

# Check List for Rent-Geared-to-Income Application

	Steps	<input checked="" type="checkbox"/>
1.	<b>Complete sections A through I of the RGI application. If some sections are not applicable to you, leave them blank.</b>	<input type="checkbox"/>
2.	<b>Sign the Housing Consent and Declaration:</b> all household members 16 years of age and over who are not in school full time are required to sign.	<input type="checkbox"/>
3.	<b>Sign the Inter-departmental consent:</b> all household members 16 years of age and over who are not in school full time are required to sign.  <b>Verified by other department:</b> _____	<input type="checkbox"/>  <input type="checkbox"/>
4.	<b>Attach a copy of your Canadian Citizenship:</b> Examples include; birth certificate, passport, native status card, baptismal certificate, permanent resident card, and landed immigrant or refugee documents.  Driver's licence and health card <b>are not acceptable.</b> <b>Verified by other department:</b> _____	<input type="checkbox"/>  <input type="checkbox"/>
5.	<b>Attach Custody documents:</b>  Attach custody documentation or a letter outlining custody arrangements and signed by both parents. Verification required as it will help determine appropriate unit size	<input type="checkbox"/>
6.	<b>Attach repayment proof for social housing arrears:</b>  attach a copy of your repayment agreement and proof of your first payment	<input type="checkbox"/>
7.	<b>Ensure Income tax has been filed annually by April 30</b>  Attach a copy of your most recent Notice of Assessment	<input type="checkbox"/>
8.	<b>Return Form:</b>  <b>Fax, E-mail, Mail or drop off to:</b> <b>District of Parry Sound Social Services Administration</b> <b>Board Attention: Housing Programs</b> <b>1 Beechwood Dr., Parry Sound, ON P2A 1J2</b> <b>Fax 705-774-9958</b>  <b>Email: <a href="mailto:housingapplications@psdssab.org">housingapplications@psdssab.org</a></b>	<input type="checkbox"/>

\*original documents will be photocopied and returned by mail

If you have any questions about this application, please contact:  
705-746-7777 ext 5260 or [housingapplications@psdssab.org](mailto:housingapplications@psdssab.org)

If you would like assistance completing this form, staff are available

to help you in our office located at  
1 Beechwood Dr. Parry Sound, ON.

Date/ Time Stamp Here

## Housing Programs

### Application for Rent-Geared-to-Income (RGI) Housing in the District of Parry Sound

**Instructions:**

- Provide proof of legal resident status in Canada** for all household members.  
 This **MUST** be submitted, or verified by another DSSAB department, otherwise your application may be considered incomplete.  
 Examples: **birth certificate**, passport, native status card, baptismal certificate, permanent resident card, and landed immigrant or refugee documents.  
 Driver's license and health card are not acceptable.
- Please provide custody documents** or a letter verifying custody, if applicable.

District of Parry Sound Social Services Administration Board  
 Housing Programs  
 1 Beechwood Dr., Parry Sound, ON P2A 1J2  
 Telephone: (705) 746-7777 Toll Free: 1 (800) 461-4464 Fax: (705) 774-9958  
 E-mail: housingapplications@psdssab.org

**A. Applicant**

Last Name:		First Name:		Date of Birth: DD/ MM/ YY/	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/>		Social Insurance Number: ____/____/____		Marital Status:	
Apt No.	Address (Street # FR # - PO Box)		Town/City	Province	Postal Code
Home Phone:		Cell Phone:		E-mail:	
Alternative/Emergency Contact Person (not living with applicant):			Alt/Emergency Contact Phone Number or E-mail:		
I am a: Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> _____ <b>Provide proof of legal resident status in Canada for all household members.</b>					

**B. Spouse / Co-Applicant**

Last Name:		First Name:		Date of Birth: DD/ MM/ YY/	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/>		Social Insurance Number: ____/____/____		Marital Status:	
Apt No.	Address (Street # FR # - PO Box)		Town/City	Province	Postal Code
Home Phone:		Cell Phone:		Your Relationship to Applicant:	
Alternative/Emergency Contact Person (not living with applicant):			Alt/Emerg. Contact Phone Number:		
I am a: Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> _____ <b>Provide proof of legal resident status in Canada for all household members.</b>					

**C. List all Other Persons to Live in Accommodation**

Provide proof of legal resident status in Canada for all household members.

1. First Name                      Last Name                      Date of Birth                      Gender                      Relationship to Applicant  
 DD/MM/YYYY                      M/F/N-B

2. Is a baby expected?    Yes     No                       If Yes: date expected: \_\_\_\_\_

**D. Present Location of Other Persons:**

Do all household members/children live with you?    Yes     No

If "No" give address and reason for separation. \_\_\_\_\_

**E. Previous Tenancy in Subsidized Rental Accommodation in Ontario:**

1. Have you or any persons listed on this application lived in subsidized rental accommodation in Ontario?

Yes                       No

2. Have you or any persons listed on this application had previous Community Housing evictions?

Yes                       No

3. If "Yes" give the name of person subsidized, housing provider and unit address:

Name:                      Housing Provider:                      Location/Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Income**

1.	Have you completed your income taxes by April 30?	Yes	No
2.	Have you attached your Notice of Assessment (NOA) from your most recent income tax(es) to this application?	Yes	No
3.	Are you or anyone in your household, who is over the age of 16 years, a full time student registered at a recognized educational institution?	Yes	No
4.	Are you or any member of your household in receipt of OSAP funding?	Yes	No
5.	Are you on Social Assistance?	Yes	No

**G. Statement of Assets (Owned by all persons on this application)**

STATEMENT OF ASSETS		Applicant	Co-Applicant	Others on Application
1.	Chequing & Savings Account (Bank, Trust Co., Credit Union)	\$		
2.	RRSPs, RESPs, Annuities, Stocks, Bonds, CICs, Debentures and other Securities	\$		
3.	Real Estate – house, cottage, vacant land. *Attach a copy of your MPAC notice	\$		
4.	Business Assets (e.g. partnership, franchise, self-employed)	\$		
5.	Monies Owed to You and Others Listed on App. (over \$500.00) including mortgages and loans	\$		
6.	Other Assets (Specify)	\$		
<b>TOTAL ASSETS</b>		\$		

**Assets:**

- **The current asset limit is \$50,000.00. If you have assets above this amount you may not qualify for Rent-Geared-to-Income Housing in the District of Parry Sound.**
- **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, please attach a current Municipal Property Assessment Corporation (MPAC) Statement.**
- **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.**

**H. Additional Requirements (Optional)**

Please complete this section only if you are applying to the waiting list because someone that you live with, or have lived within the last three months, is abusing you or you were/are a victim of human trafficking within the last three months.

1. Check boxes below that apply to you or other persons listed on the application:

***If you check either box, other information will be requested to verify the situation.***

- I/we currently live in, or recently moved from, an abusive relationship.
- I am a victim of human trafficking, or have exited trafficking within the last three months.

2. **Only** if you checked box above, provide a safe contact address and telephone number for us to contact you.

- Same as on page 1 of this application.
- Different (please provide below).

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- I/we have no permanent address (e.g. live in a shelter, on the street, etc.).

Please specify: \_\_\_\_\_

**I. Additional Comments (Optional)**

COMMENTS:

For Office Use Only:

**Rent-Geared-to-Income Units in the Parry Sound District**  
*Please note that eligibility for units is based on your household size*  
*See Occupancy Standards on page 6*

**J. Housing Need/Unit Size**

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

If you selected yes, further documentation may be required.

**K. Please check which geographic locations you prefer (check all that apply)**

<b>EAST PARRY SOUND</b>			
<b>Powassan – Seniors 65+ only. Please contact 705-724-3655 for Market unit inquiries.</b>			
<input type="checkbox"/>	Catherine Ave.	9 – 1 bedroom units	
<b>Callander</b>			
<input type="checkbox"/>	Main St. North	23 – 1 bedroom units	
<b>South River</b>			
<input type="checkbox"/>	Roselawn Blvd.	12 – 1 bedroom units	<input type="checkbox"/> Dublin St. 8 – 3 bedroom units
<input type="checkbox"/>	Broadway Ave.	4 – 4 bedroom units	
<b>Sundridge</b>		<b>Magnetawan</b>	
<input type="checkbox"/>	Main St.	15 – 1 bedroom units	<input type="checkbox"/> Queen St. 12 – 1 bedroom units
<b>Burk's Falls</b>			
<input type="checkbox"/>	Yonge St.	23 – 1 bedroom units	<input type="checkbox"/> Main St. 2 – 3 bedroom units (wheelchair modified)
<input type="checkbox"/>	Queen St.	4 – 3 bedroom units	<input type="checkbox"/> Dimsdale St 3 – 3 bedroom units 2 – 4 bedroom units

<b>WEST PARRY SOUND</b>	
<b>Parry Sound</b> <b>Beaucrest- Seniors 65+ only.</b> Please contact 705-746-7474 for Market unit inquiries. <input type="checkbox"/> Bowes Street 20 – 1 bedroom units	<b>Parry Sound</b> <b>Sunset Court – Seniors 65+ only.</b> <input type="checkbox"/> Belvedere Avenue 50 – 1 bedroom units
<b>Parry Sound</b> <b>66 Church Street</b> <input type="checkbox"/> 20 – 1 bedroom units  <b>Addie Street</b> <input type="checkbox"/> 6 – 2 bedroom units  <b>MacFarlane Street</b> <input type="checkbox"/> 2 – 2 bedroom units <input type="checkbox"/> 2 – 3 bedroom units  <b>Parry Sound Road</b> <input type="checkbox"/> 1 – 1 bedroom unit wheelchair modified <input type="checkbox"/> 6 – 2 bedroom units <input type="checkbox"/> 11 – 3 bedroom units	<b>Parry Sound</b> <b>Railway Avenue</b> <input type="checkbox"/> 12 – 2 bedroom units <input type="checkbox"/> 8 – 3 bedroom units  <b>Mapleview Drive</b> <input type="checkbox"/> 12 – 3 bedroom units <input type="checkbox"/> 2 – 4 bedroom units  <b>118 Church Street</b> <input type="checkbox"/> 2 – 2 bedroom units  <b>William Street</b> <input type="checkbox"/> 8 – 3 bedroom units

**L. Parking Requirements**

- I own a car and require a parking space.  I do not require a parking space.

**Please note that if you require a parking space, the wait time for an available unit will be longer than if you do not require parking.**

Parry Sound District Social Services Administration Board  
Housing Programs

**OCCUPANCY STANDARDS**

The Service Manager's local rule for occupancy standards is to continue to use the former Provincial Occupancy Standards, which are as follows:

The **largest unit** a household is eligible for is a unit that has:

- One bedroom for any two members of the household who are spouses of each other.
- One bedroom for each additional member of the household.
- Additional bedroom(s) due to medical conditions, disability, to accommodate a child in joint custody, or under visiting rights requirements. You will be required to provide documentation to support such a request.

You may request an additional bedroom(s) under local occupancy standards in the following specific cases:

1. If one of the spouses or same-sex partners requires a separate room because of a disability or medical condition. (Note: This will not normally include snoring and sleep apnea, frequent night-time waking or insomnia, or temporary medical conditions that make sharing a bedroom inconvenient).
2. If the bedroom is needed to store equipment required because of a member's disability or medical condition.
3. If the bedroom is required to accommodate an individual who is not a member of the household and who provides a member of the household with support services that are required because of the member's disability or medical condition.
4. An additional bedroom if a member of the household is pregnant.
5. An additional bedroom under the following specific circumstances:
  - a) If a member has joint custody over a child who is not a member of the household, and
  - b) The member is required to provide accommodation for the child, and
  - c) The bedroom is required to accommodate the child.
6. An additional bedroom under the following specific circumstances:
  - a) If a member has visiting rights with respect to a child who is not a member of the household, and
  - b) It is a condition of the visiting rights that the member provide adequate accommodation for the child when the child stays overnight with the member, and
  - c) The child will stay overnight with the member frequently, and
  - d) The bedroom is required to accommodate the child.
7. To accommodate a foster child.
8. An additional bedroom if the Service Manager is satisfied that extenuating circumstances exist.

The **smallest unit** a household is eligible for is a unit that has:

- One bedroom for every two members.
- An additional bedroom if there is an odd number of members of the household.
- If the household consists of one individual or two individuals who are spouses or same-sex partners, the smallest unit the household is eligible for is a bachelor unit. (Note: Parry Sound's social housing portfolio does not have any bachelor units. The smallest unit is a one-bedroom).

**Individuals living away from the household:**

In determining the appropriate size unit for RGI households, a child of a member of the household is considered a member of the household if the child:

- a) Is in attendance at a recognized educational institution and, while in attendance, does not live with the household;
  - b) Lives with the household while not attending that educational institution; and
  - c) Is dependent, in whole or in part, on the household for financial support.
- Permanent wards of the Children's Aid Society (CAS) or the Crown are not considered part of the household.
  - A child who normally lives with the household but is in the temporary care of the CAS continues to be part of the household for the purposes of determining occupancy standards, provided the length of stay with CAS is short-term and there is a plan for the child's return to the household.
  - Occupancy standards are applied at the time of your initial application for RGI assistance, during periodic reviews of the occupancy of RGI tenants, or upon a request for additional bedroom(s).
  - Eligibility for additional bedroom(s) will be determined only if the household requests and provides supporting documents.
  - A request for an additional bedroom(s) may be made in the initial RGI application or it can be made after being housed in an RGI unit

# Collection, Use, and Disclosure of Personal Information

Please have all household members 16 years of age or older read this 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 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 PROGRAMS

## 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 Programs department, to assess my/our initial qualification and continued eligibility for a Rent-Geared-to-Income (RGI) subsidy and to establish my/our monthly rental amount.

- I. I have read over the “Collection, Use and Disclosure of Personal Information”, on page 7 and fully understand them.
- II. I have read the Occupancy Standards on page 6 and fully understand them.
- III. The information I put on this form as applicants and the household income information supplied is accurate and complete. No household assets or income have been concealed or omitted from this form.
- IV. 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.
- V. 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.
- VI. I understand that failure to supply the PSDSSAB with accurate and complete information on this form may jeopardize my eligibility for rent subsidy.
- VII. 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.
- VIII. 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 Resources Director 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.