

D. Present Location of Other Persons:

Do all household members/children live with you? Yes No
 If "No" give address and reason for separation.

E. Previous Tenancy in Subsidized Rental Accommodation in Ontario:

1. Have you or any persons listed on this application lived in subsidized rental accommodation in Ontario?
 Yes No

2. If "Yes" give the name of person subsidized, housing provider and unit address:

Name: Housing Provider: Location/Address:

F. Statement of Gross Monthly Income (before deductions) received by all persons applying to live in the accommodation. (Refer to page 7. for examples of income).

Gross Monthly Income (BEFORE deductions)				
	STATEMENT OF INCOME	Applicant	Co-Applicant	Others on Application
1.	Canada Pension Plan (CPP), Survivor's Benefit	\$		
2.	Canada Pension Plan Disability – (CPP-D)	\$		
3.	Child Support	\$		
4.	Employment Income (salary, overtime, tips, commissions etc.)	\$		
5.	Employment Insurance Benefits (EI)	\$		
6.	Guaranteed Annual Income System (GAINS – Provincial)	\$		
7.	Guaranteed Income Supplement (GIS – Federal)	\$		
8.	Interest Earned on RRSPs and RESPs	\$		
9.	Pensions, Benefits and Annuities – Private	\$		
10.	Pensions – Other Countries	\$		
11.	Old Age Security (OAS)	\$		
12.	Ontario Disability Support Program (ODSP)	\$		
13.	Ontario Works (OW)	\$		
14.	RRIF Payments	\$		
15.	Self-employment Income	\$		
16.	Spousal Support, alimony, separation payments	\$		
17.	Veteran's Affairs Allowance	\$		
18.	Workplace Safety Insurance Board – WSIB/ other Disability Pensions	\$		
19.	Other Income – Specify:	\$		
TOTAL INCOME		\$		

G. Statement of Assets (Owned by all Persons on this Application)

The current asset limit is \$50,000.00. If you have assets above this amount you may not qualify for Rent-Geared-to-Income Housing. (Refer to page 7. for examples of assets).

	STATEMENT OF ASSETS	Applicant	Co-Applicant	Others on Application
1.	Business Assets (e.g. partnership, franchise, self-employed)	\$		
2.	Chequing Accounts (Bank, Trust Co., Credit Union)	\$		
3.	Monies Owed to You or Others Listed on Appl. (over \$500.00)	\$		
4.	Mortgages or Loans OWED to you	\$		
5.	Real Estate – house, cottage, vacant land. Must provide current tax assessment value and mortgage documents	\$		
6.	RRSP, RESPs and Annuities	\$		
7.	Savings Accounts (Bank, Trust Co., Credit Union)	\$		
8.	Stocks, Bonds, GICs, Debentures and other Securities	\$		
9.	Other Assets (Specify)	\$		
TOTAL ASSETS		\$		

H. Additional Requirements (Optional)

1. Check boxes below that apply to you or other persons listed on the application:

- I/we currently live in, or recently moved from, an abusive relationship.
If you check this box, other information will be requested to verify the abuse.

2. **Only** if you checked box above, provide a safe contact address and telephone number for us to contact you.

- Same as on page 1 of this application.
- Different (please provide below).

Address: _____

Phone Number: _____

- I/we have no permanent address (e.g. live in a shelter, on the street, etc.).

Please specify: _____

I. Additional Comments (Optional)

COMMENTS:

For Office Use Only:

Rent-Geared-to-Income Units in the Parry Sound District

Please note that eligibility for units is based on your household size (See Occupancy Standards on pg 8).

J. Housing Need/Unit Size

1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedrooms

1. I/we will **only** accept a ground floor unit or one serviced by an elevator. Yes No
2. Do you require a fully modified wheelchair unit? Yes No
3. Do you require a wheelchair accessible unit? Yes No

K. Please check which geographic locations you prefer (check all that apply)

EAST PARRY SOUND DISTRICT	
Golden Sunshine	
Powassan	
<input type="checkbox"/> Catherine Ave. 9 - 1 bedroom units <i>(Seniors 65+ only)</i>	
<i>Please contact 705-724-3655 to inquire about Market Rent Units</i>	
Parry Sound District Housing Corporation	
Callander	
<input type="checkbox"/> Main St. North 23 - 1 bedroom units	
South River	
<input type="checkbox"/> Roselawn Blvd. 12 - 1 bedroom units	<input type="checkbox"/> Dublin St. 8 - 3 bedroom units
<input type="checkbox"/> Broadway Ave. 4 - 4 bedroom units	
Sundridge	
<input type="checkbox"/> Main St. 15 - 1 bedroom units	
Burk's Falls	
<input type="checkbox"/> Yonge St. 23 - 1 bedroom units	<input type="checkbox"/> Main St. 2 - 3 bedroom units <i>(wheelchair modified)</i>
<input type="checkbox"/> Queen St. 4 - 3 bedroom units	<input type="checkbox"/> Dimsdale St. 3 - 3 bedroom units 2 - 4 bedroom units
Magnetawan	
<input type="checkbox"/> Queen St. 12 - 1 bedroom units	

WEST PARRY SOUND DISTRICT	
Parry Sound District Housing Corporation	Parry Sound Non-Profit Housing
<input type="checkbox"/> Belvedere Ave 50 -1 bedroom units <i>(Seniors 65+ only)</i>	<input type="checkbox"/> Bowes St. 33 - 1 bedroom units <i>(Seniors 65+ only)</i>
<input type="checkbox"/> Church St. 20 - 1 bedroom units	<input type="checkbox"/> Parry Sound Rd. 1 - 1 bedroom unit <i>(wheelchair modified)</i>
<input type="checkbox"/> Addie St. 6 - 2 bedroom units	6 - 2 bedroom units 11 - 3 bedroom units
<input type="checkbox"/> William St. 8 - 3 bedroom units	<i>Please contact 705-746-6042 to inquire about Market Rent Units (Bowes St. & Parry Sound Rd.)</i>
<input type="checkbox"/> Mapleview Dr. 12 - 3 bedroom units 4 - 4 bedroom units	<input type="checkbox"/> Railway Ave. 12 - 2 bedroom units 8 - 3 bedroom units
	<input type="checkbox"/> MacFarlane St. 2 - 2 bedroom units 2 - 3 bedroom units

Collection, Use, and Disclosure of Personal Information

Please have all household members 16 years of age or older read this declaration

What is Personal Information?

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information, in any form, such as:

- Age, name, ID number, income, assets household composition, residency status, rent payment records, etc.
- Opinions, evaluations, comments, social status, or disciplinary actions.
- Employee files, credit records, loan records, medical records, existence of a dispute between a landlord and tenant, intentions (for example: to acquire goods or services, or change jobs).

Collection and Use of your Personal Information

The District of Parry Sound Social Services Administration Board (PSDSSAB) will collect, retain, use and may disclose the personal information provided by you in this form and its attachments for the following purposes:

- Considering your application for tenancy.
- Verifying the information that you have provided in your application for tenancy and its attachments.
- Receive reimbursement from Municipal, Provincial and Federal agencies for costs associated with subsidized housing
- Plan, administer, and manage our operations.
- Comply with legal and regulatory requirements.
- For use of the auditor to verify compliance.
- For the purpose of contacting the necessary services or your next of kin in case of an emergency.
- Fulfill other purposes permitted or required by law.

Disclosure of Your Personal Information

The PSDSSAB will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- To any agency providing any form of assistance to you, or other government subsidy under the Ontario Works Act, 1997, the *Ontario Disability Support Program Act, 1997* or the *Child Care and Early Years Act, 2014*, or any other government department responsible for social housing programs under the *Housing Services Act, 2011*.
- To the Government of Canada, a department, ministry or agency of it, without further notice to you in the information is necessary to the purpose of administering or enforcing the Income Tax Act (Canada), Canada Pension Plan Act, Old Age Security Act or Immigration and Refugee Protection Act.
- To any agent on behalf of the PSDSSAB for the purpose of complying with the Housing Services Act, 2011.
- To credit bureaus and other businesses that provide credit or rental history information about you.

HOUSING & COMMUNITY SERVICES

CONSENT AND DECLARATION

I /We, the undersigned, allow the following consents and declarations knowing they will be relied upon by the District of Parry Sound Social Services Administration Board (PSDSSAB), Housing & Community Services department, to assess my/our initial qualification and continued eligibility for a Rent-Geared-to-Income (RGI) subsidy and to establish my/our monthly rental amount.

- I. I have read over the "Collection, Use and Disclosure of Personal Information", on page 5 and fully understand them.
- II. I have read the "Definitions of Income and Assets Schedule" on page 7 and fully understand them.
- III. I have read the Occupancy Standards on page 8 and fully understand them.
- IV. The information I put on this form as applicants and the gross household income is accurate and complete. No household assets or income have been concealed or omitted from this form.
- V. I authorize the PSDSSAB to make any inquiries that it deems necessary to verify information given on this form. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to the PSDSSAB.
- VI. I am responsible to provide any supporting documents required to complete this application. This form and all supporting documents provided become the property of the PSDSSAB.
- VII. I understand that failure to supply the PSDSSAB with accurate and complete information on this form may jeopardize my eligibility for rent subsidy.
- VIII. I authorize and agree that the PSDSSAB may collect, use, and disclose the personal information that I have provided on this form. I understand and acknowledge that the PSDSSAB will also collect, use and disclose my personal information required or permitted by law.
- IX. Signatures of all household members that are 16 years of age and older are included below.*

***Signatures are required from all members of the household who are 18 years of age and older (as well as applicants 16 and 17 years old, if not enrolled in school):**

1. _____ PRINT Applicant Name	_____ Applicant Signature	_____ Date
2. _____ PRINT Applicant Name	_____ Applicant Signature	_____ Date
3. _____ PRINT Applicant Name	_____ Applicant Signature	_____ Date

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)
(Housing Services Act, 2011)

Personal Information discussed or exchanged under the use of this Consent by the District of Parry Sound Social Services Administration Board (DSSAB) will be used for purpose of determining and verifying initial and ongoing eligibility for DSSAB Programs. Questions or concerns about the collection, use or disclosure of personal information should be directed to the Human Resource Manager at the District of Parry Sound Social Services Administration Board, 1 Beechwood Dr., Parry Sound, ON, P2A 1J2 or by telephone at 705-746-7777.

Definitions of Income and Assets Schedule

1) **“Income”** means all income, benefits and gains, of every kind and from every source.

Examples of Possible Sources of Income			
Employment			
<ul style="list-style-type: none"> • Full-time • Part-time • Irregular • Casual 	<ul style="list-style-type: none"> • Seasonal • Odd Jobs • Bonuses • Overtime Earnings 	<ul style="list-style-type: none"> • Commissions • Tips and Gratuities • Separation/Vacation Pay 	<ul style="list-style-type: none"> • Disability Pay • Sick Pay • Long-term Income Protection Payments
Self-Employment			
<ul style="list-style-type: none"> • Full-time • Part-time • Odd Jobs for cash or cheque 	<ul style="list-style-type: none"> • Tutoring • Music Teacher • Child Care • Babysitting 	<ul style="list-style-type: none"> • Taxi • Business 	
Pensions & Allowances			
<ul style="list-style-type: none"> • Old Age Security (OAS) • Guaranteed Income Supplement (GIS) • Guaranteed Annual Income Supplement (GAINS) • Canada Pension Plan (CPP) • Quebec Pension Plan 	<ul style="list-style-type: none"> • Social Security (other countries) • Company Pension • Private Pension • Public Service Pension • Disability Pension 	<ul style="list-style-type: none"> • Widow’s Pension • War Veteran’s Allowance • Military or Militia or Civil Defence Allowance • Civilian War Pension 	
Other Sources			
<ul style="list-style-type: none"> • Ontario Work Assistance(OW) • Ontario Disability Support Program (ODSP) • Worker Safety Insurance Board (WSIB) • Employment Insurance (EI) • Child Support • Spousal Support • Ontario Secondary School Assistance Program (OSAP) 	<ul style="list-style-type: none"> • Official Guardian or Public Trustee Payments • Children’s Aid Society • Rent Income • Lump Sum Payments (Inheritance, Court Settlements, Compensation) 	<ul style="list-style-type: none"> • Support from Relatives of Other Sources • Sponsorship under Immigration Act • Any Source of Income <u>Not Listed</u> 	

2) **“Assets”** are items of ownership convertible into cash.

Examples of Possible Assets	
<p>Income Producing Assets</p> <ul style="list-style-type: none"> • Bank Accounts (Including; bank, trust company, credit union) • Interest from Registered Retirement Funds • Guaranteed Investment Certificates (GICs) • Mutual Funds • Stocks, Bonds, Debentures, Shares • Rented or Leased Real Estate (residential, commercial, farmland, cottage, mobile home) • Farm Property which Produces Income • Mortgage Investment • Private Lending • Business Interest • Any Asset <u>Not Listed Under Above Heading</u> 	<p>Non-Income Producing Assets</p> <ul style="list-style-type: none"> • Real Estate (residential, commercial, condominium, cottage, farmland, vacant land) • Life Insurance (with cash surrender value) • Registered Retirement Saving Plan (LIFs and RIFs) • Business Investment • Art, Antiques, Jewellery, Tools, Other Valuables • Any Asset <u>Not Listed Under the Above Heading</u>

3) **“Gross Household Income”** means all income before deductions of:

- a) The Applicant and every person residing in the current premises;
- b) Every household member temporarily residing elsewhere.

4) **“Spouse”** means two people whom:

- a) Are married to one another or who represent that they are married to one another or;
- b) Cohabitate in a relationship of permanence or represent that they intend to do so.

Parry Sound District Social Services Administration Board
Housing & Community Services

OCCUPANCY STANDARDS

The Service Manager's local rule for occupancy standards is to continue to use the former Provincial Occupancy Standards, which are as follows:

The **largest unit** a household is eligible for is a unit that has:

- One bedroom for any two members of the household who are spouses of each other.
- One bedroom for each additional member of the household.
- Additional bedroom(s) due to medical conditions, disability, to accommodate a child in joint custody, or under visiting rights requirements. You will be required to provide documentation to support such a request.

You may request an additional bedroom(s) under local occupancy standards in the following specific cases:

1. If one of the spouses or same-sex partners requires a separate room because of a disability or medical condition. (Note: This will not normally include snoring and sleep apnea, frequent night-time waking or insomnia, or temporary medical conditions that make sharing a bedroom inconvenient).
2. If the bedroom is needed to store equipment required because of a member's disability or medical condition.
3. If the bedroom is required to accommodate an individual who is not a member of the household and who provides a member of the household with support services that are required because of the member's disability or medical condition.
4. An additional bedroom if a member of the household is pregnant.
5. An additional bedroom under the following specific circumstances:
 - a) If a member has joint custody over a child who is not a member of the household, and
 - b) The member is required to provide accommodation for the child, and
 - c) The bedroom is required to accommodate the child.
6. An additional bedroom under the following specific circumstances:
 - a) If a member has visiting rights with respect to a child who is not a member of the household, and
 - b) It is a condition of the visiting rights that the member provide adequate accommodation for the child when the child stays overnight with the member, and
 - c) The child will stay overnight with the member frequently, and
 - d) The bedroom is required to accommodate the child.
7. To accommodate a foster child.
8. An additional bedroom if the Service Manager is satisfied that extenuating circumstances exist.

The **smallest unit** a household is eligible for is a unit that has:

- One bedroom for every two members.
- An additional bedroom if there is an odd number of members of the household.
- If the household consists of one individual or two individuals who are spouses or same-sex partners, the smallest unit the household is eligible for is a bachelor unit. (Note: Parry Sound's social housing portfolio does not have any bachelor units. The smallest unit is a one-bedroom).

Individuals living away from the household:

In determining the appropriate size unit for RGI households, a child of a member of the household is considered a member of the household if the child:

- a) Is in attendance at a recognized educational institution and, while in attendance, does not live with the household;
 - b) Lives with the household while not attending that educational institution; and
 - c) Is dependent, in whole or in part, on the household for financial support.
- Permanent wards of the Children's Aid Society (CAS) or the Crown are not considered part of the household.
 - A child who normally lives with the household but is in the temporary care of the CAS continues to be part of the household for the purposes of determining occupancy standards, provided the length of stay with CAS is short-term and there is a plan for the child's return to the household.
 - Occupancy standards are applied at the time of your initial application for RGI assistance, during periodic reviews of the occupancy of RGI tenants, or upon a request for additional bedroom(s).
 - Eligibility for additional bedroom(s) will be determined only if the household requests and provides supporting documents.
 - A request for an additional bedroom(s) may be made in the initial RGI application or it can be made after being housed in an RGI unit.

INTER-DEPARTMENTAL CONSENT FORM

I/We _____
 Applicant/Recipient Date of Birth _____

 Co-applicant Date of Birth _____

 Dependant Adult Date of Birth _____

Consent to the collection of information by, and the release of information to, an authorized representative of the following programs of the District of Parry Sound Social Services Administration Board for the purpose of assessing all individuals and families in receiving supports and services from:

- Ontario Works Program,
- Children’s Services Programs
- Housing Programs and Community Services

For the purpose of determining and verifying initial and ongoing eligibility for assistance under the Ontario Works Act, the Housing Services Act, Residential Tenancies Act, Day Nurseries Act and the MCSS Act: to share, disclose and retain the following information among themselves where applicable.

- I/we consent to the collection and disclosure of personal information about me/us, and any of my/our dependent children or children temporarily in my/our care.
- Without limiting the generality of the above noted consent, I/we specifically consent to the release of information related to my/our financial situation, including but not limited to: bank accounts, safety deposit, assets of any nature of any of the above noted parties and any relevant information from any financial institution.

I wish to communicate with staff at District Social Services electronically. I have read and understand that there are risks associated with e-mail use and that protection of private information cannot be assured. I accept the risk of loss of private information resulting from the use of e-mail.

E-Mail Address: _____

Signed in the _____ of _____
 Town/Village or Township Name of Town/Village/Township

Dated this _____ day of _____, 20____
 Day Month Year

 Signature (Applicant/Recipient) Signature (Co-applicant)

 Signature of Dependant Adult Signature of Witness

**Notice with Respect to the Collection of Personal Information
 (Municipal Freedom of Information and Protection of Privacy Act)
 (Personal Information Protection and Electronics Documents Act)**

Personal information discussed or exchanged under the use of this Consent by the District of Parry Sound Social Services Administration Board (DSSAB) will be used for the purpose of determining and verifying initial and ongoing eligibility for DSSAB Programs. Questions or concerns about the collection, use or disclosure of personal information should be directed to the Human Resources Manager at the District of Parry Sound Social Services Administration Board, 1 Beechwood Dr., Parry Sound, Ontario, P2A 1J2 or by telephone at 705 746-7777, Extension #254