



**APPLICATION FOR AFFORDABLE HOUSING PROGRAMS
IN THE NIAGARA REGION**

Please return your completed application by mail, in person, or by fax.

MAIL: P.O. Box 344, Thorold, ON L2V 3Z3
IN PERSON: 2201 St. David's Road, Thorold, ON
FAX: 905-935-0476

For further information, please contact us at 905-682-9201 or visit our website at www.nrh.ca

- NEW** **Add Member to Application** **Move in with Existing Household**

1. APPLICANT #1

Last Name _____	First Name _____
Maiden Name _____	Commonly Used Name _____
Social Insurance Number ____/____/____	Birth Date ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <small>MM DD YY</small>
Address _____	Unit # _____
City / Town _____	Postal Code _____
Home Phone # _____	Work Phone # _____
Cell Phone # _____	E-mail Address _____
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Native Status <input type="checkbox"/> Refugee	

2. APPLICANT #2

What is your relationship to the applicant listed above? _____	
Last Name _____	First Name _____
Maiden Name _____	Commonly Used Name _____
Social Insurance Number ____/____/____	Birth Date ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <small>MM DD YY</small>
Address _____	Unit # _____
City / Town _____	Postal Code _____
Home Phone # _____	Work Phone # _____
Cell Phone # _____	E-mail Address _____
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Native Status <input type="checkbox"/> Refugee	

3. ALTERNATE CONTACT INFORMATION

Name of person to contact in your absence (family member, friend, etc) _____

Phone # _____ Your relationship to this person: _____

Do we have your permission to speak to this person about your application? Yes No

What is your preferred language? _____ Do you need an interpreter? Yes No

4. ADDITIONAL PEOPLE WHO WILL BE LIVING WITH YOU

Only the people identified on this application can move in with you. Proof of citizenship or immigration status must be provided for each person.

Other Family Members		Date of Birth	Student		Sex		Relationship	Status in Canada				
Last Name	First Name	(MM/DD/YY)	Y	N	M	F	Relationship to Applicant	Canadian Citizen	Permanent Resident	Refugee/Claimant	Landed Immigrant	Native Status

Is a baby expected? Yes No When is the baby due? _____
MM/DD/YY

Do all persons listed on this application live together now? Yes No

If no, please explain _____

Do all dependent children live with you full-time? Yes No

If dependents listed above are not living with you full-time, you must provide verification of custody/visitation agreements in order to include them on your application.

5. PRESENT HOUSING INFORMATION

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

Are you currently:

RENTING

Current Landlord's Name _____ Phone # _____

Date you moved in _____ Rent Cost \$ _____

Utility Costs per month (if not included in your rent) \$ _____

Are you under notice to vacate? Yes No

If yes, when? _____ Why? _____

LIVING IN TEMPORARY ACCOMMODATION with friends with family in a shelter
 on the street motel other

OWN HOME

Name of person listed on this application that owns a home _____

Approximate value of home / property \$ _____

Is there an outstanding mortgage? Yes No If yes, mortgage amount \$ _____

6. DETAILS OF TENANCY IN AFFORDABLE HOUSING

Have you ever lived in affordable housing? Yes No

Was it: a unit where the rent was geared to your income a market rent unit
 a Housing Allowance Program unit

Please list below the names, addresses and the dates you lived there, for all the affordable housing units you have lived in:

Name of Housing Provider	Address of former residence	Dates you lived there

Are you aware of any money owed to any of the above affordable housing provider(s)? Yes No

If yes, amount owing: \$ _____ Is there a repayment agreement in place? Yes No

Please attach a copy of the repayment agreement signed by the housing provider.

7. HOUSEHOLD INCOME

TOTAL MONTHLY HOUSEHOLD INCOME (Total amount before deductions)

You must state all sources of income and assets for each member of your household 16 years of age and over. Proof of income is required ie: photocopies of the last 8 weeks of pay stubs *and/or* current bank books showing last two months of direct deposits.

If any household members 16 years of age and over are attending school full-time, please attach proof of attendance.

Source of Income	Applicant 1 (\$)	Applicant 2 (\$)	Other Member (\$)	Other Member (\$)
Employment/Self Employment				
Ontario Works				
ODSP (Ontario Disability Support Program)				
Employment Insurance (EI)				
Child Support				
Alimony/Spousal Support				
WSIB (Worker's Compensation)				
Sponsorship Income				
Guaranteed Income Supplement				
Old Age Security (OAS)				
Canada Pension (CPP)				
Other Pension				
Other Country Pension				
Investment Income				
Assets				
Other Income (please specify)				

INCOME INFORMATION: You are required to report all sources of income that you and members of your household receive. This means all money you receive from all sources. Here are some examples:

INCOME

- Bonuses (shift, yearly or seasonal)
- Casual Work (irregular, seasonal and odd jobs)
- Commissions
- Full time work
- Long term income protection pay
- Overtime pay
- Part time work
- Self employment
- Separation pay
- Sick pay
- Tips or gratuities
- Vacation pay

OTHER INCOME SOURCES

- Alimony / Support Payments
- Children's Aid Society Payments
- Child Support
- Employment Insurance (EI)
- Income from Investments & Assets
- Ontario Disability Support Program (ODSP)
- Ontario Works (OW)
- Student Grants
- Worker's Safety & Insurance Board (WSIB)

PENSIONS & ALLOWANCES

- Canada or Quebec Pension Plan
- Company Pension
- Guaranteed Annual Income System (GAINS)
- Guaranteed Income Supplement (GIS)
- Immigration Allowances
- Old Age Security (OAS)
- Pensions from other countries
- Private company pension
- Social Security from other countries
- War Veteran's Allowances
- Widow's Pension

ASSETS

Assets are valuable things that you own. Some assets give you income and others do not. You must declare all assets. Below are some examples of assets.

- Business that gives you income
- Farm property from which you make money
- Investments (Stocks, Bonds, GIC's, Mutual Funds)
- Rent money from real estate you own
- RRSP / RESP
- Collections or investments that do not give you income
- Life insurance with a cash surrender value
- Real estate that does not give you income
- Any assets that you have given to someone else within the past 3 years

8. PRIORITY STATUS REQUESTS

Are you in a situation which may qualify you for Special Priority status? (Please see definition on Page 6. Documentation and special request forms are required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in a situation which may qualify you for Health & Safety Priority status? (Please see definition on Page 6. Documentation and special request forms are required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in a situation which may qualify you for Homeless Priority status? (Please see definition on Page 6. Documentation and special request forms are required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. SPECIAL NEEDS

Do you require any of the following:		
A unit with no stairs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An elevator:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessible parking (must have permit):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A fully modified unit: See definition on Page 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A partially modified unit: See definition on Page 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other needs or require any other unit modifications? <hr/> <hr/>		
Assistance to live independently: Do you require assistance performing the normal essential activities of day-to-day living for yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list the services you currently receive (ie: March of Dimes, Meals on Wheels, Canadian Mental Health Association, Family & Children's Services Niagara, Victorian Order of Nurses)		
Agency or Service Provider	Contact Person	Phone #

10. ADDITIONAL COMMENTS

Is there any other information you feel may affect your housing application? If so, please tell us about it here:

DEFINITION OF TERMS

ADULT COMMUNITIES	At least one member of the household is 16 years of age or older.
BUILDING SELECTION FORM	This is a list of affordable rental housing in the Niagara region. This list is attached to the application and must be used by applicants to make their housing selections.
CO-OPERATIVE HOUSING	The Board of Directors of a cooperative is comprised of resident members of the housing community. Members of cooperatives are expected to participate in the operation of their co-operative. This may be accomplished by serving on the Board of Directors, a committee or contributing to the tasks involved in the maintenance of the property. Cooperatives are a mix of market rent and rent-geared-to-income units. Some cooperatives have pet restrictions.
DEDICATED SUPPORTIVE HOUSING	A specific number of units in non-profit or co-operative housing complexes have been allocated to special needs clients. Vacancies are filled from waiting lists of these agencies. Niagara Regional Housing determines eligibility for rent-geared-to-income assistance.
FAMILY COMMUNITIES	At least one member of the household is 16 years of age or older with at least one dependent. NOTE: Households with only one member may also apply if the family community has bachelor or one bedroom units.
FULLY MODIFIED UNIT	These units will allow a person that uses a wheelchair for mobility to manoeuvre around the unit and in and out of the building. These units have been modified to include a roll in shower, lowered counters, automatic entry into the building, and doorways wide enough to accommodate a wheelchair. A special request form is required.
HEALTH & SAFETY	Health & Safety status is consideration that may be given to an applicant whose personal safety is significantly at risk (other than an abusive relationship). The applicant is required to complete a request form. Documentation is required.
HOMELESS	Homeless status is consideration that may be given to an applicant without a permanent residence. The applicant is required to complete a request form. Documentation is required.
MARKET RENT	Market rent is rent that is not subsidized. Market rent units are available at many non-profit and co-operative housing communities. Availability and market rents will vary between housing communities. Please contact the housing provider directly.
NIAGARA REGIONAL HOUSING	This is a corporation that is owned and governed by the Board of Directors of Niagara Regional Housing (NRH). The NRH communities are 100% rent-geared-to-income. Some NRH communities have space for tenant functions and tenant associations or social groups that contribute to a positive sense of community and an improved quality of life.
NON-PROFIT HOUSING	Non-profit housing corporations are managed by a Board of Directors which can be made up of municipal councillors, interested community members and/or tenants. The communities are a blend of market rent and rent-geared-to-income units. Often, non-profit communities have tenant associations that contribute input to the Board of Directors to affect the management of the residence in which they live.
PARTIALLY MODIFIED UNIT	These units will have at least one of the following features: lowered counters, roll-under sinks, lowered light switches, front stove controls, lowered cabinets, modified bathroom. There may also be a number of other features not listed here. A special request form is required.
RENT-GEARED-TO-INCOME	Rent-geared-to-income is rent which is based on 30% of the household's gross monthly income including income earned from assets and/or social assistance benefits. Additional charges may include utilities, parking, air conditioning, cable, etc. depending on the community.
RENT SUPPLEMENT	These are privately owned buildings where Niagara Regional Housing has made agreements with the landlords to subsidize a certain number of units within the building. The remaining private units in these buildings are offered at market rent.
SENIOR COMMUNITIES	At least one member of the household is 55 years of age or older.
SPECIAL PRIORITY	Special Priority as a Victim of Abuse is special consideration that may be given to an applicant whose personal safety or the safety of another household member is at risk of abuse. The applicant is required to complete a request form. Documentation is required. Further information can be obtained from Niagara Regional Housing.