

Please return completed form & supporting documentation to:

Chatham-Kent Housing Services Division

435 Grand Avenue West, P.O. Box 1296 Chatham, Ontario, N7M 5R9

Phone: (519) 351-8573 | Fax: (519) 351-6404 | Email: ckhousingervices@chatham-kent.ca

TO APPLY FOR THE AFFORDABLE HOUSING PROGRAM YOU MUST:

- ☐ Be sixteen years of age or older
- ☐ Be a Canadian Citizen/Permanent Resident or have made an application for status as a Permanent Resident or have a Refugee Claimant household under the Immigration and Refugee Protection Act (Canada) where no removal order has become enforceable against any member of the household
- ☐ Be able to live on your own (i.e. cooking, cleaning, laundry, bathing) with or without supports
- ☐ Be willing to put any house you own up for sale and sell it within six months of when you get offered a unit

REQUIRED DOCUMENTS THAT MUST BE ATTACHED TO THE ORIGINAL APPLICATION

Unsigned and incomplete applications will be returned to you and will delay your application.

An electronic or scanned signature on this application will be treated as an “original” agreement, signed by the applicant(s). Paper applications can be dropped off or mailed to:

Chatham-Kent Housing Services, 435 Grand Avenue West, P.O. Box 1296, Chatham ON N7M 5R9

***Some locations are non-smoking. This means you cannot smoke anywhere in the building, however, there may be a designated smoking shelter (outside) on site at some of the locations. Please carefully consider your housing selections as your application will be cancelled if you decline 1 unit/offer.*

- ☐ ***Proof of citizenship: provide proof of citizenship for all household members.***
Acceptable documents: birth certificate or copy of birth certificate application along with proof of payment, valid permanent resident card, valid Canadian citizenship card, valid landed immigrant papers, valid indigenous status card or valid passport.
- ☐ ***Proof of custody for any children under 18 years of age***
Acceptable documents: custody agreement, child tax credit statement, or letter from LINCK (previously Chatham-Kent Children’s Services)
- ☐ ***Proof of pregnancy***
Acceptable documents: copy of your most recent ultrasound picture showing your name or a doctor’s note stating you are pregnant and your due date
- ☐ ***Documentation of supportive care, if supportive care is required***
Acceptable documents: doctor’s note or a letter from your Support Agency, which outlines your requirements
- ☐ ***Documentation of accessible needs, this is only if an accessible unit is required***
Acceptable documents: Chatham-Kent Housing Services Medical Form completed by your doctor or a doctor’s note outlining your current accessibility needs.
- ☐ ***Notice of Assessment***
Most recent notice of assessment, please include all pages. (do not submit: tax summaries, t-slips, or tax return)

You must report any changes to your information within 10 business days of the change or the file may be cancelled. i.e. family members, address, contact information, income, etc...

Office use only: Date & Time Received

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Household Member(s)

Name(s) List all members of the household	Gender	Birth Date	Relationship to Applicant
i.e. John Smith	M	Nov 2, 1956	Self/Spouse/Child

Is anyone pregnant or expecting a child? ☐ No ☐ Yes What is the due date? _____
☐ Attach proof of pregnancy (see page 1 for acceptable documents)

In order to qualify for a bedroom for your child(ren), you must have the child(ren) at least 50% of the time.
☐ Attach proof of custody (see page 1 for acceptable documents)

Applicant’s Contact Information

Current full address including unit # and P.O. Box # and city with postal code

If you are homeless, please provide an address where your mail can be sent.

Telephone numbers where you can be reached (1) _____(2) _____

Email address (optional): _____

If we cannot reach you, is there someone we can call to contact you

Alternate Contact person’s name: _____Phone #:_____

Co-Applicant’s Contact Information

Current full address including unit # and P.O. Box # and city with postal code

If you are homeless, please provide an address where your mail can be sent.

Telephone numbers where you can be reached (1) _____(2)_____

Email address (optional):_____

Household Member(s) Income: Attach most recent Notice of Assessment

Name(s) List all members with income who are 16 years old and over	List all income separately i.e. cpp, odsp, ow, employment, oas, etc...	List Gross Monthly Amount(s) (before deductions)
i.e. John Smith	CPP	\$957.00

Household Member(s) Investments Information

Person’s name	Investment(s) - state principle amount & interest rate (i.e. RRSP – \$1200 at 2.5 % interest)

Do you own residential property? ☐ No ☐ Yes
(Please note : You must be willing to put any house you own up for sale and sell it within six months of when you get an offer to lease)

Household Member(s) Special Needs and Supports

- Can you live independently?
(are you able to do your own cooking, cleaning, laundry, bathing)

☐ Yes ☐ No
- Do you require supportive care?

☐ Yes ☐ No
- Are you able to manage the stairs?

☐ Yes ☐ No
- Do you require a ground level unit or elevator availability?
Explain:_____

☐ Yes ☐ No
- Do you need a modified/wheelchair accessible unit?


☐ Yes ☐ No
- Are you a veteran recognized by Veterans Affairs Canada?

☐ Yes ☐ No
- Do you have a Veteran's Card "NDI-75"?
(If yes, please attach a copy of your Veteran's Card)


☐ Yes ☐ No

Building Selections


1 Bedroom Units

☐ 86 Pine Street, Chatham 


Assessment required to be completed by Community Living or CMHA

☐ 51 Kirk Street, Chatham 


Assessment required to be completed by Community Living

☐ 42 Southend Cres., Chatham 


Assessment required to be completed by Community Living


☐ 90 Wellington St. E., Chatham 


Assessment required to be completed by Community Living

☐ 48 Fifth St. S., Chatham 

Assessment required to be completed by CMHA

☐ 20 Wedgewood Ave., Chatham 


☐ 59 Adelaide St. S., Chatham 

☐ 330 Catherine St., Blenheim 


Senior Building (60+)

Priority given to Veterans (NDI-75 Card)


2 Bedroom Units

☐ 20 Wedgewood Ave., Chatham 

3 Bedroom Units

☐ 36 McGeorge Street, Blenheim 

4 Bedroom Units

☐ 36 McGeorge Street, Blenheim 

Confirmation, Release and Consent of Information

I/we, _____, hereby certify that the above information is accurate and complete to the best of my/our knowledge and authorize the Municipality of Chatham-Kent to confirm the information herein provided. I/we acknowledge that the provision of inaccurate, incomplete, or falsified information may result in my/us being deemed ineligible to participate in the Affordable Housing Program. I/we authorize and consent to the Housing Services Division to make any inquiries that it deems necessary to verify the information given in this form. I/we agree to provide any support material the Housing Services Division may require. I/we authorize and consent any person, corporation or any social agency having knowledge of any required information to release such information to the Housing Services Division and authorize the Housing Services Division to provide the information set out in this form to any social agency providing any form of assistance to me/us and to share the information on this form and any attachments to any government or body with whom the Municipality of Chatham-Kent Housing Services has made an agreement.

An electronic or scanned signature on this application will be treated as an “original” agreement, signed by the applicant(s).

Applicant’s signature: _____

Date: _____

Co-Applicant’s signature: _____

Date: _____

Other Household Members: _____

Date: _____