



COMMUNITY HOUSING ACCESS CENTRE (CHAC)
 235 King Street East, 6th Floor, Kitchener, ON N2G 4N5
 Phone: (519) 575-4400 Fax: (519) 893-8648
[CHAC E-Mail](mailto:chac@regionofwaterloo.ca) (chac@regionofwaterloo.ca)
[CHAC Website](http://www.regionofwaterloo.ca/chac) (www.regionofwaterloo.ca/chac)

REQUEST FOR HOMELESS STATUS

INFORMATION FOR APPLICANTS

In order to request Homeless Status, please complete all sections of this form and **attach a letter** completed by a local homeless sector partner agency who can verify that the household meets the Homeless Status criteria. If you have not already done so, you will also be required to submit an Application for Community Housing. Only those households who are eligible for community housing will be considered for this status.

Note: Homeless Status is not a waiting list priority but a special status. What it means is that applicants will be selected from this waiting list category if there are no higher ranking priority applicants, and ahead of other non-priority applicants for every 10th offer. If an applicant with Homeless Status refuses the first offer of housing, the status will be removed and they will be placed on the regular chronological waiting list for the final two offers.

WHAT IS HOMELESS STATUS?

Homeless Status may be assigned to an applicant household who is unsheltered and meets one of the following criteria:

1. Is living on the street; or
2. Using the emergency shelter system as the primary residence; or
3. Their housing was destroyed by fire or natural disaster in the last 3 months; or
4. Is awaiting release from a hospital or a time limited treatment facility and is unable to return to their former place of residence and will not be released until suitable housing is found.

WHO MAY REQUEST HOMELESS STATUS?

Any member of a household applying for community housing in the Region of Waterloo, that is 16 years of age or older, may request the household be given Homeless Status. Only applicant households who satisfy the homeless criteria listed above, who have resided in the Region of Waterloo for the last 12 consecutive months, exhausted their market rent housing options and have a monthly income that is less than the amounts listed below will be considered for this status.

Unit Size	Maximum monthly income
Bachelor	\$1,350
One Bedroom	\$1,725
Two Bedroom	\$2,100
Three Bedroom	\$2,550
Four + Bedroom	\$3,275

APPLICANT INFORMATION

Applicant Name: _____

Phone Number: _____ Birthdate (month/day/year): _____

Alternative Contact Name: _____

Alternate Contact Person's Phone Number: _____

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. The information will be kept confidential and used only for the purpose of assessing eligibility for Homeless status.

DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the individual who is requesting Homeless Status. If that individual is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the homeless individual's behalf by the parent, guardian, power of attorney or any other person who is otherwise authorized to give the consent on the applicant's behalf.

I request that my application be given Homeless status on the waiting list and confirm that everything I have written on this form is true and complete.

I understand that all information I give to Region of Waterloo Co-ordinated Access System (ROWCAS) will belong to them. In situations where the member of the household will be seeking Ontario Works (OW) or Ontario Disability Support Program (ODSP) funding, the member of the household will allow ROWCAS to exchange information with OW or ODSP for the purpose of verifying their eligibility for Homeless status.

I, _____, hereby authorize and consent to the disclosure to ROWCAS of information and documents required by ROWCAS for the purpose of verifying the statements on this form and assessing my eligibility for Homeless status.

ADDITIONALLY,

I hereby authorize _____, my _____, to
Name of professional Professional relationship
(i.e.: shelter worker)

complete this form and consent to the disclosure of any supporting information requested by ROWCAS to assess my application.

Applicant/Authorized Designate Signature: _____

Date (month/day/year): _____

Parent/Guardian Signature (If Under the Age of 16): _____

Date (month/day/year): _____

INFORMATION FOR PROFESSIONALS PROVIDING VERIFICATION OF HOMELESS STATUS

ROWCAS relies on the written verification of homelessness from professionals in the local homeless sector to ensure status is granted to those that truly qualify.

To qualify, applicants must:

- Be eligible for rent-geared-to-income assistance; AND
- Submit a completed Request for Homeless status form with the verification section completed by a local homeless sector partner agency; AND
- Meet all of the established criteria for Homeless Status.

**VERIFICATION OF HOMELESS STATUS SECTION FOR PROFESSIONALS
PROFESSIONAL'S INFORMATION & DECLARATION**

Name: _____ Position/Title: _____

Organization: _____

Address: _____ Telephone Number: _____

City: _____ Province: _____ Postal Code: _____

Note: The applicant's request for Homeless Status cannot be considered without this completed form AND your letter describing how the eligibility criteria apply to the applicant's situation.

I have reviewed the definition and eligibility criteria for Homeless Status outlined in this form and in my professional capacity have attached a letter outlining why I believe this applicant meets the Homeless criteria.

YES NO

I declare to the best of my knowledge, the information I have provided in the attached letter is a true and accurate account of the member of the household's situation.

YES NO

I understand that ROWCAS will rely on the information I have provided to assess the member of the household's eligibility for Homeless status.

YES NO

Professionals Signature: _____

Date (month/day/year): _____

Name of Supervisor: _____

Supervisor's Signature: _____

Date (month/day/year): _____