

## Application for Subsidized Housing in Toronto

<b>Applicant Responsibility:</b>				<b>Office Use Only:</b>			
1. Keep in touch with Housing Connections at least once a year 2. Keep your file up to date				<b>Household Application Number:</b>			
<b>Section 1 – Main Applicant Information</b>							
Last name:			First name:				
Are you homeless or living in a temporary shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a mailing address and/or a phone number below. If no, please complete the following address information in full.							
Apartment number:	Street address:		City:	Province:		Postal Code:	
Home phone number:		Work phone number:		Cell phone number:		Email: <i>(if applicable)</i>	
Do you currently live in subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Mailing Address: <i>(if different from above)</i>							
<b>Section 2A – Secondary Contact Information</b>							
Contact Last Name:		Contact First Name:			Relationship of Contact:		
Apartment number:	Street address:		City:	Province:		Postal Code:	
Daytime phone number:		Contact Email Address: <i>(if applicable)</i>			Permission to send mail to this contact or discuss your information: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Section 2B – Agency Contact Information</b>							
Agency name:		Worker's name			Permission to send mail to this contact or discuss your information: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:		Province:	Postal Code:		Telephone number:	
Is this agency helping you with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No							

### Section 3A – Household Information

List name of each person who will be living with you. <b>Only the people you list as members of this household can live with you in subsidized housing.</b> You must attach proof of status in Canada for each member of your household.		Relationship to you	Sex		Date of birth			Status in Canada				Income/Assets			
			Male	Female	Month	Day	Year	Canadian Citizen	Landed Immigrant	Refugee or Refugee Claimant	Applied for Permanent Residence	Gross Monthly Income		Assets (Estimated Value)	
					MM	DD	YYYY					Source Code	Amount	Source Code	Amount
Last name	First name														
		Self										\$		\$	
												\$		\$	
												\$		\$	
												\$		\$	
												\$		\$	
												\$		\$	

What is your first language or mother tongue? Do you understand English?  Yes  No

Is any member of your household pregnant?  Yes  No If yes, what is the baby's due date?

Do you have any children in the custody of Children's Aid Society because you do not have suitable housing?  Yes  No  
If yes, attach a letter from a Children's Aid Society.

Are you living with someone who threatens your safety or the safety of anyone else listed on this application?  Yes  No  
*(We will require written evidence. If you require more information please contact our office.)*

If yes, please provide a **SAFE** mailing address:

Have you or anyone in your household been convicted of an offence related to rent-geared-to-income within the last two years?  Yes  No

Do you or anyone who plans to live with you, owe money to any social housing provider in Ontario?  Yes  No  
**Note: Your application may be cancelled if you fail to declare money owed to any social housing provider in Ontario. If you answered yes, complete section 3B.**

**Section 3B – Details of Arrears (Details of money owed to a social housing provider)**

Name of persons owing money:

Name/address of housing provider:

How much is owing? \$

Has a repayment schedule been set up?

 Yes No

If yes, what is the final repayment date?

Note: We will not accept your application if you do not attach a copy of the repayment schedule, signed by the housing provider.

**Section 4 – Special Needs**

Do you need a wheelchair-accessible building?

 Yes No

For which household member? (name)

Do you need a wheelchair-modified unit?

 Yes No

For which household member? (name)

Do you, or anyone who plans to live with you, need support services in order to live independently?

 Yes No

If yes, name of family member requiring services i.e. Supportive Housing:

Do you/they have support services set up?

 Yes No

What type of service (Supportive Housing) do you/they require?

**Section 5 – Housing Needs**

Are you willing to live on any floor in a high-rise building?

 Yes No

If no: What is the highest floor you are willing to accept? \_\_\_\_\_

What is the lowest floor you are willing to accept? \_\_\_\_\_

'Walk-up buildings' are buildings with four floors or less and no elevator. Would you be willing to live in a walk-up building?

 Yes No**Section 6 – Bedrooms Required**

How many bedrooms do you need?

 Room Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 or more Bedrooms**Section 6B – Sharing Bedrooms (For households with children)**

For single parents who have a child of the same sex: Do you want to share a bedroom with your child?

 Yes No

For parents who have both boys and girls: Are you willing to have a brother and a sister share a bedroom?

 Yes No

If Yes to either question, you must sign here to provide your written authorization:

\_\_\_\_\_

*Applicant signature*

## Section 6C – Housing Choices

Tell us where you would like to live. Make your choice using either Option 1 or Option 2. If you do not choose either of these options, Housing Connections will automatically place your household on the waiting list for housing developments in the zone you currently reside in. Interactive *Housing Listings* are available at [www.housingconnections.ca](http://www.housingconnections.ca)

### Option 1:

Toronto is divided into 15 zones, **please see map on page 5 of the *Information Package***. Select the zones where you would like to live by checking the circles below. You may select as many zones as you want.



### Option 2:

If you know the specific communities you want, please list below. If you want to add more, please attach a separate sheet. Check our website at [www.housingconnections.ca](http://www.housingconnections.ca)

Map number	Building/development	Address

Sometimes, Housing Connections hears about a housing provider who is not on your list but might meet your needs. If this happens, would you like us to give them your name?  Yes  No

## Section 7 – Collection, Use and Disclosure of Personal Information

We cannot process your application unless you accept the following terms and sign below where indicated.

The personal information provided within this application is collected by Access Housing Connections Inc. (Housing Connections) under the authority of the *Housing Services Act, 2011*, c.6. (HSA) and is collected for administering a centralized application and waiting list, and other social housing programs under the HSA and prescribed by Regulation, and for any residential tenancy or occupancy I/we may eventually have with a housing provider or landlord. Questions about this collection may be made to Access Housing Connections Inc.

I/we understand that:

- This information is collected to permit Housing Connections (and its respective employees, agents and or contractors) to determine initial eligibility for housing accommodation, rent-geared-to-income assistance, household composition, occupancy, and other matters relating to social housing programs I/we are applying for.
- This information will also be used for the continuing review and monitoring, and updating of my/our application and eligibility for housing accommodation and rent-geared-to income assistance, and for other related purposes.
- A file containing personal information relating to my/our application, housing or tenancy and other personal information will be created by Housing Connections, and that this information will be shared with housing providers.
- I/we may have access to my/our personal information. To consult my/our file, I/we may do so by sending a written request to Housing Connections.
- Housing Connections may disclose the information to verify it and the contents of my/our application. In order to do so, I/we understand that Housing Connections may be required to disclose or share this information with other members of my/our household, other persons or agencies.

### Consent to Disclose/Share Information

I/we consent to Housing Connections obtaining, disclosing or exchanging my/our personal or other information (including information contained in my/our application file, tenancy file or other files) at any time, from, to, or with relevant provincial ministries, the City of Toronto, other Service Managers under the HSA, housing providers, lead agencies, administrators appointed by the Service Manager, and or organizations providing service to any of them, and any person or officer investigating or enforcing the law, under the HSA, Ontario Disability Support Plan Act, Ontario Works Act, or the Day Nurseries Act, landlords, co-applicants, reference persons listed in our application, my/our employer(s), any agencies providing social assistance or services to me/us.

Housing Connections will use the information provided to determine, verify and monitor:

- Application for housing
- Eligibility for housing
- Rent-geared-to-income assistance
- Other housing programs under the HSA
- Collection of other monies owing as a result of any previous tenancy
- Third-party verification of information supplied
- Special needs or alternative housing
- Other consistent purposes not prohibited by law

Date: \_\_\_\_\_  
(mm/dd/yyyy)

X \_\_\_\_\_  
Applicant's signature

X \_\_\_\_\_  
Spouse's/co-applicant's signature

X \_\_\_\_\_  
Household member 16 years of age or older

X \_\_\_\_\_  
Household member 16 years of age or older

X \_\_\_\_\_  
Household member 16 years of age or older

## Section 7B – Declaration

We cannot process your application unless you accept the following terms and sign below where indicated.

I/we give our word that everything in this application is correct and complete. If something is incorrect or not true, I/we understand that Housing Connections may cancel our application.

I/we declare that the following is true:

- There are no enforceable deportation, departure or exclusion orders against any member of this household.
- No member of this household has, within the last two years, been found guilty in a court of law or at the Ontario Rent Tribunal of:
  - an offence related to rent-geared-to-income assistance
  - misrepresenting their income in order to receive rent-geared-to-income assistance

I/we understand that only the people I/we have identified as members of this household may live with me/us in subsidized housing. While I/we am/are on the waiting list, I/we must tell Housing Connections about any changes to my/our housing needs.

I/we understand that, to remain eligible to stay on the waiting list for rent-geared-to-income housing, all members of my/our household must:

- Make arrangements to pay back any money owed to any subsidized housing provider in Ontario.
- Pursue income from all sources, including Ontario Works, support payments, Employment Insurance or any pension or support payments required under a sponsorship agreement.

Tell Housing Connections right away about any change to my/our contact information or housing requirements.

Date: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
*(mm/dd/yyyy)* *Applicant's signature* *Spouse's/co-applicant's signature*

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
*Household member 16 years of age or older* *Household member 16 years of age or older* *Household member 16 years of age or older*

Use this checklist to make sure that you have attached all of the required documents. If any documents are missing, we may need to send your application back to you without placing you on the waiting list.

- Status in Canada:** You must attach photocopies of related documentation for each member of your household.
- Money owing:** If anyone in your household owes money to an Ontario housing provider, attach a copy of the agreement to repay, signed by the housing provider.
- Children's Aid:** If any of your children are in the custody of Children's Aid Society because you do not have suitable housing, attach proof in the form of a letter from Children's Aid Society.
- Custody agreements:** If you have asked for an additional bedroom because a member of your household has a legal custody agreement or visiting rights involving overnight stays, you must attach a copy of the agreement.
- Proof of disability:** If you have asked for an additional bedroom because of a disability in your household, you must attach a detailed explanation. (Additional medical verification may be required later)