

Application for Seniors Housing at Riverview Terrace

Please return your completed application by Mail or In Person.

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

For further information, please contact us at 519.351.8573 or visit our website at:

www.chatham-kent.ca

To Apply:

1. Please print clearly and fill out all sections of the application form.
2. You must be able to live independently. (Example; are you able to do your own cooking, cleaning, laundry, shopping) with or without supports.
3. 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. (Attach a copy of the Permanent Resident card, Canadian Citizenship card, Landed Immigrant papers etc. or application incomplete).
4. Willing to put any house you own up for sale and sell it within six months of when you get an offer to lease.
5. Sign the application. *** Note: Incomplete applications cannot be processed.*
6. Attach the documents listed in the Application Checklist & on this form.

Applicant	Co-Applicant	Documents	Description of items to be copied
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificates for ALL household members	Birth Certificate if born in Canada or Canadian Citizenship or Landed Immigrant Papers or Permanent Resident Card or Canadian Passport
<input type="checkbox"/>	<input type="checkbox"/>	Notice of Assessments	Current Notice of Assessment(s) from Canada Revenue Agency
<input type="checkbox"/>	<input type="checkbox"/>	Homeowner	Mortgage statement/deed. If home is for sale, please provide copy of real estate listing and Purchase and Sale Agreement

APPLICANT					
Last Name		First Name			
Mrs./Mr./Miss/Ms.		Date of Birth (MM/DD/YY)			
Mailing address		Unit/Box #			
City/Town		Postal Code			
Home #		Work #			
Cell #		Email			
Marital Status		Social Insurance Number (optional)		/ /	
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Native Status					

CO-APPLICANT					
What is your relationship to the Applicant? _____					
Last Name _____		First Name _____			
Mrs./Mr./Miss/Ms. _____		Date of Birth (MM/DD/YY)		_____	
Mailing address _____		Unit/Box # _____			
City/Town _____		Postal Code _____			
Home # _____		Work # _____			
Cell # _____		Email _____			
Marital Status _____		Social Insurance Number (optional)		/ /	
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Native Status					

ALTERNATE CONTACT INFORMATION		
Contact person name		Phone #
This person will only be contacted if we are having a problem contacting you.		

CURRENT HOUSING INFORMATION

Are you currently:

☐ **LIVING IN YOUR OWN HOME** * For homeowner(s), please provide mortgage statement (if applicable) and deed. If home is for sale, please provide copy of real estate listing and Purchase & Sale Agreement.

☐ **RENTING** - Are you currently receiving rent-geared-to-income assistance? ☐ Yes ☐ No

Current Landlord's Name

Phone #

PREVIOUS RENTAL HISTORY

Please list below the names, addresses and the dates you lived there:

Landlord's name and phone number	Full address including unit # and city	Dates You Lived There

Have you ever lived in an affordable housing unit before? ☐ Yes ☐ No
Do you owe any arrears to any affordable housing providers? ☐ Yes ☐ No

SERVICES

Are you able to live independently? (Are you able to do your own cooking, cleaning, laundry, shopping etc.?)

☐ Yes ☐ No

SPECIAL NEEDS

Do you require Accessible parking (must have permit):

☐ Yes ☐ No

BUILDING MANDATE

I am aware and agree to abide that Riverview Terrace is an affordable housing building for seniors with 12 units reserved for consumers of March of Dimes Canada's services.

Applicant: ☐ Yes ☐ No **Co-Applicant:** ☐ Yes ☐ No

SMOKE-FREE COMPLEX

I am aware and agree to abide that Riverview Terrace is a Smoke-Free building.

Applicant: ☐ Yes ☐ No

Co-Applicant: ☐ Yes ☐ No

HOUSEHOLD INFORMATION

Unit Size: ☐ 1 Bedroom ☐ 2 Bedroom

Are you applying for the 2 bedroom market rent unit? ☐ Yes ☐ No

DECLARATION, RELEASE AND CONSENT OF INFORMATION

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the Federal Privacy Act, and the Housing Services Act, 2011, and associated regulations for the purpose of administering the social housing programs, I give my consent and authorization to the Municipality of Chatham-Kent Housing Services to:

1. Make inquiries to verify the information given on this application and I authorize a person, corporation or social agency having knowledge/possession of any such required information to release the information to the Municipality of Chatham-Kent Housing Services.
2. Disclose the information given on this form and any attachments to non-profit housing corporations, co-operatives, 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 and persons listed on this application. This sharing of information may be for the purpose of conducting research related to a social benefit program or social housing, including but not limited to affordable housing programs.
3. Make enquiries, to verify the information given on this application, including a landlord and/or credit check and I/we authorize the Minister, the Housing Services Corporation, the Municipality of Chatham-Kent, Housing Services Division, 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 Day Nurseries Act, if the information is necessary for the purposes of making decisions or verifying eligibility for assistance.

Additionally, I understand that:

4. If I have any former arrears owing to any municipal, private non-profit or co-operative housing provider and have not made acceptable payment arrangements, or are not maintaining those arrangements, I will be deemed ineligible for the affordable housing program. I further consent to sharing of any former tenant arrears with non-profit housing corporations, co-operatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of social housing and/or affordable housing programs.
5. I must advise the Municipality of Chatham-Kent Housing Services of any changes in contact information and/or household composition **within 10 days** of the change or my application will be deemed ineligible and I must reapply.
6. I 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.
7. If information on this application is incorrect or not true, Chatham-Kent Housing Services may request additional information, may cancel my application or both and I may be prohibited from re-applying for assistance for a minimum of two years under the Housing Services Act, 2011 if I was found guilty to have misrepresented income or income of household in relation to receipt of rent-geared-to-income assistance and hence the affordable housing program as well.
8. 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.
9. I am a legal resident of Canada.
10. I understand that if rent accommodation is provided to me, it will be occupied solely by me and those persons listed on the application.
11. I understand that this application does not constitute an agreement on the part of the Municipality of Chatham-Kent Housing Services to provide me with rental accommodation.

Signature of applicant _____ **Date** _____

Witness _____ **Date** _____

Signature of co-applicant _____ **Date** _____

Witness _____ **Date** _____