

Checklist for Affordable Housing Applicants

Completed applications are to be returned to:

Parry Sound DSSAB,
1 Beechwood Drive,
Parry Sound, ON P2A 1J2
Fax no. 705-774-9958
housingapplications@psdssab.org

Please ensure your application is complete, signed, and required verification is

Complete Application:

1. I have fully completed this application.
2. I have read and signed the consent and declaration on pg. 8.

Attach with Application (for each household member):

3. I have provided proof of legal resident status in Canada for each member of the household. **Examples include: copy of birth certificate, passport, native status card, baptismal certificate, permanent resident card, and landed immigrant or refugee documents.** (Driver's licence and health cards are not accepted).
4. Each household member has provided a copy of a most recent Notice of Assessment (NOA) for income taxes from Canada Revenue Agency (CRA) **and**
5. **All** T-slips for the above for each household member.
6. I have had the Bank Form (attached**) completed by the bank for all direct deposits.
7. I have provided verification of all gross income as required in Section G (see Appendix 1 & 2, starting on pg. 9 for examples).
8. I have provided verification of all assets as required in Section H.

Please note: if your household uses more than one (1) bank or financial institution, please make copies of the blank Bank Form provided or contact our office for more blank copies

Housing Services

Application for Affordable Housing Units in the District of Parry Sound

Instructions:

1. Please read and complete all sections and return to the address below along with the required verification.
2. Refer to the checklist, on the front page, to make sure you have included everything required. Incomplete applications will not be processed.
3. Please print all information clearly and in ink.

District of Parry Sound Social Services Administration Board

Housing Services

1 Beechwood Dr. Parry Sound ON P2A 1J2

Telephone: (705) 746-7777 Toll Free: 1 (800) 461-4464 Fax: (705) 774-9958

A. Applicant

Last Name: _____ First Name: _____

Social Insurance Number: ____ / ____ / ____

Birth Date (Month/Day/Year): ____ / ____ / ____ Gender: Female Male

Apt. #: _____ Street Address: _____ P.O. Box #: _____

City/Town: _____ Postal Code: _____

Telephone () _____ Alternate Telephone () _____

Emergency Contact Person: _____ Telephone: () _____

Status in Canada (check one). Verification is also required.

Canadian Citizen Landed Immigrant Refugee Claimant Other

For Office Use Only:

Comments:

B. Co-Applicant

| | | | |
|---|--|---|--|
| Last Name: _____ | | First Name: _____ | |
| Social Insurance Number: ____ / ____ / ____ | | | |
| Birth Date (Month/Day/Year): ____ / ____ / ____ | | Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> | |
| Apt. #: _____ | | Street Address: _____ | |
| | | P.O. Box #: _____ | |
| City/Town: _____ | | Postal Code: _____ | |
| Telephone () _____ | | Alternate Telephone () _____ | |
| Emergency Contact Person: _____ | | Telephone: () _____ | |
| Status in Canada (check one). Verification is also required. | | | |
| Canadian Citizen <input type="checkbox"/> | | Landed Immigrant <input type="checkbox"/> | |
| Refugee Claimant <input type="checkbox"/> | | Other <input type="checkbox"/> | |
| _____ | | | |

C. List any other persons to live in accommodation:

| Last Name | First Name | Date of Birth <small>(month/ day /year)</small> | Gender M / F | Relationship to applicant |
|-----------|------------|--|-----------------|---------------------------|
| | | | | |
| | | | | |

D. Previous Subsidized Housing Rentals

a) Does anyone listed on this application currently (or in the past), live in subsidized rental accommodation in Ontario?

Yes No

b) If 'Yes' please list name of person, subsidized address and when they occupied unit.

| Previous Subsidized Address | | | |
|-----------------------------|--------------------|--------------------|------------------|
| First and Last Name | Subsidized Address | From Month/year | To Month/Year |
| | | | |
| | | | |

E. Housing Need/Unit Size

Bachelor 1 Bedroom 2 Bedroom

1. I/we will **only** accept a ground floor unit or one serviced by an elevator. Yes No
2. Do you require a fully modified wheelchair unit? Yes No
3. Do you require a wheelchair accessible unit? Yes No

F. Housing Need/Unit Size

| East Parry Sound District | |
|--|---|
| Trout Creek | |
| West Estates – 121 McCarthy St. (Seniors 65 + ONLY) <input type="checkbox"/> 1 bedroom | |
| Callander | |
| Callander Bay – 47 Lansdowne St. <input type="checkbox"/> bachelor <input type="checkbox"/> 1 bedroom | |
| Burk's Falls | |
| Almaguin Manor - 178 Yonge St. (Seniors 55+ ONLY) <input type="checkbox"/> 1 bedroom | |
| West Parry Sound District | |
| Town of Parry Sound | |
| James Street Apartments - 92 James St. (Seniors 65+ or those with Disabilities) <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom | Sound Community Hub* - 86 Gibson St. <input type="checkbox"/> bachelor unit <small>*For Market Units at the Sound Community Hub contact 705-746-6042</small> |
| Seguin Township (Humphrey) | |
| 241030 Ontario Inc. – (7, 9, 11, 13 & 15) Seguin Dr. (Seniors 65 + ONLY) <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom | 2213725 Ontario Inc. – (26, 28, 30, 32 & 34) Seguin Dr. (Seniors 65 + ONLY) <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom |

What happens if I am eligible for Affordable Housing?

If you are eligible for affordable housing, a copy of your application will be sent to the landlord of your eligible building selections, who is responsible for final tenant selection. They will contact you directly if you are selected for a unit.

G. Statement of Gross MONTHLY Income (BEFORE deductions) received by all persons/family members applying to live in the accommodation.

Verification of income amount is also required. Please refer to Appendix 1 'Verifying Documents Required by Applicants' and Appendix 2 for types of income to be reported.

| Gross MONTHLY Income | | | |
|---|------------------|---------------------|-------------------------|
| Income source | Applicant | Co-Applicant | Other Applicants |
| 1. Canada Child Benefit | \$ | \$ | \$ |
| 2. Canada Pension Plan (CPP), Survivor's Benefit | | | |
| 3. Canada Pension Plan Disability (CPP-D) or Spousal Allowance | | | |
| 4. Child Support | | | |
| 5. Employment Income (salary, overtime, bonuses, commissions, etc) | | | |
| 6. Employment Insurance Benefits (EI) | | | |
| 7. HST | | | |
| 8. Guaranteed Annual Income System (GAINS) [provincial] | | | |
| 9. Guaranteed Income Supplement (GIS) [federal] | | | |
| 10. Interest Earned on Investments – RRSPs, GICs, etc. | | | |
| 11. Old Age Security (OAS) | | | |
| 12. Ontario Disability Support Program (ODSP) | | | |
| 13. Ontario Works (OW) | | | |
| 14. Pensions, Benefits and Annuities – Private, Other Countries | | | |
| 15. RRIF Payments | | | |
| 16. Self-employment Income | | | |
| 17. Spousal support, alimony, separation payments | | | |
| 18. Trillium Benefit [provincial] | | | |
| 19. Veteran's Affairs Allowance | | | |
| 20. Workplace Safety Insurance Board (WSIB) or other Disability Pension | | | |
| 21. Other Income (Specify) _____ | | | |
| Total Income | \$ | \$ | \$ |

For Office Use Only:

(Less shaded amounts for eligibility purposes): _____

Total = _____

Eligible? Yes No _____

H. Statement of Assets (Owned by all Persons on this Application)

| | STATEMENT OF ASSETS | Applicant | Co-Applicant | Others on Application |
|---------------------|--|-----------|--------------|-----------------------|
| 1. | Business Assets (e.g. partnership, franchise, self-employed) | \$ | | |
| 2. | Chequing Accounts (Bank, Trust Co., Credit Union) | \$ | | |
| 3. | Monies Owed to You or Others Listed on Appl. (over \$500.00) | \$ | | |
| 4. | Mortgages or Loans OWED to you | \$ | | |
| 5. | Real Estate – house, cottage, vacant land. Must provide current tax assessment value and mortgage documents | \$ | | |
| 6. | RRSP, RESPs and Annuities | \$ | | |
| 7. | Savings Accounts (Bank, Trust Co., Credit Union) | \$ | | |
| 8. | Stocks, Bonds, GICs, Debentures and other Securities | \$ | | |
| 9. | Other Assets (Specify) | \$ | | |
| TOTAL ASSETS | | \$ | | |

- The current asset limit is \$50,000.00. If you have assets above this amount you may not qualify for Affordable Housing.
- If you have investments outside of your financial institution, please attach a copy of each investment statement to this application.
- If you own a permanent residence, you must sell the property within 6 months of moving in.
- If the property you own is foreclosed, or will be foreclosed, please submit a letter from your lawyer, or bank, showing either deficiency judgment or surplus.

Collection, Use, and Disclosure of Personal Information

Please have all household members 16 years of age or older read this consent and declaration

What is Personal Information?

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information, in any form, such as:

- Age, name, ID number, income, assets household composition, residency status, rent payment records, etc.
- Opinions, evaluations, comments, social status, or disciplinary actions.
- Employee files, credit records, loan records, medical records, existence of a dispute between a landlord and tenant, intentions (for example: to acquire goods or services, or change jobs).

Collection and Use of your Personal Information

The District of Parry Sound Social Services Administration Board (PSDSSAB) will collect, retain, use and may disclose the personal information provided by you in this form and its attachments for the following purposes:

- Considering your application for eligibility or tenancy.
- Verifying the information that you have provided in your application for tenancy and its attachments.
- Receive reimbursement from Municipal, Provincial and Federal agencies for costs associated with subsidized housing
- Plan, administer, and manage our operations.
- Comply with legal and regulatory requirements.
- For use of the auditor to verify compliance.
- For the purpose of contacting the necessary services or your next of kin in case of an emergency.
- Fulfill other purposes permitted or required by law.

Disclosure of Your Personal Information

The PSDSSAB will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- To any agency providing any form of assistance to you, or other government subsidy under the Ontario Works Act, 1997, the *Ontario Disability Support Program Act, 1997* or the *Child Care and Early Years Act, 2014*, or any other government department responsible for social housing programs under the *Housing Services Act, 2011*.
- To the Government of Canada, a department, ministry or agency of it, without further notice to you in the information is necessary to the purpose of administering or enforcing the *Income Tax Act (Canada)*, *Canada Pension Plan Act*, *Old Age Security Act* or *Immigration and Refugee Protection Act*.
- To any agent on behalf of the PSDSSAB for the purpose of complying with the *Housing Services Act, 2011*.
- To credit bureaus and other businesses that provide credit or rental history information about you.

HOUSING SERVICES
CONSENT AND DECLARATION

I /We, the undersigned, allow the following consents and declarations knowing they will be relied upon by the District of Parry Sound Social Services Administration Board (PSDSSAB), Housing Services department, to assess my/our initial eligibility for Affordable Housing

- I. I have read over the “Collection, Use and Disclosure of Personal Information”, on the previous page and fully understand them. I have read and understand the “Definitions of Income” (Appendix 1) attached to this application and fully understand them.
- II. The information I put on this form as applicants and the gross household income is accurate and complete. No household income has been concealed or omitted from this form.
- III. I authorize the PSDSSAB to make any inquiries that it deems necessary to verify information given on this form. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to the PSDSSAB.
- IV. I am responsible to provide any supporting documents required to complete this application. This form and all supporting documents provided become the property of the PSDSSAB.
- V. I understand that failure to supply the PSDSSAB with accurate and complete information on this form may jeopardize my eligibility for affordable housing.
- VI. I authorize and agree that the PSDSSAB may collect, use, and disclose the personal information that I have provided on this form. I understand and acknowledge that the PSDSSAB will also collect, use and disclose my personal information required or permitted by law.
- VII. Signatures of all household members that are 16 years of age and older are included below*.

***Signatures are required from all members of the household who are 18 years of age and older (as well as applicants 16 and 17 years old, if not enrolled in school):**

| | | |
|----------------------|---------------------|-------|
| 1. _____ | _____ | _____ |
| PRINT Applicant Name | Applicant Signature | Date |
| 2. _____ | _____ | _____ |
| PRINT Applicant Name | Applicant Signature | Date |
| 3. _____ | _____ | _____ |
| PRINT Applicant Name | Applicant Signature | Date |

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)
(Housing Services Act, 2011)

Personal Information discussed or exchanged under the use of this Consent by the District of Parry Sound Social Services Administration Board (DSSAB) will be used for purpose of determining and verifying initial and ongoing eligibility for DSSAB Programs. Questions or concerns about the collection, use or discloser of personal information should be directed to the Human Resource Manager at the District of Parry Sound Social Services Administration Board, 1 Beechwood Dr., Parry Sound, ON, P2A 1J2 or by telephone at 705-746-7777.

APPENDIX 1

Definitions of Income

“Income” means all income, benefits and gains, of every kind and from every source.

| Examples of Possible Sources of Income | | | |
|--|---|--|--|
| Employment | | | |
| <ul style="list-style-type: none"> • Full-time • Part-time • Irregular • Casual | <ul style="list-style-type: none"> • Seasonal • Odd Jobs • Bonuses • Overtime Earnings | <ul style="list-style-type: none"> • Commissions • Tips and Gratuities • Separation/Vacation Pay | <ul style="list-style-type: none"> • Disability Pay • Sick Pay • Long-term Income Protection Payments |
| Self-Employment | | | |
| <ul style="list-style-type: none"> • Full-time • Part-time • Odd Jobs for cash or cheque | <ul style="list-style-type: none"> • Tutoring • Music Teacher • Child Care • Babysitting | <ul style="list-style-type: none"> • Taxi • Business | |
| Pensions & Allowances | | | |
| <ul style="list-style-type: none"> • Old Age Security (OAS) • Guaranteed Income Supplement (GIS) • Guaranteed Annual Income Supplement (GAINS) • Canada Pension Plan (CPP) • Quebec Pension Plan | <ul style="list-style-type: none"> • Social Security (other countries) • Company Pension • Private Pension • Public Service Pension • Disability Pension | <ul style="list-style-type: none"> • Widow’s Pension • War Veteran’s Allowance • Military or Militia or Civil Defence Allowance • Civilian War Pension | |
| Other Sources | | | |
| <ul style="list-style-type: none"> • Ontario Work Assistance (OW) • Ontario Disability Support Program (ODSP) • Worker Safety Insurance Board (WSIB) • Employment Insurance (EI) • Child Support • Spousal Support • Ontario Secondary School Assistance Program (OSAP) | <ul style="list-style-type: none"> • Official Guardian or Public Trustee Payments • Children’s Aid Society • Rental Income • Lump Sum Payments (Inheritance, Court Settlements, Compensation) | <ul style="list-style-type: none"> • Support from Relatives or Other Sources • Sponsorship under Immigration Act • Interest on Investments • Any Source of Income <u>Not</u> Listed | |

APPENDIX 2

1. Income Source(s) Verification. Gross Monthly Income (BEFORE deductions)

| Income Source | Documentation Requirements |
|--|--|
| Canada Child Benefit (CCB) | <ul style="list-style-type: none"> • Completion of Bank Form to show amount of current direct deposit. |
| Employment Income and Employment Insurance (EI) | <p>If you are employed, current consecutive pay stubs for a two-month period indicating:</p> <ul style="list-style-type: none"> • Company name • Employee's name • Pay period/frequency • Gross pay amount and rate of pay • Year-to-date totals <p>Employment Insurance (EI) benefits:</p> <ul style="list-style-type: none"> • Printouts of current Benefit Statements for three, two-week reporting periods (6 weeks). Must show applicant's name, dates of reporting periods, benefit rate and gross amount. |
| GST | <ul style="list-style-type: none"> • Completion of Bank Form to show amount of current direct deposits |
| Interest Earned on Investments, Bank Accounts | <ul style="list-style-type: none"> • Completion of Bank Form. • Most recent T-slips for interest earned. |
| Ontario Works or ODSP | <ul style="list-style-type: none"> • Copy of most current assistance stub showing shelter and basic needs amounts. If more than one person in the benefit unit, written confirmation from caseworker who is in it. |
| Pensions – OAS, CPP, GAINS, GIS, CPP-D | <ul style="list-style-type: none"> • Completion of Bank Form to show amount of current direct deposits. • Most recent T-slips for each pension. |
| Private Pensions, RRIF Payments | <ul style="list-style-type: none"> • Completion of Bank Form to show amount of direct deposits. • Letter from issuer confirming gross amount and frequency of payments. • Most recent T-slips for each pension. • If you receive by cheque, a copy of a current cheque OR bank statements for three months. |
| Self-Employment Income | <ul style="list-style-type: none"> • Financial statements |
| Spousal and Child Support | <ul style="list-style-type: none"> • Copy of agreement regarding amount and frequency of payments. • Bank statements for three months showing deposits |
| Trillium Benefit | <ul style="list-style-type: none"> • Completion of Bank Form to show amount of current direct deposit. |

BANK FORM

Verification of Income Producing Assets

District of Parry Sound Social Services Administration Board

Housing Services

1 Beechwood Drive

Parry Sound, ON P2A 1J2

Telephone: (705) 746-7777

Toll free: 1-800-461-4464

Fax: (705) 774-9958

It is the responsibility of the applicants/tenants to have this form completed by their Bank, Trust Company and/or Credit Union and to ensure that it is returned to the above address. Please contact the office for additional blank forms or copy form as required.

If applicants/tenants have other types of assets, not listed below by the financial institution, please submit additional verification.

Section A. TO BE COMPLETED BY APPLICANTS/TENANTS:

I/We _____ and _____ presently residing at _____ hereby authorize that the information requested below be given to the Housing Services department as required under the terms of my /our current or future tenancy.

Applicant/ Tenant Signature

Date

Applicant/ Tenant Signature

Date

Section B. TO BE COMPLETED BY BANK, TRUST COMPANY OR CREDIT UNION:

Please provide all available information as requested for the tenant(s) named above. All information is treated as confidential.

1. Savings/Chequing Accounts

| Account Number | Balance | Current Interest Rate | Interest Earned in Past 12 Months |
|----------------|---------|-----------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

2. Direct Deposits to Above Accounts (i.e. government, employment, RIFs, LIFs income, etc.)

| Source | Amount | Frequency | Source | Amount | Frequency |
|--------|--------|-----------|--------|--------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

3. Term Deposits, Investment Certificates, etc.

| Security | Value | Current rate | Interest earned in 12 months | Maturity date |
|----------|-------|--------------|------------------------------|---------------|
| | | | | |
| | | | | |

4. Registered Retirement Savings Plan(s)

| Registration Number | Value | Valuation Date dd/mm/yyyy | Type of RRSP |
|---------------------|-------|---------------------------|--------------|
| | | | |
| | | | |

| | | | |
|---|-------------------------------|--|-----------|
| Stamp or Seal of Financial Institution | Name of Financial Institution | | |
| | Address | | |
| | Authorized Signature | | Date |
| | Print Name and Position | | Telephone |