

SECTION 1 – ELIGIBILITY CRITERIA

If you pay market rent and reside in a non-profit or co-operative housing community, you can apply for priority status on your housing provider’s waiting list for subsidized housing (in-situ priority). Households in the in-situ category rank higher than most other households on the waiting list. To qualify for in-situ priority, you and your household must meet all of the following criteria:

- You live in a social housing market rent unit
- You are over the age of 16
- All of your household members are legal residents of Canada or refugee claimants
- You have experienced a loss that resulted in a significant decrease in income (the decrease is more than 20 per cent)
- You did not choose to lose the income
- The loss of income is expected to be long-term (over two years)
- You can’t pay your rent (as a result of the loss you now pay over 50 per cent of your household income for rent and utilities)
- Your total household assets do not exceed \$20,000
- If you owe rental arrears to your current or former housing provider, a repayment plan is required
- Your household does not receive Housing Allowance

If you are approved for in-situ priority, you will be placed on the waiting list. You will also qualify to receive a financial benefit called a “bridging benefit” while waiting for permanent subsidized housing.

SECTION 2 – HOUSEHOLD INFORMATION

Number of bedrooms in your unit:

Bachelor 1 bedroom 2 bedroom 3 bedroom 4 bedroom

Housing provider name:

Street number:

Street address:

Apartment number:

City/Town:

Province:

Postal code:

Home Phone:

Email Address:

Mobile Phone:

Date moved in (mm/dd/yyyy):*

*Attach lease/occupancy agreement

List all persons living in your home including yourself. Everyone in your household must have legal status in Canada.

| Name (first name, last name) | Relationship to Applicant | Date of Birth (dd/mm/yyyy) | Sex (M/F) |
|---------------------------------|---------------------------|-------------------------------|--------------|
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I have provided a copy of the birth certificate, permanent residency documents or refugee claim forms for everyone who lives with me.

WHY HAS YOUR HOUSEHOLD'S INCOME DECREASED? (CHECK ONE)

Loss of income from a contributing family member (example: death of a spouse)

Permanent or long-term disability (example: expected to be over two years)

Other (please specify in details section)

Based on your answer to the question above, provide the date and details surrounding the income loss:

Date the income first decreased (mm/dd/yyyy):

Details surrounding the income loss (Please provide supporting documents. If the income loss is due to permanent or long-term disability, please provide a verification letter from an insurance provider or Ontario Disability Support Plan - ODSP):

I have attached all supporting documents.

HOW MUCH DO YOU CURRENTLY PAY MONTHLY IN RENT AND UTILITIES?

Rent: Hydro: Gas: Water: Sector support:* Total cost per month:

*co-ops only

I have attached copies of my most recent hydro, gas and water bills.

ARREARS OR OUTSTANDING PAYMENTS OWED

Do you owe any money or outstanding payments to any housing providers? Yes No

If yes:

Housing provider name:

Amount owed:

Street number:

Street address:

Apartment number:

City/Town:

Province:

Postal code:

Do you have a repayment plan in place? Yes No

I have attached a copy of the repayment plan (if applicable).

SUBSIDIZED HOUSING HISTORY

Is anyone in your household currently on the wait list for social housing in York Region? Yes No

Did you or anyone in your household previously receive a rent subsidy? Yes No

If yes, during what period?

Start: (mm/dd/yyyy) End: (mm/dd/yyyy) Why was the subsidy terminated?

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SECTION 3 – YOUR HOUSEHOLD INCOME AND ASSETS

What was your income before the decrease, and what is it now?

- Attach a copy of the most recent income tax return and notice of assessment for every member of your household aged 16 and older
- Attach copies of paystubs verifying previous income (past three months) and new income
- Full-time student income is excluded. Please enter the name of the school attended in the income sections (provide verification of full-time enrollment)

List all the members of your household who are 16 or older and all income received from every source (Canada and other countries) for each person (including anyone who recently left the unit):

| Name (first name, last name) | Income source or school attended | Former gross monthly income | Current gross monthly income |
|---------------------------------|----------------------------------|--------------------------------|---------------------------------|
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SUPPORT PAYMENTS

Do you make or receive any payments for spousal support, child support, or separation?

pay \$/month receive \$/month

I have attached verification documents of these payments (examples: sworn affidavit with both the applicant and ex-spouse’s signature, or legal document, or letter from lawyer or separation agreement or divorce agreement, or other).

List all assets owned by all members of your household

(including assets that you own jointly such as bank accounts, real estate, etc.)

Examples of assets:

- Bank accounts, GICs, TFSAs
- Life Insurance Policies (with cash surrender value)
- Registered Retirement Savings Plans (RRSP)
- Registered Education Savings Plans (RESP)
- Mutual funds, savings bonds
- Real estate (cottage, house, condominium)

| Name (first name, last name) | Asset/Investment type | Value (\$) |
|---------------------------------|-----------------------|------------|
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SECTION 4 – APPLICANT CHECKLIST

Remember, you must attach the following documents to your application:

- Proof of legal status in Canada for every household member (copies of birth certificates, permanent residency card or refugee claimant documents)
- Copies of all your current and past lease/occupancy agreement(s) with your current housing provider
- Documents verifying your income loss (for example, a copy of the record of employment)
- Copies of your most recent utility bills
- Copies of the most recent income tax and notice of assessment for all household members age 16 and older
- Proof of full-time school attendance for any child over the age of 16
- Copies of income verification documents, including pensions and benefits such as OW or ODSP
- Copies of asset(s) verification documents

Your application will not be considered without all of the required documents.

SECTION 5 – RELEASE CONSENT AND DECLARATION

- A. I agree that York Region may collect the personal information on this form for the purpose of:
 - I. determining if I am eligible to receive housing benefits and/or any other community services offered by York Region or any of its partners; and
 - II. evaluating the quality of community services delivered by York Region and its partners so that the Region can improve them
- B. I agree that, if all laws protecting my personal information are complied with, York Region may share my personal information with any York Region partner for the purpose of determining if I am eligible to receive any community services
- C. I understand that York Region’s partners include not for profit community agencies, the Government of the Province of Ontario and the Government of Canada
- D. I understand that if I have any questions about York Region’s collection and sharing of my personal information I can speak to the following person to get answers:
The Regional Municipality of York
17150 Yonge Street, 5th Floor
Newmarket, ON L3Y 8V3
1-877-464-9675 ext. 72062
Program Manager, Housing Programs
- E. I understand that the laws that permit York Region to collect and share my personal information include the *Municipal Freedom of Information and Protection of Privacy Act*, the *Municipal Act*, the *Housing Services Act*; and the *Ontario Works Act*
- F. I know that the information I have provided on this form will be used by York Region to determine if I am eligible to receive housing benefits and/or any other community services offered by York Region and its partners
- G. I confirm that all of the information on this form is true and that I have not left any important information out
- H. I understand, and agree, that if York Region determines that the information on this form is not true York Region can stop my benefits and services and can make me pay York Region back

All household members 16 years of age or over must sign this form:

Household member (please print) Signature Date (mm/dd/yy)

This document is available with communications supports upon request.