



Application For Community Housing

Please return your completed application and all required documentation to the Community Housing Access Centre.

Incomplete applications will **not** be processed until **all** required information and documentation has been received.

Please read the Guide and the Application carefully before you fill out the application

COMMUNITY HOUSING ACCESS CENTRE

235 King Street East, 6th Floor, Kitchener, ON N2G 4N5
Phone: 519-575-4400 Fax: 519-893-8648 TTY: 519-575-4608
E-mail: chac@regionofwaterloo.ca
Website: www.regionofwaterloo.ca/chac



The Region of Waterloo Coordinated Access System follows the Ontario Human Rights Code to provide equal treatment and opportunity for all Ontario residents. The Region recognizes that an inclusive climate is essential to the future prosperity and social well-being of this province.

For each member of your household, you **MUST** include proof of your:

- Status in Canada** Must include one of the following for each household member:

 - Canadian birth certificate (both sides)
 - Canadian citizenship document, 8 ½ x 11 paper form (both sides)
 - Native Status card (both sides)
 - permanent resident card (both sides)
 - proof of application for permanent residency status
 - record of landing
 - convention refugee documentation
 - refugee claimant form, and/or
 - Valid Canadian Passport

- Legal Name** Include:

 - If the name on your application does not match the name on your Status in Canada document, you must provide a copy of other ID/documentation that verifies your legal name. (e.g. Driver's License, Social Insurance Card, Marriage License, etc.).

- Birth date** Include:

 - Proof of your birth date, **if it is not shown on the document you give as proof of your status in Canada.**

- Income & Assets** For each household member 16 years of age or older, include:

 - Proof of **all** sources of income and the amount, and
 - Proof (with the value) of any assets currently owned **OR** any sold or transferred within the last three years
 - Proof of full-time attendance, if in school

- Residential Property you own** If you own any property you could live in all year round (even if not in Canada), you must include:

 - a completed Declaration of Intent to Sell Property form.

You must also show us:

 - an appraisal, or
 - a mortgage statement, or
 - other documents for the property to prove its current value and your current equity.

- Custody/Access Documents** For all children listed on the application, you must provide:

 - Documentation specifying the specific custody/access provisions
 - ▶ Legal document (dated within the last 3 years) – i.e. Court order, Separation agreement, Sworn Affidavit signed by both legal parents **AND/OR** a copy of the Canada child tax benefit (CCTB) and Ontario child benefit (OCB) notice that shows the applicant's name & address and lists the names of the child/children)

(For single parents not receiving Ontario Works (OW)or Ontario Disability Support Program (ODSP)

Who can apply for Community Housing?

See Page 5 of the Application Guide

CHAC will review all applications for Community Housing to see if they qualify.

We will only place you on the waiting list for Community Housing if you meet **all** the requirements.

You can make photocopies of documents at the CHAC office, free of charge. Please do not submit original documents with your application.

Tips on filling out your Application...

Note: We need **all** information and documentation to process your Application.

A checklist of what is missing will be provided to the applicant—if your application is incomplete it will be cancelled in 30 days from when the checklist is sent, if the outstanding items are not received.

- Read the Application Guide **before** you begin.
- Print clearly in ink.
- Complete **all** sections of the Application that apply to you.
- Use the checklist on the previous page to make sure you have included all the required documentation.
- Before you sign the Application, read and understand the Declaration and Consent (Section 7). **All** household members 16 years of age and older **must** sign the Application. If someone else completes the Application for you, tell us this in Section 1 under Alternate Contact Information.
- Mail, fax, email, or bring this **completed** Application, with **all** the supporting documentation, to the address listed on the front of the application.

Community Housing is not emergency housing. Community Housing cannot house people immediately, no matter what the reason is for the housing difficulty.

If you need emergency housing, please call for information about available emergency shelters: 519-575-4400

Visit our website at www.regionofwaterloo.ca/chac

Definition of Income: 'Income' means **all** income (i.e. gross income), benefits, and gains of every kind and from every source.

Examples of Income and Assets and written proof you must include for Section 4

Employment Related Income Two months of pay stubs, or a completed employment verification form for:

- Full-time, Part-time, Irregular, Casual, Seasonal, Odd jobs
- Overtime earnings, separation/vacation pay
- Commissions and bonuses
- Tips and gratuities

A statement showing how much and how often you get payments, or a copy of cheque stubs for:

- Disability / Sickness pay
- Long term income protection payments
- Workplace Safety & Insurance Board (WSIB)
- Employment Insurance Payments (EI)

Self-Employment Income Provide a certified copy of your most recent tax return including the Statement of Business activities and notice of assessment

- Examples of self employment include but are not limited to: Tutoring, Music Teaching, Child Care, Babysitting, Taxi, Business, etc.

Social Assistance Income A copy of cheque stub and drug card

- Ontario Works (OW)
- Ontario Disability Support (ODSP)

Pensions and Allowance Income A copy of statement of entitlement, cheque stubs, or bank statements which show how much and how often you get paid

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan (QPP)
- Social Security (other countries)
- Widow's Pension
- Company Pension
- Private Pension
- Public Service Plan
- Civilian War Pensions
- Disability Pension
- War Veterans Allowance (D.V.A.)
- War Veterans Allowance (other countries)

Pensions and Allowance Income (continued)

- Military or Militia or Civil Defense Allowance
- Training / Retraining Allowances

Other Income Copies of statements, cheque stubs, bank statements, legal agreements or other proof of income

- Insurance payments
- Student grants/bursaries, OSAP
- Provincial or municipal payments
- Payments under compensation for Victims of Crime Act
- Mortgage income
- Payments from Public Guardian and Trustee
- 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 sources/Sponsorship
- One-time lump sum payments (inheritances, court and out-of-court settlements)

Income Producing Assets *Statements of equity, audited financial statements, bank statements, certified copy of your most recent income tax, etc.*

- Farm property which produces income
- Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings account (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits
- License which produces income (e.g. Taxi License)
- Business interest which produces income

Non-Income Producing Assets Provide a copy of statements for:

- Life insurance (with cash surrender value)
- Registered Retirement Savings Plan
- Real estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Business interest which does not produce income

SECTION 1 – Main Applicant Information		
First Name:	Middle Name:	
Last Name:	Alternate/Maiden Name:	
What is your status in Canada? (attach proof to the application)		
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> First Nations <input type="checkbox"/> Other (Please specify: _____)		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (MM/DD/YYYY):	
Social Insurance Number:	Marital Status:	
Address: <input type="checkbox"/> Current address <input type="checkbox"/> Mailing Address		Unit #:
City:	Province:	Postal Code:
Is it safe to send mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your current housing subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail:	Home Phone:	
Work Phone:	Cell Phone	
How do you prefer to receive correspondence? E-mail <input type="checkbox"/> Mail <input type="checkbox"/> No preference <input type="checkbox"/>		
Present Accommodation:		
<input type="checkbox"/> Own/co-own <input type="checkbox"/> Rent <input type="checkbox"/> Temporary <input type="checkbox"/> Staying with relative or friend <input type="checkbox"/> No permanent address		
How much do you pay per month? _____		Move in date: _____
Current Landlord Information:		
Address:	Name:	Phone Number:
	City:	
May we contact your current landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently under notice of eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for eviction: _____		
ALTERNATE CONTACT INFORMATION		
Other people we can call if we need to reach you:		
Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
Do you give us permission to talk about your application with the above people? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____		
Interpreter's Name: _____ Interpreter's Phone #: () _____		

SECTION 2 – Co-Applicant Information (ex. Spouse, common-law partner, friend)		
First Name:	Middle Name	
Last Name	Maiden/Alternate Name:	
What is your status in Canada? (attach proof to the application) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> First Nations <input type="checkbox"/> Other (Please specify: _____)		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (MM/DD/YYYY):	
Social Insurance Number:	Marital Status:	Relationship to Applicant:
Address: <input type="checkbox"/> Current address <input type="checkbox"/> Mailing Address (<i>Leave blank if same as applicant</i>)		Unit #:
City:	Province:	Postal Code:
Is your current housing subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail:	Home Phone: ()	
Work Phone: ()	Cell Phone: ()	
Present Accommodation: (<i>Leave blank if same as applicant</i>) <input type="checkbox"/> Own/co-own <input type="checkbox"/> Rent <input type="checkbox"/> Temporary <input type="checkbox"/> Staying with relative or friend <input type="checkbox"/> No permanent address How much do you pay per month? _____		

SECTION 3 – Other Household Members List below **all other** people that will live with you. You must include proof of residency status for each member of this household and proof of full-time attendance at school for all students 16 years of age or older.

First Name	Last Name	Date of Birth (MM/DD/YY)	Status in Canada	Full-time Student?	Gender	Relationship to Applicant
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	

SECTION 4 – Income and Asset Information

Income

Fill in the monthly income (before deductions) for you and each person in your household 16 years of age and older. **See page 4 of this Application for examples of possible income.**

SOURCE OF INCOME	Applicant Gross Monthly Amount	Co-Applicant Gross Monthly Amount	Other Household Member Gross Monthly Amount
Employment	\$	\$	\$
Self Employment	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workers Safety Insurance Board (WSIB)	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Old Age Security (OAS) / Supplement	\$	\$	\$
GAINS "A" / GIS	\$	\$	\$
Canada Pension Plan (CPP/QPP)	\$	\$	\$
Other Country Pension	\$	\$	\$
Other Pension(s)	\$	\$	\$
Support Payments <input type="checkbox"/> Received <input type="checkbox"/> Paid	\$	\$	\$
Grant/Bursary	\$	\$	\$
Other income (give details):	\$	\$	\$

Assets

Fill in the value of any assets owned by you and each person in your household 16 years of age and older. **See page 4 of this Application for examples of possible assets.**

TYPE OF ASSET	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER
Bank Account (give details):	\$	\$	\$
GICs/Bonds (give details):	\$	\$	\$
RRSPs (give details):	\$	\$	\$
Other assets (give details):	\$	\$	\$
Property (give details):	\$	\$	\$



You must attach proof of income and assets to this Application.

SECTION 4 – Income and Asset Information (Continued)

1. Have you (or anyone in your household) given away, or transferred, any property, real estate, investments or other funds/money to relatives or friends? Yes No

If 'yes', give date of transfer (MM/DD/YY): _____ Amount/Value: \$ _____

If 'yes', what is the address of the property: _____

2. Do you presently own or co-own any property suitable for year round residency, in Canada or any other country? (ex. House, winterized cottage/trailer, a property you rent out)

Yes No

If yes, address of property: _____

SECTION 5 – HOUSING HISTORY

List ALL previous addresses for the last 3 years of all household members.

Previous Address	Move in date	Move out date	Name of Landlord	Landlord's Phone #	May we Contact?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

Note: If you need more space for additional addresses or additional applicants, please record on a separate piece of paper and attach to this application form.

Have you ever lived in subsidized housing anywhere in Ontario? Or has anyone you have listed as a household member? Yes No

If 'yes', please fill in the chart below.

Name of person listed on the lease	Address	Name of Housing Provider	Move out date	Arrears Owing (\$)



If you owe money to a housing provider, you **must** attach a current copy of the repayment schedule, signed by the Provider. We must have proof that your arrears have been fully paid or you have an agreement in place before we can proceed with your Application. **If you have outstanding arrears with no repayment agreement, your application will not be processed.**

SECTION 6 – ACCOMMODATION REQUIREMENTS

How many bedrooms do you need? Bachelor 1 2 3 4 5

Which locations do you prefer? **(Please check all that apply)**

Cities: Cambridge Kitchener Waterloo

Townships: North Dumfries (Ayr) Wilmot (New Dundee, New Hamburg) Woolwich (Elmira)
 Wellesley (St. Clements, Wellesley)

If you are 60 years of age or older, do you prefer senior housing sites only? Yes No

What type of accommodation do you prefer: Townhouse (2+ Beds) Apartment No Preference

Do you own a vehicle that requires a parking spot? Yes No

If “Yes”, would you be willing to accept an offer of housing if there is no onsite parking? Yes No

Are all household members able to climb stairs? Yes No

If no, Please explain:

Is a member of your household expecting a baby? Yes No When is the baby due? _____

If **yes**, attach a doctor’s note to confirm the pregnancy and due date.

Are you applying for an additional bedroom for a child for whom you are adopting, have joint custody or regularly scheduled overnight visits, **or** who is in the care of Family and Children’s Services? Yes No

If **yes**, attach your custody agreement, court order or statutory declaration or a letter from Family and Children’s Services

Are you applying for an additional bedroom, for:

a) a caregiver – a person who will reside full time in the household for the purpose of providing daily or overnight support to a member of the household, but is **not** a relative and **will not** be included in the lease? Yes No

b) the storage of assistive devices required due to a disability or large medical equipment required for a serious medical condition? (Such as dialysis equipment) Yes No

c) a separate bedroom for a spouse because of a **significant disability** or diagnosed **serious, long-term** medical condition? (This **does not include** conditions like sleep apnea, snoring, restless leg syndrome, insomnia or frequent urination) Yes No

If **yes**, to any of the above, you **must** attach a completed “**Request for Additional Bedroom Form**” available from the Community Housing Access Centre.

SECTION 6 – ACCOMMODATION REQUIREMENTS (Continued)

WHEELCHAIR ACCESS, PHYSICAL DISABILITIES & MOBILITY



Are you applying for: (please check all that apply and attach a completed Medical Form)

- A barrier-free location (no stairs) A wheelchair modified unit Accessible parking

What types of special needs do you have? (please check all that apply)

- Automatic building entry doors Automatic unit entry doors Wheelchair accessible doors or doorways
- Modified Bathroom: roll-in shower grab bars other: _____
- Modified Kitchen: lowered cabinets modified appliances other: _____
- Other

Tell us the specific needs (e.g. hearing impaired, etc.):

SUPPORT SERVICES

Does anyone in your household need support services to live on their own? Yes No

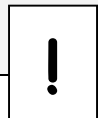
For example: help with dressing, bathing, taking medication, cooking, doing laundry, housekeeping, shopping, using public or private transportation, mental health supports, etc.



If you answer “Yes”, you must provide a letter from an agency that confirms what supports are needed. It must confirm that you can live on your own, with the assistance of the agency’s supports.

Note: The Community Housing Access Centre does **not** help set up support services. If a member of your household needs support services, you have to set them up directly with a support agency.

Name of Community Agency/Support Person	Phone #	Supports Provided



You must give us proof from your current support service provider that says they support your application for rent-geared-to-income housing, and that any support services you need will continue, or will begin, when you are housed.

SECTION 7 – DECLARATION AND CONSENT

I understand:

1. The definition of Income on page 4 of the Application.
2. The information I give on this Application shall be true, accurate, and complete or my application may be cancelled.
3. I must report any changes in my information within 30 days of the change, or my Application may be cancelled. This includes any change of address, phone number, family size, type or amount of income.
4. This Application only makes sure that, **if I qualify**, I will be placed on the waiting list for housing.
5. I must provide any supporting material or documents needed by the Region of Waterloo, its representative(s), or housing providers.
6. **The applicant and co-applicant must sign the application form, along with all other household members who are 16 years of age or older.** Where the person required to sign does not have the capacity, it can be signed by an approved person who has power of attorney or the legal authority to complete/sign the application on behalf of the individual.

Consent and Authorization

All persons who sign this application consent to the exchange of personal information between divisions of the Region of Waterloo Community Services Department and any relevant persons, housing providers, Access Sites or institutions for the purpose of verifying the information supplied in this application or supporting documents, for determining eligibility for housing assistance, for the purpose of allowing housing providers to place applicants for available accommodations, and for the purpose of service planning.

Service planning is a collaborative process between you/your family and your worker to assess your current situation, needs and goals. This information is collected to determine what other services and supports offered by the Community Services Department that you/your family could be qualified for.

All persons who sign this application and who identify accommodation requirements in Section 6 consent to the exchange of personal information between the Region of Waterloo and any relevant support service agencies or community agencies for the purpose of arranging appropriate housing placements and service planning for any member of the household.

All persons who sign this application and who receive Ontario Works (OW) or Ontario Disability Support Program (ODSP) assistance or child care subsidy consent to the exchange of personal information between the Region of Waterloo and OW, ODSP or child care subsidy offices for the purpose of verifying eligibility and the level of benefits or assistance.

If you sign with a mark (e.g. “X”), the signature must be witnessed. The witness must also sign this Application.

Date: _____ **Witness Signature:** _____

1	Signature	Print Name	2	Signature	Print Name
3	Signature	Print Name	4	Signature	Print Name
5	Signature	Print Name	6	Signature	Print Name