

APPLICATION FOR RENT-GEARED-TO-INCOME ASSISTANCE CITY OF GREATER SUDBURY

Any change in the information provided in this application must be reported in writing to the City of Greater Sudbury Housing Registry within 30 calendar days of the change occurring (i.e. change of address, phone number, family size, type or amount of income). Failure to report changes may result in the cancellation of your application and removal from the waiting list.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please read the following information carefully before filling out your application.

Prior to completing the application, it is recommended that you review the rent-geared-to-income assistance program

ELIGIBILITY REQUIREMENTS.

Tips on filling out your application:

- Please print and fill out all sections of the application form. If your application is incomplete, your name will not be placed on the centralized wait list. You will be given a sheet at the counter or contacted by mail to inform you of the missing documentation. You will have 30 business days to submit the requested information.
- You may be requested to provide documents to verify any information you have included in your application.
- Read the "Release and Consent" and "Declaration".
- All household members 16 years of age or older must sign the application form.
- Return the completed form to the City of Greater Sudbury Housing Registry, 199 Larch Street, Suite 603 in person or mail to P.O. Box 5000, Stn A, Sudbury ON P3A 5P3. Should you have any questions, contact the Housing Registry at 705-674-4455 ext. 4678.
- **Include copies of Canadian citizenship (birth certificate, Record of landing, etc..) and verification of income for all sources of income listed on the application.**
- **KEEP YOUR APPLICATION CURRENT: You must contact the City of Greater Sudbury Housing Registry within THIRTY (30) CALENDAR DAYS if any of the information you provide in this application changes.**

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act, 2011*, Sections 169, 170, 171, 172, 173, 174, 175 and 176 and the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56)*.

This information may be used to determine suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant.

All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities. All applicants are required to provide supporting documentation.

You will be required to provide documentation clearly indicating your legal right to be in Canada. This may include, but is not limited to, a copy of your birth certificate, immigration papers, or documents supporting your application for refugee status.

Many housing providers have units designated as modified for the physically disabled. If you are interested in these types of units, please indicate this on the form.

Special Priority Application

Abusive Relationship - A member of the household whose personal safety or that of their family is at risk because of abuse may be entitled to "Special Priority Status". If you believe this is the case for your situation, you must complete the Declaration of Abuse and the Confirmation of Abuse forms.

Primary Applicant

*Indicates that the information is required to process your application

Mr. ___ Mrs. ___ Ms. ___	Last Name *		First Name* and Middle Name		
Gender Male ___ Female ___ Other _____	Date of Birth* (yyyy/mm/dd)	Social Insurance Number		Maiden name (if applicable)	
Status in Canada*					
Canadian Citizen ___ Landed immigrant ___ Refugee or Refugee claimant ___ Applied for permanent residence ___ Other (specify) * _____					
Marital Status					
Single ___ Married ___ Common law ___ Divorced ___ Widowed ___ Other _____					
What is your preferred language?			English		French
Mailing Address					
Apartment Number		Mailing Address (street number, street name, street direction)			
City			Province		Postal Code
Current Address if Different from Above					
Apartment Number		Current Address (street number, street name, street direction)			
City			Province		Postal Code
Is this a subsidized unit?	Yes	No	Is this unit in arrears	Yes	No
Contact Information					
Home Phone ()		Cell Phone ()		Work Phone ()	
Email:			Indicate your preferred method of contact: Email ___ Phone ___		
Notes – Are there any special notes about contacting you?					
Alternate contact name to leave a message			Alternate daytime phone number ()		Alternates Relationship to Applicant
Alternate contact email address:					
Do you give permission to discuss your application with your alternate contact? *			Yes		No

Other Information - Current Living Situation

What is your current living situation? Please select one.					
Co-own	Own	Rent	Staying with a friend or relative	Temporary	Homeless/hostel, hotel (explain living situation)*

Current Residence

Please provide information regarding your current landlord					
Landlord's full name				Landlord's telephone number ()	
Landlord's apartment number		Landlord's street address (street number, street name, street direction)			
Landlord's city		Landlord's province		Landlord's postal code	
Date you moved into your current residence (yyyy/mm/dd)	Move out date (yyyy/mm/dd) and reason	How much rent do you pay?		How much do you pay for utilities?	

Previous Tenancy in Social Housing Accommodations in Ontario

Have you previously resided in social housing in Ontario such as a non-profit, co-operative, housing corporation, rent supplement unit, federal projects or Aboriginal housing?				Yes	No
If Yes specify:					
Applicant Name (Last & First Name)		Name of other household member 16+ (Last & First Name)			
Occupancy date from (yyyy/mm/dd)		Occupancy date to (yyyy/mm/dd)			
Name of Social Housing Provider		Social housing provider's telephone number ()			
Housing Provider's street address (street number, street name, street direction, unit number)					
Housing Provider's city		Housing Provider's province		Housing Provider's postal code	
Are there arrears/rent owing on this residence?				Yes	No

Previous Address(es)

Please list all the addresses where you have lived for the past 5 years (prior to your current)

Name *: _____

Apartment number	Street address (street number, street name, street direction)	Date moved IN (yyyy/mm/dd)	
City	Province	Postal code	Date moved OUT (yyyy/mm/dd)
Landlord's full name			Landlord's telephone number ()
Landlord's apartment number	Landlord's street address (street number, street name, street direction)		
Landlord's city	Landlord's province	Landlord's postal code	

Name *: _____

Apartment number	Street address (street number, street name, street direction)	Date moved IN (yyyy/mm/dd)	
City	Province	Postal code	Date moved OUT (yyyy/mm/dd)
Landlord's full name			Landlord's telephone number ()
Landlord's apartment number	Landlord's street address (street number, street name, street direction)		
Landlord's city	Landlord's province	Landlord's postal code	

Name *: _____

Apartment number	Street address (street number, street name, street direction)	Date moved IN (yyyy/mm/dd)	
City	Province	Postal code	Date moved OUT (yyyy/mm/dd)
Landlord's full name			Landlord's telephone number ()
Landlord's apartment number	Landlord's street address (street number, street name, street direction)		
Landlord's city	Landlord's province	Landlord's postal code	

All Household Members / Co-Applicant(s) / Dependent (s) Details

List the name of all persons, who will be living in the rent-geared-to-income unit. Only the persons listed as members of this household can live in the subsidized unit. If additional names are required, please provide the information on a separate sheet.

Relationship to primary applicant includes – child, friend, grandchild, grandparent, parent, spouse, sibling, other relative, other

Last Name	First Name	Relationship to Primary Applicant	Gender	Date of Birth (yyyy/mm/dd)	Social Insurance Number
Status in Canada* Canadian Citizen__ Landed immigrant __ Refugee or Refugee claimant __ Applied for permanent residence__ Other (specify)					
Marital Status Single__ Married__ Common law__ Divorced __ Widowed__ Other __			What is your preferred language? English __ French __		
Last Name	First Name	Relationship to Primary Applicant	Gender	Date of Birth (yyyy/mm/dd)	Social Insurance Number
Status in Canada* Canadian Citizen__ Landed immigrant __ Refugee or Refugee claimant __ Applied for permanent residence__ Other (specify)					
Marital Status Single__ Married__ Common law__ Divorced __ Widowed__ Other __			What is your preferred language? English __ French __		
Last Name	First Name	Relationship to Primary Applicant	Gender	Date of Birth (yyyy/mm/dd)	Social Insurance Number
Status in Canada* Canadian Citizen__ Landed immigrant __ Refugee or Refugee claimant __ Applied for permanent residence__ Other (specify)					
Marital Status Single__ Married__ Common law__ Divorced __ Widowed__ Other __			What is your preferred language? English __ French __		
Last Name	First Name	Relationship to Primary Applicant	Gender	Date of Birth (yyyy/mm/dd)	Social Insurance Number
Status in Canada* Canadian Citizen__ Landed immigrant __ Refugee or Refugee claimant __ Applied for permanent residence__ Other (specify)					
Marital Status Single__ Married__ Common law__ Divorced __ Widowed__ Other __			What is your preferred language? English __ French __		

Co-Applicant Details if Different than Applicant

Current Address					
Apartment Number		Current Address (street number, street name, street direction)			
City			Province		Postal Code
Is this a subsidized unit?	Yes	No	Is this unit in arrears	Yes	No
Contact Information					
Home Phone ()		Cell Phone ()		Work Phone ()	
Email:			Indicate your preferred method of contact: Email ____ Phone ____		
Notes – Are there any special notes about contacting you?					
Alternate contact name to leave a message			Alternate daytime phone number ()		Alternates Relationship to Applicant
Alternate contact email address:					
Do you give permission to discuss your application with your alternate contact? *			Yes		No

Housing Requirements

Please indicate if any of the following apply to you or the household members listed on the application.

Application for Special Priority – Victims of Domestic Violence and Human Trafficking

I/We currently live in or have moved from an unsafe or abusive relationship.

Please select one of the following statements that best reflects your situation:

I am applying for Special Priority status because I am currently living with a person who is abusing me or a member of the household and I intend to separate permanently.

Yes ___ No ___

I am applying for Special Priority status because I am a survivor of human trafficking.

Yes ___ No ___

I am applying for Special Priority status because I previously lived with the abuser, have lived apart from the abuser for less than three months and I intend to separate permanently.

Yes ___ No ___

You will need to complete a Request for Special Priority Status for Abuse form and provide documentation verifying you resided with the abusive individual in the past three (3) months

A Confirmation of Abuse form will be required with a letter of support verifying the abuse.

Application for Urgent Status

If you have selected homeless/hostel, hotel as your current living situation, please complete the following section.

I/We have no permanent address because of one or more of the following reasons:

Reason	Check all that apply
I reside in a hostel/shelter, on the street	
My home has been destroyed by fire or natural disaster	
My home has been condemned by the municipality and I have an Order of the Court or the Landlord and Tenant Board to vacate	
I currently reside in an institution (e.g. hospital, long term care facility) and I cannot be released until suitable housing is found	
My child/children are at risk of apprehension or will not be returned by a child protection agency due to not having adequate housing	

Explain your current living arrangement:

Please indicate the name of the applicant(s) requesting Urgent Status:

You will need to complete a Request for Urgent Status Form explaining your situation

A Confirmation of Urgent Status form will be required with documentation verifying your situation

Support Services

Are you currently in receipt of support services? Yes ___ No ___ If "Yes", from what Agency: _____

If you require support services in order to reside independently, the applicant(s) is responsible to ensure that these support services are in place prior to moving into the unit. Confirmation will be required from support service agencies prior to being housed.

Modified Unit

I/We require a wheelchair accessible/modified unit for any of the following reasons:

Reason	Check all that apply
Wheelchair accessibility	
Visual/hearing devices	
Roll in shower	
Elevator access	
Grab bars	
Accessible parking	
Second bedroom to store substantial medical equipment or for an overnight attendant	
Other (Please Specify)	

An Attending Physician's Report for Additional Bedroom Form is required to verify this statement.

Housing Preferences

I/we am applying for the following: Senior Only ___ Non Senior ___ No Preference ___

I/we wish to apply for the following size of unit

Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
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Type of preferred accommodation: Any ___ Townhome ___ Apartment ___	
Can you climb stairs: Yes ___ No ___	Parking required: Yes ___ No ___ Handicapped ___
Is a baby expected? No ___ Yes ___ If yes, provide verification and date expected *	
Do you share custody of the children listed in this application? Yes ___ No ___ If yes, please provide custody documents.	
Did you apply for housing within one year of entering Canada Yes ___ No ___ If yes when did you enter Canada (yyyy/mm/dd)*	Is the applicant or co-applicant 16 years old? Yes ___ No ___
Do all household members reside in present accommodation? Yes ___ No ___ If no, explain.	

Income

List all money you and all persons who will be living with you receive from all sources. Supporting documentation must be provided to confirm eligibility for rent-geared-to-income assistance. Information will be updated at least once a year. See **Appendix A - Source of Income and Income Producing Asset**

If additional space is required for income earners, please provide the information on a separate sheet.

Source of Income	Gross Monthly Income (Before Deductions) for each household member 16 years of age or older		
	Applicant	Co-Applicant	Co-Applicant
Old Age Security (OAS)			
Canada Pension Plan (CPP)/CPP Disability			
Provincial Guaranteed Annual Income System (GAINS)			
Pensions from other Countries			
Workplace Safety and Insurance Board Pension			
Other Disabilities Pension – Specify:			
Private Pension – Specify:			
Employment Income Full or Part-Time Employer Name:			
Employment Income – Self-Employment. Provide business name and address:			
Ontario Works/ Ontario Disability Support Program			
Alimony/Support			
Employment Insurance Benefits (EI)			
Band Allowance			
OSAP / Study Grants / Training Allowance			
Other – Specify:			
TOTAL GROSS MONTHLY INCOME \$:			

Assets

List all income and non-income assets owned by you and all persons who will be living with you. Information will be updated at least once a year. See **Appendix A - Source of Income and Income Producing Asset**

If additional space is required for income earners, please provide the information on a separate sheet.

Income Producing Assets	Applicant	Co-Applicant	Co-Applicant
Balance of Accounts / Investments			
Savings Account Balance			
Chequing Account Balance			
Bonds / GIC / Term Deposits / RRSPs / RIFs			
Annuities / Shares / Stocks / Mutual Funds / Debentures			
Rent Revenue			
Life Insurance Policies (Interest earned and value)			
Other – Specify:			
Non-Income Producing Assets			
Indicate appraised value. If appraised value is not known, indicate approximate value			
Property owned:			
House			
Cottage / Camp			
Vacant Property (less amount of mortgage outstanding)			
Monies Owed to You (amounts over \$500)			
Paid –Up Life Insurance			
Other – Specify:			
Property and Assets transferred with past 3 years:			
Item and value of item transferred: _____			
Transferred to: _____			
Date of transfer: _____			

Release and Consent

Here is your legal agreement with us. Please read it carefully, and sign in the spaces below. All people 16 years of age and older who are going to live with you must sign this form.

1. I understand there are laws that allow the City of Greater Sudbury Housing Registry to collect personal information about me.
2. I understand that the City of Greater Sudbury Housing Registry will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to- income assistance and to see how much assistance I am eligible to receive.
3. I allow the City of Greater Sudbury Housing Registry 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 City of Greater Sudbury Housing Registry 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 City of Greater Sudbury Housing Registry to give the information on this form and any attachments to any government or body with whom the housing providers in my area of preference 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, social housing, or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachments given by the City of Greater Sudbury Housing Registry 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 understand that I am giving my consent and authorization to all housing providers in my area of preference to complete a credit check and complete landlord references.

“ Personal information contained in this form or in attachments is collected by the City of Greater Sudbury Housing Registry pursuant to the Housing Services Act, 2011, 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 applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.”

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Declaration

1. I attest that everything I/we have written in this application is correct and complete
2. I understand that all information I/we give to the City of Greater Sudbury Housing Registry will belong to them and they will give my information to the housing providers I have chosen.
3. By choosing Email, I am acknowledging, based on your own policy, that any inquiries with respect to the personal information contained for any person I listed in this application may take the form of electronic data exchanges and that applicants and co-applicants agree to receive notices and documents by email at the email addresses included in this application.
4. If something on this application is incorrect or not true, the City of Greater Sudbury Housing Registry 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 two (2) years under the Housing Services Act, 2011
5. I understand that only the people I have listed on this application form may live with me in subsidized housing.
6. I understand that the City of Greater Sudbury Housing Registry will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance, and to see how much assistance I am eligible to receive.
7. I attest that I am in Canada legally.
8. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing project.
9. I understand that I must re-apply once I have accepted a rent-geared-to-income unit if I wish to continue to be included on the rent-geared-to-income centralized wait list.
10. I understand that my application will be removed from the centralized wait list if I surpassed the maximum refusal count.

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Date: _____ Applicant signature: _____

Appendix A - Source of Income and Income Producing Assets

<p>“Income” means the total amount of all payments of any nature paid to or on behalf of or for the benefit of the member, subject to exceptions. O. Reg. 298/01, s.50 (2), (3), (5) and (6). Income includes, but is not limited to the following:</p> <p>(a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;</p> <p>(b) self-employment income</p> <p>(c) the gross amount of employment insurance benefits;</p> <p>(d) the gross amount of workers’ compensation payments or other industrial accident insurance payments made because of illness or disability;</p> <p>(e) the gross amount of any old age security, federal guaranteed income supplement and spouse’s allowance and financial assistance under the Ontario Guaranteed Annual Income Supplement (GAINS);</p> <p>(f) the gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state or from any other source;</p> <p>(g) the gross amount of alimony, separation, maintenance or support payments;</p> <p>(h) the gross amount of gains from investments including interest or dividends on stocks, shares or other securities, and where the actual income cannot be determined, an imputed rate of return set by the City of Greater Sudbury from time to time;</p> <p>(i) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union; the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages or lump sum payments or other assets;</p>	<p>(j) an imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return published by the City of Greater Sudbury from time to time.</p> <p>“Gross Household Income” means the aggregate income of:</p> <ol style="list-style-type: none"> 1. The tenant/member and every person residing in the leased premises; 2. Every tenant/member on the lease/occupancy agreement temporarily residing elsewhere. <p>Spouse”, in relation to a member of a household, means,</p> <p>(a) an individual of the same or opposite sex to the member, if the individual and the member have together declared to the Service Manager that they are spouses, or</p> <p>(b) an individual of the same or opposite sex to the member who is residing in the same dwelling place as the member, if the social and familial aspects of the relationship between the individual and the member amount to cohabitation and</p> <ul style="list-style-type: none"> • the individual is providing financial support to the member, • the member is providing financial support to the individual, or • the individual and the member have a mutual agreement or arrangement regarding their financial affairs. O.Reg. 298/01, s. 4(1).
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Appendix A - Source of Income and Income Producing Assets

EXAMPLES OF POSSIBLE SOURCES OF INCOME (Domestic or Foreign)

<p>Pensions and Allowances</p> <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 • Social Security (other countries)Widow’s Pension 	<ul style="list-style-type: none"> • Company Pension • Private Pension • Public Service Pension • Civilian War Pension • Disability Pension War Veterans Allowance (DVA) 	<ul style="list-style-type: none"> • War Veterans Allowance (other countries) • Military/Militia/Civil Defence Allowances • Canada Manpower Retraining Allowance • Training Allowances
<p>Income Producing Assets</p> <ul style="list-style-type: none"> • Farm property which produces income • Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income 	<ul style="list-style-type: none"> • Savings accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits 	<ul style="list-style-type: none"> • Licence which produces income (i.e. Taxi Licence) • Business interest which produces income
<p>Non-Income Producing Assets</p> <ul style="list-style-type: none"> • Life Insurance (with a cash surrender value) • Registered Retirement Savings Plan (unless locked-in) 	<ul style="list-style-type: none"> • Real estate (house, condominium, summer cottage, farmland, commercial or vacant land) in any country collection of, or investments in, other valuable non-income producing assets (i.e. coins, stamps, antiques, art, etc.) 	<ul style="list-style-type: none"> • Business asset which does not produce income • Non-interest bearing chequing accounts
<p>OTHER SOURCES OF INCOME</p> <ul style="list-style-type: none"> • Employment (full-time, part-time, casual, seasonal, odd jobs) • Self-employment (child care, music teacher, business) • Tips, gratuities • Vacation pay • Workers’ Compensation payments • Insurance payments • Provincial or Municipal payments • Ontario Works (OW) • Ontario Disability Support Plan (ODSP) 	<ul style="list-style-type: none"> • Employment Insurance Commission payments • Payments under compensation for Victims of Crime Act • Payments from official Guardian or Public Trust • Payments from Children’s Aid Society or Catholic Children’s Aid • Separation payments • Alimony payments/Support Payments (for spouse or child) • Support from relatives or other source 	<ul style="list-style-type: none"> • Mortgage income • Immigration allowance • Student grants