AFFORDABLE HOUSING SOLUTIONS CORPORATION

Application

Instructions

1. Please complete **ALL** sections of this form.
2. Read and Sign the Consent form on page 7 and the Declaration on page 8.

INCOMPLETE APPLICATIONS WILL NOT BE PLACED ON THE WAITLIST.

When it is close to time of offer: You will be required to provide Birth Certificate or Status in Canada for all members of household, Income Verification, Financial information, Asset documentation, Proof of Custody for all dependents, and any other information required to verify eligibility.

Completed Applications can be mailed, scanned/emailed or dropped off at:

Affordable Housing Solutions Corporation
403-1670 Bayview Ave.
Toronto, Ontario M4G3C2
Phone: 416-486-5447
Toll Free: 1-800-667-5756

Email: jtozak@affordablehousingsolutions.ca

It is your responsibility to notify our office of any changes of your circumstances within 30 days. If we are unable to contact you, your name will be removed from the waiting list, and your file will be cancelled.

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Application

Primary Applicant

First Name:	Middle Name:	Last Name:

Status in Canada:

☐ Canadian Citizen ☐ Permanent Resident ☐ Sponsored Immigrant ☐ Refugee/ Refugee Claimant ☐ Other: _____

Gender: ☐ Male ☐ Female	Date of Birth (mm/dd/yyyy):	Social Insurance Number:

Street Address:	Apartment Number:

City:	Province:	Postal Code:

Home Phone Number:	Cell Phone Number:

Email Address:

What is your preferred method of contact: ☐ Home Phone ☐ Cell Phone ☐ Email

Can we safely contact you at this address and/or phone number? ☐ Yes ☐ No

If no, where can we contact you: _____

Alternate Contact Information

Did someone assist with this application? ☐ Yes ☐ No

Please provide their information:

Name: _____ Phone Number: _____ Agency or Relationship: _____

Email Address: _____ May we contact them? ☐ Yes ☐ No

Permission to send mail or discuss your application? ☐ Yes ☐ No

Previous Address: _____

Name of Housing Provider: _____

Did you move out owing arrears? ☐ Yes ☐ No

Household Information

Please provide information about all adults who will live with you.

First Name	Last Name	Relationship	Date of Birth	Male/ Female	Social Insurance Number

Do all the people listed currently live with you? ☐ Yes ☐ No

If no, please explain:

Were all the people in your household born in Canada? ☐ Yes ☐ No

If no, please explain: _____



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Present Accommodation

Own ☐	Rent ☐ Rent Amount: $_____ Utility Amount: $_____	Temporary ☐

Current Landlord Information (please leave blank if you own your own home)

Landlord Name:

Landlord Address: | Landlord phone number:

Length of Tenancy: From:_____ To: _____

Income Information

At the time of application, self-declaration of MONTHLY income BEFORE deductions is required.
When an offer of housing is made to you, proof of your gross income and assets will be required.
We will also require a copy of your most recent Notice of Assessment from Canada Revenue Agency at time of offer.

List all income you and the members of your household receive from all sources. This can include, but is not limited to income sources such as:
Employment: Employer Name/Address/Tel

Full-time work ☐
Part-time work ☐
Casual or Seasonal work ☐
Odd jobs ☐
Seasonal/vacation pay ☐
Long term/Short term disability ☐

Yearly bonus ☐
Shift bonus ☐
Cost of living bonus ☐
Sickness pay ☐
Tips or gratuities ☐
Overtime Pay ☐

Commissions ☐
Self-employment: ☐
Tutoring ☐
Child care ☐
Business income ☐

Pensions, Allowances and Other Income:

Ontario Works ☐
ODSP ☐
CPP (all benefits) ☐
OAS/GIS/ GAINS ☐
RIF payments ☐

Employment Insurance ☐
Company pensions ☐
Workers Compensation payments ☐
Alimony payments ☐
Child support payments ☐
Canada Child Benefit ☐

Annuities ☐
One time lump sum payments (inheritances, court settlements) ☐
OSAP/ Grants/Bursaries ☐
Investment Income ☐

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Name of person receiving income	Type of Income/Asset Income (refer to examples above)	Gross monthly income (before deductions)
	Total Monthly Income	$

Requested Move-in Date (mm/dd/yyyy): _____

Unit Size:

What size unit do you want to apply for?

☐ 1 Bedroom ☐ 2 Bedroom

Parking:

Parking required? ☐ Yes ☐ No

If Yes - How many spots? _____

Modified Units:

Do you require a modified unit (e.g. wheelchair accessible unit)?

☐ Yes ☐ No

If yes, you will need to call 905-372-3329 or 1-800-354-7050 ext. 2304 to obtain the Limitations Assessment Form, to be completed by your health care professional.

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BUILDING SELECTION SHEET

Check the box below to be considered for the Affordable Housing Solutions building in Cobourg or Goderich.

☐ **82 Munroe Street - Cobourg**

☐ **86 Munroe Street - Cobourg**

☐ **173 Strang Street – Goderich**

☐ **1687 Hwy #2 - Courtice**

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CORPORATION

RELEASE AND CONSENT

Please read this carefully, and sign in the spaces below.

1. I understand that the **County of Northumberland an/or Affordable Housing Solutions Corp.** as service manager and any Housing Provider listed in my application are permitted under the *Housing Services Act, 2011* (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 that the **County of Northumberland and/or Affordable Housing Solutions Corp.** will use the information I give them to see if I qualify for the housing I have applied for.
3. I allow the **County of Northumberland and/or Affordable Housing Solutions Corp.** 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 *Housing Services Act, 2011,* the *Ontario Works Act, 1997,* the *Ontario Disability Support Program Act, 1997,* or the *Day Nurseries Act.*
4. I allow the **County of Northumberland and/or Affordable Housing Solutions Corp.** 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 the **County of Northumberland and/or Affordable Housing Solutions Corp.** to give the information on this form and any attachments to any government or body with whom the **County of Northumberland and/or Affordable Housing Solutions Corp.** has made an agreement under the *Housing Services Act, 2011*, without further notice to me, for the purpose of conducting research related to a social benefit program.
6. I understand that any information on this form and any attachment given by the **County of Northumberland and/or Affordable Housing Solutions Corp.** to a body listed above is confidential and will only be given in accordance with the *Housing Services Act, 2011* and associated regulations.
7. I consent to the collection of information by, and the release of information to an authorized representative of **Affordable Housing Solutions Corp.** for the purposes of responding to my request for further information and assistance.

If you have any question about the collection and use of personal information, please contact:
Affordable Housing, 403-1670 Bayview Ave., Toronto, ON M4G3C2. 1-800-667-5756

"Personal information contained in this form or in attachments is collected by the County of Northumberland/ or Affordable Housing Solutions Corp. 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* (R.S.O. 1990 c.M.56). This information may be used to determine eligibility for housing.

Please sign here.

X _____ X _____
Applicant Co-Applicant

X _____ X _____
Co-Applicant Co-Applicant

Today's Date: _____

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DECLARATION

Please read this carefully, and sign in the spaces below.

1. I give my word that everything I have written in this application is correct and complete.
2. I understand that all information I give to the **County of Northumberland and/ or Affordable Housing Solutions Corp.** will belong to them and they will give my information to the housing providers I have chosen.
3. If something on this application is incorrect or not true, the **County of Northumberland and/ or Affordable Housing Solutions Corp.** or the housing providers I have applied to may request additional information, may cancel my application or both, and I may be prohibited from re-applying for assistance for a minimum period of four years under the *Housing Services Act, 2011.*
4. I understand that only the people I have listed on this application form may live with me.
5. I understand that the **County of Northumberland and/ or Affordable Housing Solutions Corp.** will use the information I give them to see if I qualify for the housing I have applied for.
6. I give my word that I am in Canada legally.

X _____ Applicant

X _____ Co-Applicant

X _____ Co-Applicant

X _____ Co-Applicant

Today's Date: _____

I authorize 82 Munroe Inc/2512464 Ontario Inc., 173 Strang Court, 1687 Hwy 2 Clarington Gardens to run a credit and background check through Front Lobby? Yes ☐ Please check box.

Questions about this collection should be directed to:

Affordable Housing Solutions Coorporation 403-1670 Bayview Ave.
Toronto, Ontario M4G3C2 Phone: 416-486-5447
Toll Free: 1-800-667-5756

Email: jtozak@affordablehousingsolutions.ca

Proof of **ALL** Income, Assets and Investments, Status in Canada, Custody Documentation, and all other information necessary to verify subsidy eligibility will be required
PRIOR TO OFFER OF HOUSING

This document is available in an alternate format upon request. To request an alternate format, call 416-486-5447.