



Haldimand and Norfolk Central Waiting List Social Housing Application

Please make sure that the following are attached to your application:

- Copy of page one of your last Income Tax Return or Notice of Assessment
- Copy of Social Insurance Number for all members of the household
- Copy of Birth Certificate for all members of the household
- Proof of residency status for all members of the household
- Copy of banking information for two months
- Income stubs or verification (ie. OW, ODSP, employment, pensions)
- Copy of custody and support documentation for members of the household

*Providing Access to Social Housing
in Our Community*



Haldimand and Norfolk Central Waiting List
c/o Haldimand and Norfolk Housing Corporation
Unit 2-25 Kent Street North
Simcoe ON N3Y 3S1
519-426-7792 or 1-800-265-2819

Haldimand and Norfolk Central Waiting List
Social Housing Application
Providing access to social housing in our community

TO BE ELIGIBLE AND TO MAINTAIN CONTINUED SUBSIDIZED HOUSING IF HOUSED:
(Please read carefully)

- ❑ Each household member must be a Canadian Citizen, Landed Immigrant, Indian Status (per Indian Act), Refugee or have Refugee Claimant status, with no outstanding deportation, departure or exclusion order in effect. **(Proof of Residency Status must accompany the application.)**
- ❑ No member of the household has been convicted of misrepresentation of income or found by the Ontario Rental Housing Tribunal to have misrepresented their income for the purpose of receiving rent geared-to-income housing within the last two years.
- ❑ Any member of the household named in this application must not owe rent/housing charge arrears to any federally, provincially or municipally funded housing groups in Ontario, or must be actively adhering to an approved repayment schedule. I/we acknowledge and understand that arrears information will be shared among other provincial Service Managers.
- ❑ Any member of the household named in this application that owns residential property suitable for year-round occupancy must agree to sell it within 6 months of being housed.
- ❑ At least one member of the household must be 16 years old or older and able to live independently **(Proof of Age must accompany the application)**.
- ❑ All members of the household who are **16 years old or older**, must sign the application and consent, and if housed, all other forms and documents required by the provider or have it signed on their behalf by an approved designate – parent, guardian, person with power of attorney or authorization to complete an application and provide consent on behalf of an applicant. **(Proof of Age must accompany the application.)**
- ❑ The number of bedrooms allocated to a household is dependent on the number of persons in the family for subsidized housing. If housed, households must provide all other forms and documents requested by housing provider(s).
- ❑ Any member of the household applying for subsidized housing must make reasonable efforts to pursue income if entitled to receive such income under the Ontario Works Act, 1997, Divorce Act (Canada), Employment Insurance Act (Canada), financial undertakings given under the Immigration Act i.e. Sponsorship (Canada), and any pension or other benefit entitlement from the Provincial and Federal government. Failure to make a reasonable effort to pursue such income may result in cancellation of your application, removal from the Waiting List and, if housed, cancellation of subsidized rent.
- ❑ Any other eligibility requirement governing social housing application and tenancy in Ontario as amended from time to time.

NOTE: Special Priority RGI household member(s) MAY NOT be required to pursue the specified incomes if the pursuit of the income will place member(s) safety at risk.

All members of the household must report any change in the information provided in this application to the Central Waiting List in writing and if housed to the housing provider within 10 business 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 Central Waiting List and if housed cancellation of subsidized rent.

TO BE ELIGIBLE AND TO MAINTAIN CONTINUED SUBSIDIZED HOUSING IF HOUSED: (Continued)

Any information contained on this form or in attachments is collected by or for the Corporation of Norfolk County or its delegated agent and Housing Providers pursuant to the *Social Housing Reform Act, 2000*:

- to determine eligibility for housing
- for calculation of rent (geared-to-income)
- for continued eligibility for subsidized housing or the amount of rent geared-to-income assistance.

NOTE: When signing this application and if housed, other documents, the undersigned and all members of the household consent and authorize the collection, use, verification, disclosure, release and transfer and exchange of any information to and by others as allowed by the laws applicable to social housing applications and tenancies governing such collection, use, verification, disclosure, release and transfer of any information and exchange to and by others.

Assistance in completing this application is available if required.

FILLING OUT THE FORM: Incomplete applications can not be assessed for eligibility.

- Please ensure that a completed provider selection form accompanies this application.
- Please print all information in ink.
- Complete all sections and forward completed application with required documentation to one of the addresses below.
- Before signing the application form, please read and understand the Declaration, Conditions and Consent section and make sure the application is complete. If someone else is completing the application on behalf of the applicant(s) please provide this information on page 10. The application must be signed by all household members 16 years of age or older or by their approved designate.

INSTRUCTIONS:

- (A) Complete all sections of this application.
- (B) Return the completed application to the **office where this application was obtained or forward to:**

**Haldimand and Norfolk Central Waiting List
c/o Haldimand and Norfolk Housing Corporation
Unit 2-25 Kent Street North
Simcoe ON N3Y 3S1
Phone: 519-426-7792
1-800-265-2819**

Additional Information About Applying for Subsidized Housing

Special Priority Status: Applicants receiving Special Priority status **MAY NOT** be required to provide certain information requested in this application. If you are applying for Special Priority status, please request an explanation of the information you are required to supply.

Abusive Relationship: A member of the household whose personal safety, or that of their family is at risk because of abuse by a person will be given special priority on the wait list. In order to qualify for the special priority, the member or authorized designate must submit a **Request for Special Priority Form** (see form on page 11) and a **Verification Declaration Form** from one of the approved sources identified on the form. The request must be in writing and must state that a member of the household has been subject to abuse from another individual; the abusing individual is or was living with the member or is sponsoring the member as an immigrant; and the abused member intends to live permanently apart from the abusing individual. If the applicant has already separated from the abuser, they must apply for the special priority status within three months of the date of separation.

Special Priority RGI household member(s) MAY NOT be required to pursue the specified incomes if the pursuit of the income will place member(s) safety at risk.

- Special Needs:**
- 1) Modified and lives independently.
 - 2) Supportive Housing:
 - ✓ In order to qualify for supportive housing, you must require the support services connected with the housing, in order to live independently. Services generally vary from provider to provider. In order to determine if you qualify for a given provider, you must complete a supplementary application for a supportive housing provider.
 - ✓ Please inquire about what supportive housing providers are available in Haldimand and Norfolk Counties and what supports are provided.

Personal information contained on this application form or in its attachments is collected, pursuant to the *Social Housing Reform Act, 2000*, Sections 162, 163, 164 and 165 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 suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and geared-to-income charge. Personal information may be disclosed to housing providers, other municipal, provincial or federal 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 in this form and attachments by or to any of the above entities and you are required to provide supporting material.

Examples of Income

Income of every member of the household means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- | | |
|---|---|
| (a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities; | (h) the gross amount of alimony, separation, maintenance or support payments; |
| (b) grants, scholarships or bursary payments; | (i) the gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income can not be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time; |
| (c) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of anyone who is self-employed in a business; | (j) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union; |
| (d) the gross amount of employment insurance benefits; | (k) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets; |
| (e) the gross amount of worker's compensation payments or other industrial accident insurance payments made because of illness or disability; | (l) an imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time; |
| (f) 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 System (GAINS); | (m) gross amount from Department of Veterans Affairs (DVA) or foreign pensions. |
| (g) 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; | |

Gross Household Income means the aggregate income of:

- (1) the Tenant/Member and every person residing in the leased/occupied premises;
- (2) every Tenant/Member on the Lease/Occupancy agreement temporarily resident elsewhere.

Employment

- | | | | |
|----------------------|------------------------------|--------------------------|--|
| . Full-time | . Seasonal | . Cost of Living Bonuses | . Disability Pay |
| . Part-time | . Odd Jobs | . Overtime Earnings | . Sickness Pay |
| . Irregular Payments | . Shift Bonuses | . Commissions | . Separation/Vacation Pay |
| . Casual | . Yearly or Seasonal Bonuses | . Tips and Gratuities | . Long Term Income Protection Payments |

Self-Employment

- | | | |
|------------------|---------------|------------|
| . Tutoring | . Child Care | . Taxi |
| . Music Teaching | . Babysitting | . Business |

Pensions and Allowances

- | | | |
|--|--------------------------|---|
| . Old Age Security (OAS) | . Widow's Pension | . War Veteran's Allowance (DVA) |
| . Guaranteed Income Supplement (GIS) | . Company Pension | . War Veteran's Allowance (other countries) |
| . Guaranteed Annual Income Systems (GAINS) | . Private Pension | . Military or Militia or Civil Defence Allowances |
| . Canada Pension Plan (CPP) | . Public Service Pension | . Canada Manpower Retraining Allowances |
| . Quebec Pension Plan | . Civilian War Pension | . Training Allowances |
| . Social Security (other countries) | . Disability Pension | . Retraining Allowances |

Other

- | | |
|--|---|
| . Workers' Compensation Payments | . Payments from Official Guardian or Public Trustee |
| . Insurance Payments | . Payments from Children's Aid Society or Catholic Children's Aid |
| . Student Grants | . Separation Payments |
| . Provincial or Municipal Payments | . Alimony Payments |
| . Employment Insurance Commission Payments | . Support Payments (for spouse or child) |
| . Payments under Compensation for Victims of Crime Act | . Support from relatives or other sources |
| . Mortgage Income | . One-time lump-sum payments (inheritances, court and out of court settlements) |

Income Producing Assets

- . Farm Property which produces income
- . Real Estate (residential, commercial farm and, cottage, mobile home) which produces rental income.
- . Savings Accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term Deposits.
- . Licence which produces income (e.g. taxi licence)
- . Business interest which produces income

Non-Income Producing Assets

- . Life Insurance (with a cash surrender value)
- . Registered Retirement Savings Plan
- . Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
- . Collection of, or investments in, other valuable non-income producing assets
- . Business interest which does not produce income

3. Contact Information

Is there a Person to be Notified in Case of Emergency? (Next of Kin, Sponsor, Doctor) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Next of Kin - Sponsor Name	Address	Telephone No.	Relationship
1.			
2.			
Family Doctor – Name	Address	Telephone No.	Patient

4. Other Household Members to Reside In Accommodation Applied For

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

5. Additional Household Members

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

Last Name	First Name	Social Insurance Number	Birth Date			Sex		Relationship
			Month	Day	Year	M	F	

Are you/do you have:

Canadian Citizen(ship)
 Landed Immigrant Status
 Indian Status (as per Indian Act)
 Refugee
 Refugee Claimant

Other (Please Specify) _____

6. Present Location of Household Members

Do all household members/children live with you? Yes No If "No" give address and reason for separation.

7. Previous Landlord and Residential History

Please list the most recent address first.

Appl.	Co-Appl.	Address	City	Date From	Date To	Landlord's Name	Landlord's Phone No.

8. Please list all the addresses of all non-profit, co-op or public housing where you have resided in Ontario:

Address	Housing Provider Name	Period of Occupancy	Rental or Damage amounts owing (if any) (\$)
		From To	\$
		From To	\$
		From To	\$

9. Applicant (If Employed/Self Employed Please Complete)

Present Employer's Name		Telephone No.	Extension
Address Where Employed		Municipality	
Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		Length of Employment With Present Employer	
Tel. # _____ Ext. _____			

10. Co-Applicant (If Employed/Self Employed Please Complete)

Present Employer's Name		Telephone No.	
Address Where Employed		Municipality	
Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		Length of Employment With Present Employer	
Tel. # _____ Ext. _____			

11. Please list all monthly income from all sources

(Income from all sources for every member of the household must be declared – for more examples of income see page iv.)

	Gross Monthly Income (Before Deductions)			
	Applicant	Co-Applicant	Other Household Members	
Old Age Security (OAS)	\$	\$	\$	\$
Federal Guaranteed Income Supplement (GIS)				
Provincial Guaranteed Annual Income System (GAINS)				
Canada Pension Plan (CPP) – Retirement				
Canada Pension Plan - Disability (CPP-D)				
Workplace Safety Insurance Board (WSIB)				
Department of Veteran's Affairs Allowance				
War Pension - Other Countries				
Private Pensions (Specify)				
Ontario Disability Support Program (ODSP)				

	Gross Monthly Income (Before Deductions)			
	Applicant	Co-Applicant	Other Household Members	
Employment Income - Full or Part-Time	\$	\$	\$	\$
Ontario Works (OW)				
Old Age Pension - Other Countries				
Alimony/Support				
Employment Insurance				
OSAP				
Other (Specify)				

12. Assets (Please list all assets for every member of the household – for more examples of assets see page iv.)

Bank name				
List all accounts and amounts below:	Applicant	Co-Applicant	Other Household Members	
Savings acct. #	\$	\$	\$	\$
Chequing acct #				
Trust Companies, Credit Unions				
Bonds/Savings Certificates				
Annuities, Shares, Securities, Stocks, Debentures				
Rent Revenue				
Business Assets (Partnership, etc.)				
Monies Owed to you (Amounts over \$500.00)				
Paid-up Life Insurance				
Other (Specify e.g. Mortgage)				

13. Assets

Do you have legal or beneficial interest in a freehold or leasehold estate in a residential property located in or outside Ontario that is suitable for year-round occupancy? Yes No

If yes, identify location _____

Street Number	Street Name	Apt. No.	Town / Municipality	Province	Country
		Applicant	Co-Applicant	Other Household Members	
A) House(s)		\$	\$	\$	\$
B) Other Real Estate					
Amount of Mortgage Outstanding					

Have you transferred or sold any assets (Property and/or Business) in the last 3 years? Yes No

If yes, identify asset _____

Date of Transfer		Transferred To			
Street Number	Street Name	Apt. No.	Town / Municipality	Province	Country

14.

I/We wish to apply for the following: Subsidized Rent Market Rent

Accommodation size: Bachelor 1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedrooms 5 Bedrooms

Note: For family accommodation, in order to qualify for an additional bedroom(s), you will require a legal document (i.e. custody order, lawyer's letter, Affidavit) stating that you have the following:
For visitation rights:

- Visiting rights with respect to your child(ren), and;
- It is a condition of your visiting rights that you provide adequate accommodation for your child(ren) when they stay overnight, and;
- Your child(ren) stay overnight frequently, and;
- You require an additional bedroom(s) to accommodate your child(ren).

For joint custody:

- A member of the household has joint custody over a child(ren), who is not a member of the household, and;
- The member is required to provide accommodation for the child(ren), and;
- The bedroom is required to accommodate the child(ren).

15.

Check off all Housing Communities that you are interested in. Please refer to the Haldimand and Norfolk Housing Directory at libraries, municipal offices, and some social agencies in the County as well as our office for details.

Seniors 65+	1 Robert Dell Court, Cayuga	85 Argyle St., Simcoe	100 Robinson St., Simcoe
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Seniors 60+	283 William St., Delhi	503 Main St. E., Dunnville	91 Oak St., Simcoe
	20 Scott Ave., Simcoe		

Seniors & Adults (16+)	68 Selkirk St., Caledonia	243 Western Ave., Delhi	54 William St., Delhi
	400 Queen St. E., Dunnville	440 Queen St. E., Dunnville	109 King St. E., Hagersville
	219 Regent Ave., Port Dover	38 Erie Ave., Port Rowan	11 Arthur St., Simcoe
	368 Queen St. N., Simcoe	39 Nichol St., Waterford	

Do you need a ground floor apartment if there is no elevator? Yes No

Family Housing	Banstead/Gibraltar Sts., Delhi	Elizabeth Crescent, Dunnville	550 George St., Dunnville
	Queen/Main Sts., Dunnville	38 Erie Ave., Port Rowan	Austin Crescent, Simcoe
	265 Metcalfe St. S., Simcoe	Oakwood/Ashton, Simcoe	368 Queen St. N., Simcoe

Supportive Housing	Quetzal Family Homes, Simcoe	Rent Supplement Program	Units with Private Landlords
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Other Supportive Housing	True Experience, Dunnville	Canadian Mental Health Association, Haldimand-Norfolk Branch, Simcoe	Union House, Simcoe
	Applications to these supportive housing groups will be forwarded to the particular housing provider to be placed on their waiting list. Please note that these Other Supportive Housing groups are not full participants of the Haldimand and Norfolk Central Waiting List and not subject to the <i>Social Housing Reform Act, 2000</i> .		

16.

Do you need a fully modified unit or a wheelchair accessible unit

What support services do you require to live independently? (*Documentation may be required.*)

17.

Are you or any member of your household currently in an abusive situation (see page iii and page 11)? Yes No

18. Pets

Do you have any pet(s)? Yes No

Specify type of pet(s) _____

19. Additional comments (if any)

Declaration, Conditions and Consent

I/We, the undersigned, acknowledge, understand and agree that:

1. I/We have read the Reporting of Income / Assets located on page iv of the application form and fully understand it.
2. I/We have reported all income received and all assets currently owned and assets transferred within the last three years by every member of the household, including income not taxed by Canada Customs and Revenue Agency (CCRA) (eg. child support, DVA, etc.). **The most recent copy of an applicant's Income Tax Form or Notice of Assessment may be required to be submitted with this application.**
3. FALSIFICATION OF ANY OF THE INFORMATION given by me/us may be cause for NON-ACCEPTANCE of this application. I/We hereby certify that the information contained on this application for tenancy is true and accurate.
4. The application and any supporting documents become the property of the Corporation of Norfolk County. Copies of the application and supporting documents may be given to housing providers that I/we have selected for placement on the waiting lists in locations where I wish to live.
5. If rental accommodation is provided to me/us it will be occupied by only me/us and only the persons listed on this application.
6. This application does not constitute an agreement on the part of the Corporation of Norfolk County or any of its housing providers or any organization that will process this application and/or offer subsidized housing to me/us to provide, me/us with rental accommodation.
7. Any occupancy granted as a result of this application is subject to the present tenant vacating the premises, if and when offered. I/we agree to waive any claim for damages against the Corporation of Norfolk County, any Housing Provider, or any organization that will process this application and/or offer subsidized housing to me/us, Landlord or Agents for any and all losses that accrue to me/us resulting from the present tenant not vacating the premises offered to me/us at the time previously indicated by the present tenant.
8. Each household member named in this application must be a Canadian Citizen, Landed Immigrant, Indian Status (per Indian Act), Refugee or have Refugee Claimant status, with no outstanding deportation, departure or exclusion order in effect. **(Proof of Residency Status must accompany the application.)**
9. No member of the household named in this application has been convicted of misrepresentation of income or found by the Ontario Rental Housing Tribunal to have misrepresented their income for the purpose of receiving rent geared-to-income housing within the last two years.
10. Any member of the household named in this application must not owe rent or damage charge arrears to any federally, provincially or municipally funded housing groups in Ontario, or must be actively adhering to an approved repayment schedule. I/we acknowledge and understand that arrears information will be shared among other provincial Service Managers.
11. Any member of the household named in this application that owns residential property suitable for year-round occupancy agrees to sell it within 6 months of being housed.
12. At least one member of the household must be 16 years old or older and able to live independently and that proof of age (birth certificate) must accompany the application for all household members listed on the application.
13. All members of the household who are 16 years of age or older, must sign the application and consent, and, if housed, all other forms and documents required by the provider or; have it signed on their behalf by an approved designate – parent, guardian, person with power of attorney or authorization. **(Proof of Age must accompany the application.)**
14. The number of bedrooms allocated to a household is dependent on the number of persons in the family for subsidized housing.

Declaration, Conditions and Consent (Continued)

15. Any member of the household applying for subsidized housing must make reasonable efforts to pursue income entitled to receive such income under the Ontario Works Act 1997; Divorce Act (Canada); Employment Insurance Act (Canada); financial undertakings given under the Immigration Act i.e. Sponsorship (Canada); and any pension or other benefit entitlement from the Provincial and Federal government. Failure to make a reasonable effort to pursue such income may result in cancellation of your application, removal from the Waiting List and, if housed, cancellation of subsidized rent.

EXCEPT: Special priority RGI household member(s) MAY NOT be required to pursue the specified incomes if the pursuit of the income will place member(s) safety at risk.

16. All members of the household assume the responsibility to inform and must report any change in the information provided in this application to the Corporation of Norfolk County or its delegated agent in writing and if housed to the housing provider within 10 business days of the change occurring (i.e. change of address, phone number, family size, type or amount of income / assets). Failure to report changes may result in the cancellation of your application and removal from the Waiting List and if housed cancellation of subsidized rent.

17. The household will comply with any other eligibility governing social housing application and tenancy in Ontario as amended from time to time.

18. The undersigned consents to the disclosure and/or transfer of information given on this form and attachments to Corporation of Norfolk County or its delegated agent. The undersigned further consents to:

- a) The exchange of information between the Corporation of Norfolk County or its delegated agent and the party/parties providing supporting documentation / information on behalf of the applicant(s), for the purpose of verifying the validity and accuracy of this information.
- b) The disclosure of information contained in this application and associated documents and verifications for the purpose of processing the application including, but not limited to, determining the eligibility of the household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing, determining the placement of the household on waiting lists and determining the amount of geared-to-income rent payable by the household.

19. Any information contained on this form or in attachments is collected by the Corporation of Norfolk County or its delegated agent pursuant to *the Social Housing Reform Act, 2000*. Inquiries relating to this collection should be directed to the Social Housing Manager, the Corporation of Norfolk County, Health & Social Services Department at 12 Gilbertson Drive, P.O. Box 570, Simcoe, Ontario N3Y 4N5. This information will be used to determine eligibility of housing applied for, continuation of housing and may be used for the appropriate geared-to-income rent / housing charge and other purposes allowed by law.

20. Pursuant to *the Social Housing Reform Act, 2000*; I give my consent and authorization to the Corporation of Norfolk County or its delegated agent:

- a) To make inquiries to verify the information given in this application and I/we authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Corporation of Norfolk County or its delegated agent. I/We agree to provide any supporting material required for my/our application;
- b) To disclose the information given on this form to non-profit housing corporations, local housing corporation, the Social Housing Manager and other municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and persons listed on this application.

Declaration, Conditions and Consent (Continued)

21. I/We, the undersigned, understand that any member of the household may make a request for an internal review of certain decisions made with which I/we do not agree regarding this Application for Housing and if housed, regarding the subsidized tenancy under the following conditions:

a) the request for an internal review is made in writing within 10 business days of receiving the decision, and

b) the request is in regard to a decision made with respect to the:

- type of accommodation for the household
- category the household has been placed on the Waiting List
- amount of geared-to-income rent payable
- deferral of geared-to-income rent payable
- determination that the household is ineligible for rent geared-to-income assistance and/or special needs housing.

22. Please ensure the following information is included with your application:

- a copy of every birth certificate for all household members on the application
- a copy of custody and support documentation for household members on the application
- a copy of your most recent income tax return
- the most recent copy of all income stubs/information for the household.

23. I/We hereby release the Corporation of Norfolk County or its delegated agent, all Housing Providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information.

24. In the event that I/we are provided with rental accommodation as a result of my/our application, I/we acknowledge that my/our eligibility shall be reviewed at least every 12 months and that I/we have the same obligation to provide information. In addition, I/we have the same obligations to inform the Corporation of Norfolk County or its delegated agent and my housing provider of any changes in information within 10 business days. In the event that I/we are provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me/us by the Corporation of Norfolk County and its delegated agent and my/our housing provider, in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me/us.

25. The undersigned and all members of the household, if housed, in consideration of being housed, agree that all provisions of this application shall be equally enforceable by the housing provider and the Corporation of Norfolk County or its delegated agent in the same manner.

Date: _____ Approved Designate: _____
(if necessary)

Applicant: _____ Co-Applicant: _____

Other Household Member: _____ Other Household Member: _____

Other Household Member: _____ Other Household Member: _____

ALL MEMBERS OF THE HOUSEHOLD 16 YEARS OF AGE AND OVER MUST SIGN THIS APPLICATION

Request for Special Priority Form

Complete this section only if applying for special priority status because of an abusive situation.

I am applying for special priority status because I or someone in my household am/is currently a victim of abuse.

Last name

First name

Male Female

You can contact me safely at the following:

Home Address

Apt.

City

Postal Code

Home Phone

Work Phone

Email Address

Fax Number

I am currently living with the person who is abusing me or a member of the household.

I have been refused admittance to the Women's Shelter due to overcrowded conditions at the Shelter.

I have lived apart from the abuser for less than three months.

Please contact the Haldimand-Norfolk Housing Corporation office for a special **Verification Declaration Form** that must be submitted in order to be granted special priority.

If you are applying for special priority status you will be required to provide supporting documentation that must indicate one of the following:

1. A record of intervention by the police indicating that you were abused by the abusing individual.
2. A record of physical injury caused to you by the abusing individual.
3. A record of the application of force by the abusing individuals against you to force you to engage in sexual activity against your will.
4. A record of words, actions or gestures by the abusing individual that threaten you or another member of the household or your or another member's property including but not limited to, the following:
 - a. Threatening to physically harm you or another member of your household.
 - b. Threatening to destroy or injure your or another member of your household's property.
 - c. Intentionally killing or injuring pets.
 - d. Threatening to remove your or another member of the household's children.
 - e. Forcing you or another member of the household to perform degrading acts.
 - f. Terrorizing you or another member of the household.
 - g. Threatening to take action to withdraw from sponsoring you or another member of the household.
 - h. Threatening to take action that might lead to you or another member of the household being deported.
 - i. Other words, actions or gesture that lead you or another member of the household to fear for your or their safety.

The supporting documentation can come from one of the following individuals who have knowledge of the abuse you or another member of your household has been subject to.

1. A doctor
2. A lawyer
3. A law enforcement officer
4. A member of the clergy
5. A teacher
6. A guidance counselor
7. An individual in a managerial or administrative position with a housing provider
8. A community health worker
9. A social service worker
10. A victim services worker
11. A settlement services worker
12. A shelter worker