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 Application carefully before completing.

Community Housing Access Centre (CHAC)

Phone: (519) 575-4400 TTY: (519) 575-4608
Email: housingapplication@regionofwaterloo.ca
Website: www.regionofwaterloo.ca/chac
Address: 20 Weber St E, Kitchener, ON N2H 1C3

Region of Waterloo

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

☐ Proof of Status in Canada

- Canadian birth certificate – Long or short (long form is a certified copy of live birth registration)
- Valid Canadian Passport
- Canadian Citizenship Card or Long Document (both sides)
- Native Status card (both sides)
- Valid Permanent Resident Card (both sides), or confirmation of Permanent Residence (long form), or record of landing, or proof of application for permanent residency status
- Refugee Protection Identity documents (RPID) issued by Immigration & Citizenship Canada
- Convention Refugee documentation from Immigration & Refugee Board of Canada (IRB)

We do not accept any Provincial Health Cards, Social Insurance Cards, Driver's Licenses, or Photo ID Cards as primary status documents.

☐ Legal Name

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. Provincial Driver's License, or Photo ID cards, or Marriage License).

We do not accept any Provincial Health Cards or Social Insurance Cards.

☐ Income & Assets Verification

See page-4: Examples of Income and Assets

☐ Custody/Access

All single-parent led households are required to provide custody documents for all children listed on the application who are under 16 years of age.

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

Who can apply for Community Housing?

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.

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.

- 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, 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

Examples of Income and Assets

Determination of Income: Each household member unable to provide a Notice of Assessment (NOA) to verify income, please refer to the list below for the alternate documentation requirements.

Employment Related Income: Most recent two months of consecutive pay stubs, (8 weekly or 4 biweekly depending on payment frequency) for the following:

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

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

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

Self-Employment Income: Provide an audited financial income statement for your business for the previous year.

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

Social Assistance Income: Most recent copy of cheque stub and drug card

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

Pensions and Allowance Income: A copy of statement of entitlement, or cheque stubs, which show how much and how often you get paid, or T- slips from the most recent tax year showing amount received for that year. Examples of senior, pensions and allowances:

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Widow's Pension
- Company Pension
- Private Pension
- Public Service Plan
- Disability Pension
- Allowances and Pensions related to Military Service
- Training / Retraining Allowances
- Quebec Pension Plan (QPP)
- Social Security (other countries)

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

- Insurance payments
- Rental income
- Payments from Public Guardian and Trustee
- Payments from Children's Aid Society or Catholic Children's Aid
- Separation payments
- Support from relatives or other sources
- Private Immigration Sponsorship / Government of Canada Resettlement Assistance Program (RAP)

Determination of Assets: 'Assets' are items of value that an individual owns. See lists below for income and non-income producing assets.

Income Producing Assets: Statements of equity, audited financial statements, most recent 60 days of bank statements or product bank summary showing all assets from each financial institution you have an account with.

- 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 recent copy of statements for:

- Life insurance (with cash surrender value)
- Real estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Business interest which does not produce income
- Bank Account (non-interest generating)

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)

❒ Canadian Citizen ❒ Permanent Resident ❒ Sponsored Immigrant ❒ Refugee
❒ Refugee Claimant ❒ First Nations ❒ Other (Please specify: _____)

Gender: ❒Male ❒ Female ❒Other	**Date of Birth (MM/DD/YYYY):**
Social Insurance Number:	**Marital Status:**

Address: ❒ Current address ❒ Mailing Address		**Unit #:**
City:	**Province:**	**Postal Code:**

Is it safe to send mail to this address? ❒ Yes ❒ No

Is your current housing subsidized? ❒ Yes ❒ No

E-mail:	**Home Phone:**
Work Phone:	**Cell Phone**

How do you prefer to receive correspondence? **E-mail** ❒ **Mail** ❒ **No preference** ❒

Present Accommodation:
❒ Own/co-own ❒ Rent ❒ Temporary ❒ Staying with relative or friend ❒ No permanent address

How much do you pay per month? _____ Move in date: _____

Current Landlord Information: Name:
Address: City: Phone Number:
May we contact your current landlord? ❒ Yes ❒ No
Are you currently under notice of eviction? ❒ Yes ❒ 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? ❒ Yes ❒ No

Do you need an interpreter? ❒ Yes ❒ 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)

❒ Canadian Citizen ❒ Permanent Resident ❒ Sponsored Immigrant ❒ Refugee
❒ Refugee Claimant ❒ First Nations ❒ Other (Please specify: _____)

Gender: ❒Male ❒Female ❒Other	**Date of Birth (MM/DD/YYYY):**	
Social Insurance Number:	**Marital Status:**	**Relationship to Applicant:**

Address: ❒ Current address ❒ Mailing Address (Leave blank if same as applicant)		**Unit #:**
City:	**Province:**	**Postal Code:**

Is your current housing subsidized? ❒ Yes ❒ No

E-mail:	**Home Phone: ( )**
Work Phone: ( )	**Cell Phone: ( )**

Present Accommodation: (Leave blank if same as applicant)
❒ Own/co-own ❒ Rent ❒ Temporary ❒ Staying with relative or friend ❒ 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
				❒Yes ❒ No	❒ M ❒ F ❒ Other	
				❒Yes ❒ No	❒ M ❒ F ❒ Other	
				❒Yes ❒ No	❒ M ❒ F ❒Other	
				❒Yes ❒ No	❒ M ❒ F ❒ Other	
				❒Yes ❒ No	❒ M ❒ F ❒ Other	
				❒Yes ❒ No	❒ M ❒ F ❒ Other	
				❒Yes ❒ No	❒ M ❒ F ❒ Other	
				❒Yes ❒ No	❒ M ❒ F ❒ 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 ❒ Received ❒ 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?
					❒ Y ❒ N
					❒ Y ❒ N
					❒ Y ❒ N
					❒ Y ❒ 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? (i.e. no physical or health limitations) ❒ 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)

❒ A barrier-free location (no stairs)

❒ A wheelchair modified unit (attach a completed Medical Form)

❒ 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 you 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 provided on this Application must be true, accurate, and complete. Failure to provide the correct information may result in the cancellation of my application.
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 makes sure that I will be placed on the waiting list for housing, if I meet the necessary qualifications.
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.** In cases where the individual lacks the capacity to sign, an approved person with power of attorney or legal authority may sign the application on their behalf.
7. I understand that if I or any of my household members own any property suitable for year-round occupancy anywhere in the world, that I agree to sell the property within six months of accepting an offer for Rent-Geared-to-Income housing.

Consent and Authorization

Personal information contained in this form or in any attachments to it is collected by the Region of Waterloo for use by the Community Services Department and/or the Housing Provider, pursuant to the Freedom of Information and protection of Privacy Act or the Municipal Freedom of Information and Protection of Privacy Act. It will be used only for the purpose of determining initial and ongoing eligibility for the Region of Waterloo's housing programs and where required for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household.

By signing this application, all individuals give their consent to the exchange of personal information between divisions of the Region of Waterloo Community Services Department, relevant persons, housing providers, and institutions. This exchange of information is for the purpose of verifying the information provided in this application or supporting documents, determining eligibility for housing assistance, facilitating housing placements, and aiding in service planning.
Additionally, individuals who identify support needs as part of their accommodation requirements consent to the exchange of personal information between the Region of Waterloo and relevant support service agencies or community agencies. This exchange of information is intended to facilitate appropriate housing placements and service for all household members.

Furthermore, individuals who receive assistance from Ontario Works (OW) or Ontario Disability Support Program (ODSP), or child care subsidy, consent to the exchange of personal information between the Region of Waterloo and the respective OW, ODSP, or child care subsidy offices. This exchange of information is for the purpose of verifying eligibility and determining the levels 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