



Adding a Member to an Application

Community and Health Services Department

I _____ am requesting to be added to the
(last name, first name)

application of _____, HAU Client # _____
(last name, first name of primary applicant)

I understand that my eligibility will be determined before being added to the application.

ALL questions and sections MUST be answered.

Section 1 – New Household Member Information

Last Name:		First Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy):	
Your relationship to the primary applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____			
You must have legal status in Canada. Attach a copy of the document that proves your status in Canada. (Canadian citizen, permanent resident, refugee claimant)			
Are you currently living with the primary applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you move in with the primary applicant (mm/dd/yyyy):			
If you <u>do not</u> live with the primary applicant, provide your current address and landlord information.			
Current street address:		Apartment #:	
City:	Province:	Postal code:	
Your current landlord/property management:			
Landlord/property management address:			
Phone number: ()		Date moved in (mm/dd/yyyy):	



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I would also like to add the following household members to this application. **(Attach proof of legal status in Canada for each household member).**

Name (last name, first name)	Date of Birth (mm/dd/yyyy)	Sex		Relationship to Primary Applicant
		M	F	

Is a baby expected? Yes No If yes, date expected (mm/dd/yyyy):

Do you share custody of any of the children being added to this application?
If yes, you must attach a copy of the custody documents.

Yes No

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

If yes, provide the address:

What is the estimated value:

Section 2 – Tenancy Information

Current or Previous Social Housing Information

Have you or anyone listed in 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 Address:

Apt. #:

City:

Province:

Postal Code:

Date moved in (mm/yy):

Date moved out (mm/yy):

Reason for moving out:

Do you or anyone listed in this application owe rental arrears 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.

Previous Addresses – List the addresses where you have lived for the past 3 years

Street address:

Apartment #:

City:

Province:

Postal Code:

Date moved in (mm/yy):

Date moved out (mm/yy):

Landlord name:

Landlord phone number:

Street address:

Apartment #:

City:

Province:

Postal Code:

Date moved in (mm/yy):

Date moved out (mm/yy):

Landlord name:

Landlord phone number:

Street address:

Apartment #:

City:

Province:

Postal Code:

Date moved in (mm/yy):

Date moved out (mm/yy):

Landlord name:

Landlord phone number:

Section 3 – 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 Definition of Income for examples of income).**

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

Section 4 – Asset Information

List all assets owned by you and each person in your household 16 years of age and older. **(Please refer to Definition of Income for example of assets).**

Name of household member <small>(first name, last name)</small>	Asset/Investment type	Value (\$)

Section 5 – Release, Consent and Declaration

Make sure you sign this section

- A. I agree that York Region may collect the personal information on this form for the purpose of:
 - i. determining if I am eligible to receive housing benefits and/or any other community services offered by York Region or any of its partners; and
 - ii. evaluating the quality of community services delivered by York Region and its partners so that the Region can improve them
- B. I agree that, if all laws protecting my personal information are complied with, York Region may share my personal information with any York Region partner for the purpose of determining if I am eligible to receive any community services
- C. I understand that York Region’s partners include not for profit community agencies, the Government of the Province of Ontario and the Government of Canada
- D. I understand that if I have any questions about York Region’s collection 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
- E. 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 *Municipal Act*, the *Housing Services Act*; and the *Ontario Works Act*
- F. I know that the information I have provided on this form will be used by York Region to determine if I am eligible to receive housing benefits and/or any other community services offered by York Region and its partners
- G. I confirm that all of the information on this form is true and that I have not left any important information out
- H. I understand, and agree, that if York Region determines that the information on this form is not true York Region can stop my benefits and services and can make me pay York Region back

All members of the household 16 years of age and older must sign this form:

Name of household member	Signature	Date (mm/dd/yy)

Definition of Income

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

Examples of Income and Assets

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
- Ontario Works (OW)
- Ontario Disability Support Plan (ODSP)
- Military or Militia or Civil Defence Allowance
- Immigration Allowance
- War Veteran’s Allowances
- Training Allowances
- Canada Manpower Retraining Allowance
- Payments from Children’s Aid Society

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 Payments (WSIB)

Assets/Investments

- A licence which gives you income (example: taxi licence)
- Investments (annuities, guaranteed investment certificates (GICs), stocks or shares, bonds, debentures, mortgages, loans, notes or term deposits, etc.)
- Bank Account (including joint bank accounts), Tax Free Saving Accounts (TFSA), mutual funds, GICs, overseas accounts, etc.
- Registered Retirement Savings Income Fund (RRIF)
- Life insurance
- Registered Retirement Savings Plan (RRSP) – indicate if “locked in”
- Registered Education Savings Plan (RESP)
- Property (home, cottage, etc) – in Canada and other countries