuse.

You will also need to complete the Special Priority Application package which Housing Access will send to you.

Name of person requesting priority

Name of abusive person

Relationship with abusive person

Are you currently living with the abusive person?

I am currently living with this person and intend to permanently live apart from them

I have not lived with this person since (dd/mm/yy)

I am a survivor of human trafficking and have exited trafficking within the past three months

What is the address of the residence that you shared with the abusive person?

Street number

Street name

Apartment number

City/Town

Province

Postal code

If you are still living with the abusive person, provide a **safe mailing address** where you can be contacted:

Street number

Street name

Apartment number

City/Town

Province

Postal code

SECTION 8 – RELEASE, CONSENT AND DECLARATION

All members of the household 16 and older must sign this form.

- A. I agree that York Region may collect, use, and share personal information provided by me for the purpose of:
 - I. determining if I am eligible to receive housing benefits or other benefits offered by York Region for which I apply or may become eligible for or housing benefits offered by York Region on behalf of a government agency or ministry; or for
 - II. evaluating the quality of housing services or other services offered by York Region or offered by York Region on behalf of a government agency or ministry to determine if the services can be improved.
- B. For the purpose of the Housing Services Act, 2011, I understand that my personal information can be shared, in accordance with law, for the purpose of determining my eligibility for benefits under the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, and the Child Care and Early Years Act, 2014, as applicable with York Region’s Community and Health Services Department and government agencies/ministries responsible for overseeing programs under these laws.
- C. For the purposes of the Housing Services Act, 2011, I agree that my information can be shared, in accordance with law, to a provincial or federal government agency, as applicable, that administers, enforces, or conducts research relating to the Taxation Act, 2007, the Income Tax Act, the Income Tax Act (Canada) or the Immigration and Refugee Protection Act (Canada)
- D. I understand that the laws that permit York Region to collect and share my personal information include the Municipal Freedom of Information and Protection of Privacy Act, the Housing Services Act, 2011, and the Ontario Works Act, 1997.
- E. I understand that there may be other instances when the Region may be required to share my information, as required by law.
- F. I understand that if I have any questions about York Region’s collection, use, and sharing of my personal information I can speak to the following person to get answers
The Regional Municipality of York
17310 Yonge Street, Unit 9
Newmarket, ON L3Y 7R8
1-877-464-9675 ext. 72470
Program Manager, Housing Access
- G. I have been provided a copy of and understand the requirements of applying for subsidized housing.
- H. I know the information I have provided on this form will be used by York Region to determine if I am eligible to receive housing benefits or other benefits for which I apply or may become eligible.
- I. I confirm that all of the information on this form is true and I have not left any important information out.
- J. I understand and agree that if York Region determines that the information on this form is not true, York Region can cancel my application and/or stop my benefits and services and can make me pay York Region back.
- K. The Region will from time to time, audit applicant files to check the accuracy of the information included in this form

Name of household member

Signature

Date (mm/dd/yy)