

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 RENT-GEARED-TO-INCOME (RGI) PROGRAM YOU MUST:

- Be sixteen years of age or older.
- You must be a Canadian Citizen/Permanent Resident or have made an application for status as a Permanent Resident or have 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.
- NOT** owe arrears to any social housing provider.
- NOT** have been found by the Landlord and Tenant Board or a court of law to have misrepresented income with regards to rent-geared-to-income assistance.
- Be willing to put any house you own up for sale and sell it within six months of when you get offered a unit.

Please complete the application using a black or blue pen only. 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).

REQUIRED DOCUMENTS THAT MUST BE ATTACHED TO THE ORIGINAL APPLICATION:

- Proof of citizenship: provide proof of citizenship for all household members** Acceptable documents: birth certificate or proof of payment along with birth certificate application, permanent resident card, Canadian citizenship card, landed immigrant papers, Certificate of Indian Status Card, or Canadian passport. Documentation must be valid and not expired.
- Proof of custody for any children under 18 years of age**
Acceptable documents: custody agreement, Canada Child Benefit statement, letter from Chatham-Kent Children’s Services now called LINCK or Statement of Eligibility from Ontario Works or Ontario Disability Support Program.
- Proof of pregnancy**
Acceptable documents: copy of your most recent ultrasound picture including your name or a doctor’s note stating you are pregnant and your due date.
- Documentation of accessible needs, only if you require a wheelchair accessible unit**
Acceptable documents: Doctor’s note outlining your current accessibility needs.

You must have filed your income tax to be eligible. To avoid delays, be prepared to submit your Income Tax Summary (working copy) and most recent Notice of Assessment at time of offer.

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

Household Member(s): List all individuals who will be residing in the unit.

Name	Gender	DOB	Relationship
i.e., John Smith	M	Nov 2, 1956	Self/Spouse/Child

Is anyone pregnant or expecting a child? Yes No What is the due date? _____
 In order to qualify for a bedroom for your child(ren), you must have the child(ren) at least 50% of the time.

Are you leaving an abusive relationship? Yes No
 Are you a victim of domestic violence from a person that you live with or have recently left? Please call your local Women’s Shelter (Chatham-Kent - 519 354-6360), (Three Fires Shelter – 519 627-3635) or Chatham-Kent Victim Services at 519-436-6630 for a safety plan and assessment for Special Priority Policy status (SPP).

Are you currently homeless? Yes No
 If you are currently experiencing homelessness, please contact the Homeless Response Line at 519-354-6628. Callers will be directed to safe temporary housing with family/friends or referred to local emergency accommodations.

Applicant’s Contact Information

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

 Please provide a **safe** address where your mail can be sent if mail cannot be sent to above address.

 Telephone number(s) where you can be reached (1) _____ (2) _____
 Email address (optional): _____
 Applicant’s Current landlord name: _____ Phone #: _____
 Landlord’s email address: _____

****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.

Please provide a **safe** address where your mail can be sent if mail cannot be sent to above address.

Telephone number(s) where you can be reached (1) _____ (2) _____

Email address (optional): _____

Applicant's Current landlord name: _____ Phone #: _____

Household Member(s) Supports

Can you live independently? (cooking, cleaning, laundry, bathing) Yes No

Do you require supportive care to live independently? (VON, Bayshore, etc.) Yes No

Are you able to manage stairs? Yes No

Do you require a ground floor unit? (medical note not required) Yes No

Can you use an elevator if unit is not on the ground floor? Yes No

Do you need a wheelchair accessible unit? (medical note required) Yes No

Do you currently receive a rent subsidy? (PHB, CMHA, COHB) Yes No

Would you accept a bachelor unit? (no separate bedroom) Yes No

Household Member(s) Income (list all members over 16 years old with income)

(i.e., CPP, OAS/GIS, ODSP, OW, Employment, Self-Employment, EI, WSIB, Spousal Support, Private Pensions, Foreign Pensions, OSAP, GAINS)

Name	List all income separately	List Gross Monthly Amount(s)

Household Member(s) Assets (list all members over 16 years old with income)

List of Assets	Applicant (state amounts)	Co-applicant (state amounts)	Other applicant (state amounts)
Do you own residential property?			
Bank, Trust, Credit Union			
Investments, GIC, term deposits, stocks & shares, bonds, TFSA, mutual funds			
RRSP, RESP, RDSP, RRIF & annuities, LIRA, LIF, trust account			
ATV, boats, camper, trailer, snowmobile, 4 wheeler, more than one car			
Business assets, tax license			
Other assets			

Previous Rental History for the past 5 years (if you have never rented on your own, please state)

APPLICANT	Full address	Landlord's name & phone number	Dates lived there mm/yyyy – mm/yyyy
CO-APPLICANT(S)	Full address	Landlord's name & phone number	Dates lived there mm/yyyy – mm/yyyy

Complete below if you have ever lived in social housing, received a rent subsidy, or lived in a social housing market rent unit.

Member(s) Name	Social Housing Address	Social Housing Name and Phone Number	Dates lived there mm/yyyy – mm/yyyy

Do you owe rent arrears to any social housing providers? Yes No Amount \$ _____

Were you been evicted by an "N6" order by the Landlord Tenant Board in the last 5 years? _____

DECLARATION, RELEASE, AND CONSENT OF INFORMATION

I/We _____ declare that all information given in this application is correct and complete. The application and any supporting documents become the property of the Municipality of Chatham-Kent Housing Services. Copies of, and information pertaining to the application, may be shared with housing providers that I/we have selected for the purpose of processing the application including, but not limited to, determining the eligibility of the household for rent-geared-to-income assistance, determining the size and type of unit in respect of which the household is eligible to receive rent-geared-to-income assistance, determining the placement of the household on waiting lists in locations where I/we wish to live and determining the amount of rent-geared-to-income payable by the household.

If the information on this application is incorrect or not true, Chatham-Kent Housing Services or the housing providers I/we have applied to may request additional information, may cancel my/our application or both. As a result, I/we may be prohibited from re-applying for assistance for a minimum of two years under the Housing Services Act, 2011.

A written appraisal or verification, in a form specified by Housing Services or the housing provider, may be requested and is to be obtained at the household's expense. The eligibility of the household shall be reviewed once every 12-month period or more frequently as required to determine whether the household continues to be eligible for rent-geared-to-income assistance. The household subject to the review shall provide such information and documents as the service manager may require within the time period specified by the service manager.

I/We agree that I/we are legal residents of Canada. I/We understand that if rent accommodation is provided to me/us, it will be occupied solely by me/us and those persons listed on the application. I/We understand that this application does not constitute an agreement on the part of the Municipality of Chatham-Kent Housing Services to provide me/us with rental accommodation.

Personal information contained on this form or in attachments is collected by the Municipality of Chatham-Kent Housing Services pursuant to the Housing Services Act, 2011, and associated regulations.

Pursuant to the Municipal/Provincial Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.m.56) and the Federal Privacy Act, you give consent and authorization to the Municipality of Chatham-Kent Housing Services:

1. To make inquiries, to verify the information given on this application, including a landlord and/or credit check, and, authorize the Minister, the Housing Services Corporation, the Municipality of Chatham-Kent Housing Services, each service manager, each administrator, each housing provider, each lead agency and each person or organization providing services by contract to any of them to share with any of the following persons personal information that is in their possession and was collected under the Housing Services Act, 2011, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Child Care and Early Years Act, 2014, if the information is necessary for the purposes of making decisions or verifying eligibility for assistance.
2. 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 under the Housing Services Act, 2011, without further notice to me/us, for the purpose of conducting research related to a social benefit program, social housing/housing services or rent-geared-to-income assistance.

(All applicants 16 years old and over must sign below. All unsigned applications will be returned as incomplete.)

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

Applicant _____
Print Signature Date

Co-Applicant _____
Print Signature Date

Other Household Member(s) _____
Print Signature Date

Witness _____
Print Signature Date

Questions regarding the collection, use, or disclosure of the information provided can be directed to: Director, Housing Services, Municipality of Chatham-Kent, P.O. Box 1296, 435 Grand Avenue West, Chatham, ON N7M 5R9 Phone – (519) 351-8573 / Fax (519) 351-6404.

ADDITIONAL INFORMATION PERTAINING TO CO-OPERATIVE HOUSING

Please read and sign if you are interested in applying to live in a co-operative (co-op) housing community at the following locations:

1. Clairvue Housing Co-operative Inc. located at **534 St. Clair Street, Chatham**
1 and 2 bedroom apartments and 2,3 and 4 bedroom town houses
2. Labourview Co-operative Homes, Inc. located at **74 King Street, East, Chatham**
1 and 2 bedroom apartments

As co-op housing developments are run by the members who live in the co-op community, there are additional notifications applicants should be aware of when applying for a home in a housing co-op.



Therefore, in addition to the Declaration, Release, and Consent of Information previously listed, I/we have read and understand the following which specifically applies to housing co-ops:

- I/We understand that only members of a co-op may live in a co-op housing unit and that I/we are required to apply for membership and occupancy rights.
- I/We understand that co-op housing developments provide housing at cost to its members.
- I/We understand that co-ops expect members to share responsibility in running the co-op community and I/we agree to take part in this responsibility.
- I/We understand I/we must attend an Information Exchange Meeting with the co-op's "New Member Committee" and can become members only if the co-op accepts us. Applying does not guarantee that I/we will be accepted.
- I/We understand that co-ops are governed by the Co-operative Corporations Act of Ontario and their specific by-laws and not the *Residential Tenancies Act*
- I/We understand that each co-op sets its own pet policy which I/we agree to follow
- I/We understand that there may be a fee associated with applying for a co-op

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Applicant	_____	_____	_____
	Print	Signature	Date
Co-Applicant	_____	_____	_____
	Print	Signature	Date
Other Household Member(s)	_____	_____	_____
	Print	Signature	Date
Witness	_____	_____	_____
	Print	Signature	Date

Buildings that have wheelchair accessible units are indicated by  and buildings that are non-smoking are indicated by 

If you decline 1 offer, your application will be cancelled, as such please consider your selections carefully.

Please mark an "X" in the "Choice" column for the buildings you would like to select.

H = Hydro G = Gas W = Water Inc = Included FR = Monthly Flat Rate

SINGLE AND FAMILY HOUSING LOCATIONS

# of Bedrooms	Address	Utilities	<input type="checkbox"/>	# of Bedrooms	Address	Utilities	<input type="checkbox"/>
Chatham							
1	258 McNaughton Ave. E.	Inc		2	83 King St. W.	Hydro	
1	 45 Michener Rd.	H		2	 340 Park Ave. W.	H & G	
1	  99 McNaughton Ave. W.	Inc		2	 265 Tweedsmuir Ave. W.	H & G	
1	16 Timmins Cr.	H		2	 40 Wedgewood Ave.	H, G & W	
1	805 Grand Ave. W.	Inc		2	 Hope SW - Bung/Det/Semi	H, G & W	
1	 130 Sheldon Ave.	Inc		3	Hope NE Bung	H, G & W	
1	 534 St. Clair St. (Apt) Co-Op	H & G		3	Hope NE Det	H, G & W	
1	18 Dolsen Rd.	H		3	563 McNaughton Ave E.	H, G & W	
1	 397 Lacroix St.	Inc		3	164 King St. E.	H & G	
1	 48 Fifth St.	Inc		3	 534 St. Clair St. (TH) Co-Op	H & G	
1	 85 Pine St.	Inc		3	Hope NW Bung/Det	H, G & W	
1	 254 Park Ave. E.	Inc		3	181 McNaughton Ave. W.	H, G & W	
1	150 Park Ave. E.	Inc		3	 179 Sheldon Ave.	H & G	
1	 74 King St. E. (Apt) Co-Op	Inc		3	231 William St. S.	H & G	
1	  65 Riverview Dr.	H & G		3	Hope SE – TH/Det/Bung	H, G & W	
1	83 King St. W.	H		3	65 Riverview Dr.	H & G	
1	20 Wedgewood Ave.	H		3	27-29 Keil Dr. S.	H, G & W	
1	  5 Tecumseh Rd., Chatham (Assessment from March of Dimes required)	Inc		3	340 Park Ave. W.	H & G	
1	76 Mary St.	Inc		3	265 Tweedsmuir Ave. W.	H & G	
1	150 Mary St.	Inc		3	40 Wedgewood Ave.	H, G & W	
2	 6 Martina Crt.	H & G		3	Hope SW - Bung/Det/Semi	H, G & W	
2	Hope NE Bung	H, G & W		4	Hope NE Det	H, G & W	
2	  534 St. Clair St. (Apt) Co-Op	H & G		4	534 St. Clair St. (TH) Co-Op	H & G	
2	 534 St. Clair St. (TH) Co-Op	H & G		4	Hope SE - Bung/Det	H, G & W	
2	 Hope NW Bung/Det	H, G & W		4	179 Sheldon Ave.	H & G	
2	179 Sheldon Ave.	H & G		4	 340 Park Ave. W.	H & G	
2	164 King St. E.	H & G		4	265 Tweedsmuir Ave. W.	H & G	
2	74 King St. E. (Apt) Co-Op	Inc		4	40 Wedgewood Ave.	H, G & W	
2	 Hope SE – TH/Det/Bung/Semi	H, G & W		4	Hope SW - Bung/Det/Semi	H, G & W	
2	  65 Riverview Dr.	H & G		4	65 Riverview Dr.	H & G	
Blenheim							
1	 287 Talbot St. W. 7 steps up and 7 steps down	Inc		1	  82 Talbot St. E.	Inc	
1	 6 Talbot St. W.	\$200 FR					

