Housing Services Department
162 Lochiel Street, Suite 100
Sarnia, ON N7T 7W5

Telephone: 519-344-2062
Toll-free: 1-800-387-2882
Fax: 519-344-2023

Application for Housing Assistance

Complete & forward to: County of Lambton Housing Services Department
162 Lochiel Street, Suite 100
Sarnia ON N7T 7W5

TO QUALIFY FOR HOUSING ASSISTANCE, APPLICANTS MUST:

- ✓ Be 16 years of age or older
- ✓ Be able to live independently
- ✓ Be Canadian Citizens, Landed Immigrants or Refugee Claimants
- ✓ NOT owe arrears to any social housing provider
- ✓ NOT have been found by the Landlord & Tenant Board or a court of law to have misrepresented income with regards to rent-geared-to-income assistance
- ✓ Complete the full application in black or blue ink including building preferences

Unsigned and incomplete applications **will not** be added to the Centralized Waitlist

REQUIRED DOCUMENTS:

- ☐ **Proof of citizenship:** Photocopies of Canadian birth certificates, Canadian passports, landed immigrant documentation, permanent resident cards or refugee claimant documents for all household members
- ☐ **Notice of Assessment:** A copy of the most recent Notice of Assessment from the Canada Revenue Agency for all members over 18 listed on this application. *If you do not have a copy of this assessment, you can request one by calling the Canada Revenue Agency at 1-800-959-8281 or online through your Canada Revenue account.*
- ☐ **Proof of Income:** Verification of all income declared including last 8 weeks of paystubs from employment, current OW/ODSP statements, CPP statements, OAS statements
- ☐ **Proof of Assets:** Verification of all assets declared including last 30 days of bank activity for all accounts, investment statements & foreign assets
- ☐ **Proof of custody:** For any children under 16 years of age such as Court Order, Canada Child Benefit statement, a letter from CAS detailing custody, current OW/ODSP statement
- ☐ **Proof of pregnancy:** note from a healthcare provider confirming pregnancy and expected due date
- ☐ **Accessible Needs:** if a wheelchair modified unit is required or an additional bedroom because of a disability, a letter from your health care provider explaining the medical need is required.

Important: Please notify us of any changes in household size, contact information, income or assets. If we are unable to contact you, your application will be **cancelled,** and you may need to reapply placing your name at the bottom of the waitlist.

For assistance or questions, call 519-344-2062 ext. 2035 or 1-800-387-2882

This document is available in an alternative format upon request, to accommodate individuals with a disability

☐ **New** ☐ **Add Member to Application** ☐ **Move in with Existing Household**

APPLICANT INFORMATION		
First Name	Last Name	Preferred Named
Date of Birth (dd/mm/yy)	SIN	Gender ☐ Male ☐ Female ☐ Other ☐ Prefer Not to Say
Home Phone Number	Cell Phone Number	Work Phone Number
Email Address	I prefer correspondence to be: ☐ Mailed to my mailing address **OR** ☐ Emailed	

Current Address			
Unit Number	Street Number	Street Name	
Town/City	Province	Postal Code	
Move in date	Landlord Name	Landlord Phone #	
Is this a Rent Geared-to-Income Housing unit ☐ Yes ☐ No		Are there any arrears owing? ☐ Yes ☐ No	

Mailing Address (if different from Current Address)			
Unit Number	Street Number	Street Name	
Town/City	Province	Postal Code	

CO-APPLICANT INFORMATION (if applicable)			
First Name	Last Name	Preferred Named	
Relationship to Applicant	Date of Birth (dd/mm/yy)	SIN	Gender ☐ Male ☐ Female ☐ Other ☐ Prefer Not to Say
Home Phone Number	Cell Phone Number	Work Phone Number	
Email Address			

Current Address (if different from Applicant)			
Unit Number	Street Number	Street Name	
Town/City	Province	Postal Code	
Move in date	Landlord Name	Landlord Phone #	
Is this a Rent Geared-to-Income Housing unit ☐ Yes ☐ No		Are there any arrears owing? ☐ Yes ☐ No	

If you are currently in social housing, please provide a letter from your Housing Provider verifying you are up to date with your rent.

ALTERNATE CONTACT INFORMATION

Name of person you give us permission to contact in your absence to speak to about this application.

Phone Number	Relationship to you (family member, friend etc.)

OTHER HOUSEHOLD MEMBERS: Please list all other members who will live in the unit

First Name	Last Name	Date of Birth (dd/mm/yy)	Relationship to Applicant	Custody (*sole, joint, n/a*)	Student/ Working	Gender (*male, female other*)
e.g. Dylan	*Smith*	*04/11/15*	*Child*	*Sole*	*Student*	*Male*

Please provide documentation verifying your custody arrangements if there is one in place. Examples include, Court Order, Canada Child Benefit Statement, Current OW/ODSP statement

Please provide proof of Canadian Citizenship for all household members. Examples include Passport, Birth Certificate, or Permanent Resident Card

HOUSEHOLD COMPOSITION

Do all persons listed on this application live together now? ☐ Yes ☐ No ☐ Not Applicable

If no, please explain:

Is any member of the household expecting a baby? ☐ Yes ☐ No

If yes, please complete the following:

Household member Name:	Expected Due Date (dd/mm/yy)

If household member is pregnant, please attach a letter from their doctor or healthcare professional confirming their pregnancy and estimated due date

INCOME INFORMATION: Please list all monthly income for all household members

Examples include but are not limited to:

- ☐ Alimony or Spousal Support Payments
- ☐ Business that gives you income
- ☐ (CPP) Canada Pension Plan
- ☐ Child Support Payments
- ☐ Employment Income
- ☐ (E.I.) Employment Insurance
- ☐ (GAINS) Guaranteed Annual Income Supplement
- ☐ (GIS) Guaranteed Income Supplement
- ☐ Income from foreign countries
- ☐ Investment Income
- ☐ (ODSP) Ontario Disability Support Plan
- ☐ (OSAP) Ontario Student Assistance Program
- ☐ (OW) Ontario Works
- ☐ (OAS) Old Age Security
- ☐ Other Pensions (company, private, foreign, military)
- ☐ (WSIB) Workplace Safety Insurance Board

Documentation to verify all your income must be attached to your application. Examples include but not limited to OW/ODSP statements, last 8 weeks of paystubs & CPP statements

Name of Household Member	**Type of Income**	**Gross Monthly Income ($)**
e.g. Sally Smith	*(OW)Ontario Works*	*$656/month*

A copy of the most recent Notice of Assessment for all household members over 18 is required.

If you do not have a copy of this assessment, you can request one by calling the Canada Revenue Agency at 1-800-959-8281 or online through your Canada Revenue account.

ASSET INFORMATION: Please list all Assets owned by you and all other people listed on this application

Examples include, but are not limited to, things such as:

- ☐ Assets in foreign countries
- ☐ Bank Accounts
- ☐ Business that gives you income
- ☐ Guaranteed Investment Certificates (GIC)
- ☐ Mutual Funds
- ☐ Real Estate
- ☐ Registered Education Savings Plans (RESP)
- ☐ Registered Retirement Savings Plans (RRSP)
- ☐ Rent money from real estate you own
- ☐ Savings Bonds
- ☐ Stocks
- ☐ Tax free savings account (TFSA)

Documentation to verify all assets must be attached to the application. Examples include but not limited to 30 days of bank activity, & current statements for any investments

Name of Household Member	**Details of Asset (type, account number, name of bank)**	**Value/Account Balance ($)**
e.g. Sally Smith	*Bank Account #123456, CIBC*	*$50.00 (30 days bank activity attached)*

ADDITIONAL ASSET INFORMATION

Does any household member own property? (e.g. house, trailer, farm, land) ☐ Yes ☐ No

If yes, please complete the following:

Type of Property	Location	Assessed Value ($)
		Mortgage Owing ($)

Please provide documentation to verify the current market value of the asset and the current mortgage balance.

A household must sell their interest in the property within 180 days of starting to receive rent geared-to-income assistance. If your residence is sold while you're on the waiting list, please provide a copy of your disbursement list to review your continued eligibility for rent geared-to-income assistance.

PREVIOUS RESIDENCES: Please list all addresses for the **past 5 years** excluding current address

	Address	Landlord Name	Landlord Phone Number	Lived here From	To
Applicant					
Co-Applicant					

In the past has any household member ever lived in rent geared-to-income housing? ☐ Yes ☐ No

Are there any arrears owing? ☐ Yes ☐ No

If yes, please complete the following:

Name of Household Member	Name of Housing Provider	Address	Lived Here From	To

APPLICATION FOR SPECIAL PRIORITY STATUS

Special Priority Status is reserved for applicants who have been abused by another person residing in their household and/ or has been a victim of human trafficking. Special Priority Status assists applicants who need subsidized housing to permanently separate from the abusing individual.

To apply, for Special Priority Status a Victim of Domestic Abuse and/or Human Trafficking Verification form must be completed with input from a qualified professional and proof of cohabitation with the abuser is required for domestic abuse cases.

Would you like the Victim of Domestic Abuse and/or Human Trafficking Verification form? ☐ Yes ☐ No

*If yes, please provide a **safe** mailing address or email, and phone number where you can be safely contacted*

Address		Apartment #
City/Town	Province	Postal Code
Telephone Number	Is it safe to leave voicemails? ☐ Yes ☐ No	Email

MEDICAL ACCOMMODATION REQUIREMENTS

Does any member of the household have a medical requirement for a wheelchair modified unit?	☐ Yes ☐ No
Does any member of the household require an extra bedroom to store required medical equipment because of a disability or medical condition?	☐ Yes ☐ No

If any medical accommodation requirements listed above are needed, please provide a detailed note from your doctor or heath care professional clearly specifying the medical need for the accommodation

Does any member of the household require support services in order to live independently? ☐ Yes ☐ No

If yes, please complete the following:

Name of Support Agency:

Supports Required:

If support services are required, please provide a detailed note from the support agency.

If there is any other information that you would like to share, please do so below:

DECLARATION, RELEASE AND CONSENT OF INFORMATION

I declare that all information given in this application is correct and complete. I understand that falsifying information may result in the cancellation of my application, tenancy or occupancy.

Any changes to the information on this application must be reported in writing within 30 days to the Housing Services Department. Failure to do so will result in the cancellation of my application or the loss of position on the waiting list.

This application and any requested supporting documents become the property of The Corporation of the County of Lambton, Housing Services Department. This information will be used to determine eligibility of rent geared-to-income assistance and housing applied for, ongoing eligibility of rent geared-to-income assistance and housing and may be used for the appropriate rent geared-to-income charge.

I acknowledge that my personal information may be shared with various program participants as contemplated by s. 14(1)(a) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m.56

I understand that the treatment, storage and handling of my personal information is governed by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m.56.

Personal information contained on this form or in attachments is collected by The Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, (R. S. O. 1990, *c.M.56).* Inquiries relating to this collection should be directed to The Corporation of the County of Lambton, Housing Services Department, 162 Lochiel Street, Suite 100 Sarnia, ON N7T 7W5 or 519-344-2062.

Pursuant to the *Municipal/Provincial Freedom of Information and Protection of Privacy Act and* the *Federal Privacy Act,* I give my consent and authorization to The Corporation of the County of Lambton, Housing Services Department to:

- Make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to The Corporation of the County of Lambton, Housing Services Department. I agree to provide any supporting material required for my application.
- Disclose the information given on this form to non-profit housing corporations, co-operatives, and other municipal, provincial and federal departments and agencies providing social assistance to me and persons listed on this application.
- I/We understand that my/our rent and damage arrears information will be shared with the Housing Services Corporation and among other Service Managers through the Housing Services Corporation's Provincial Arrears Database for the purpose of verifying eligibility for assistance under the *Housing Services Act.*

SIGNATURES: **All applicants 16 years of age and older must complete this application and consent**.

Name (Please Print Name)	Signature	Date Signed

Important - Please complete and submit Appendix A - Building Selection with your application.

APPENDIX A – BUILDING SELECTION

You will receive **ONE** (1) offer of housing. If you decline this offer, you may be removed from the waitlist.

Please carefully select only options you are willing to accept.

A household is eligible for the largest unit with one bedroom for every two spouses and one additional bedroom for each extra household member. Please indicate which unit size you qualify for & prefer by checking all that apply.

☐ Bachelor ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom ☐ 5 Bedroom

OTHER ACCOMMODATION REQUIREMENTS

Do you require a building with an elevator? ☐ Yes ☐ No

Do you require a unit on a certain floor? ☐ Yes ☐ No If yes, which floor level?

Would you accept a bachelor unit? ☐ Yes ☐ No

☐ I am interested in being contacted for locations not included on this list if they become available in the municipalities that I have shown an interest in

☐ **Portable Housing Benefit** The portable housing benefit offers a monthly housing subsidy to eligible applicants. This benefit allows the household to secure their own accommodations in the private market anywhere in Lambton County.

Legend

APT	Apartment	♿	Modified units	RS	Rent Supplement Units
Co-op	Co-operative Housing Provider	NP	Non-Profit Housing Provider	SEMI	Semi-detached Home
COL	County of Lambton Owned Unit	🚭	Non-Smoking	TH	Townhouse

A LULA Lift is a Limited Use/Limited Application hybrid between a commercial elevator and a wheelchair lift. While it looks and works like a traditional elevator, a LULA's only purpose is to provide accessibility for residents or visitors to the building with restricted mobility.

LOCATIONS

Building	Program	Bldg. Type	Unit Sizes	Utilities	Elevator	Notes
SARNIA						
☐ Alexander MacKenzie *1625 Afton Crt.*	Co-op RS	TH	2 BD 3 BD	Utilities Extra		• Pet deposit • Security deposit
☐ Faethorne *1240 Afton Dr.*	NP Co-op	TH APT	1 BD 1 BD ♿ 2 BD 2 BD ♿ 3 BD	Utilities Extra (TH) Heat Extra (APT)	Yes	• No dogs • Pet deposit • Security deposit
☐ Canterbury Court	RS	APT	1 BD 2 BD 3 BD	Hydro Extra	Yes	• Walk-up & Elevator (1building)
☐ Capel Manor *230 Capel St.*	COL	APT	1 BD		Yes	
☐ Cardiff Acres	COL	SEMI TH DET	3 BD 3 BD ♿ 4 BD	Hydro Extra		• Must provide fridge & stove
☐ Jubilee Gardens *700 Cathcart Blvd.*	COL	APT	1 BD 1 BD ♿		LULA Lift	
☐ 925 Colborne Rd.	RS	APT	1 BD 2 BD			• Walk up • No balconies

LOCATIONS

Building	Program	Bldg Type	Unit Sizes	Utilities	Elevator	Notes
SARNIA						
☐ Valley View *914 Confederation St.*	COL	TH	2 BD 3 BD 4 BD			• Must provide fridge & stove
☐ Ontario Aboriginal Housing Services *940 Confederation St.*	RS	APT	1 BD 1 BD ♿	Hydro Extra	Yes	🚭 • Must self-identify as Indigenous
☐ Copland *747 Copland Rd.*	RS	TH	1 BD 1 BD ♿			• 10 units are supported
☐ Devine St. *244 Devine St.*	COL	APT	1 BD			• Must provide fridge & stove
☐ Avondale Apartments *125 Euphemia St.*	COL	APT	1 BD 2 BD ♿		Yes	
☐ Berean *1445 Exmouth St.*	NP	APT TH	1 BD 1 BD ♿ 2 BD 2 BD ♿ 3 BD 4 BD	Utilities Extra (TH)	Yes	• 1 pet policy (max 20 lbs/20", spayed/neutered, up-to-date vaccines)
☐ Kathleen Family *Kathleen & Walnut Ave.*	COL	TH	2 BD 2 BD ♿ 3 BD 4 BD			• Must provide fridge & stove
☐ Kathleen Semi *Kathleen Ave.*	COL	SEMI	2 BD 3 BD 4 BD	Hydro Extra		• Must provide fridge & stove • Must cut grass
☐ Kathleen Adult *Kathleen Ave.*	COL	APT	1 BD			
☐ Guernsey Gardens *124 Queen St.*	COL	APT	Bach 1 BD 1 BD ♿		Yes	• All modified units are supported
☐ St. Clair Gardens *150 Queen St.*	COL	APT	1 BD		Yes	
☐ Roger St.	COL.	TH SEMI	2 BD 3 BD 4 BD			• Must provide fridge & stove, must cut grass
☐ Ozanam Manor *911 Wellington St.*	NP	APT	1 BD 1 BD ♿ 2 BD 2 BD ♿ 3 BD		Yes	• Supported units • No balconies for 3BD units
☐ Northgate Manor *345 Willowdale Cres.*	RS	APT	1 BD	Hydro Extra	Yes	• No pets

LOCATIONS						
Building	**Program**	**Bldg. Type**	**Unit Sizes**	**Utilities**	**Elevator**	**Notes**
ALVINSTON						
☐ Alvinston Apartments *3247 River St.*	COL	APT	1 BD 1 BD ♿		LULA Lift	
CORUNNA						
☐ Moore Lodge *203 Fane St.*	COL	APT	1 BD		LULA Lift	
FOREST						
☐ Sunset Lodge *57 Union St.*	COL	APT	1 BD 1 BD ♿		LULA Lift	
PETROLIA						
☐ Central Apartments *436 Greenfield St.*	COL	APT	1 BD 1 BD ♿		LULA Lift	
POINT EDWARD						
☐ Huronview Apartments *11 Fort St.*	COL	APT	1 BD			• No patios
SOMBRA						
☐ Sombra Apartments *3548 St. Clair Pkwy*	COL	APT	1 BD		LULA Lift	
THEDFORD						
☐ Meadowview Townhouses *173 Deacon St.*	NP	TH	2 BD 3 BD 3 BD ♿ 4 BD 5 BD	Utilities Extra		• 1 pet policy (max 20lbs/20", spayed or neutered, up-to-date vaccines)
☐ Mill Street Singles *76 Mill St.*	NP	APT	1 BD			• Walk up, • 1 pet policy (max 20lbs/20", spayed or neutered, up-to-date vaccines)
☐ Golden Villa 47 Royal St.	COL	APT	1 BD			
WATFORD						
☐ Watford Apartments *475 Ontario St.*	COL	APT	1 BD 1 BD ♿		LULA Lift	
☐ Ambassador Place *356 St. Clair St.*	NP	TH APT	1 BD 1 BD ♿ 2 BD 2 BD ♿ 3 BD 4 BD	Utilities Extra		• Walk up
WYOMING						
☐ Parkside Apartments *587 Ontario St.*	COL	APT	1 BD 1 BD ♿		LULA Lift	

SENIOR LOCATIONS						
Building	**Program**	**Bldg. Type**	**Unit Sizes**	**Utilities**	**Elevator**	**Notes**
ARKONA						
☐ Orchardview Apartments *7294 Arkona Rd.*	NP	APT	1 BD 1 BD ♿ 2 BD ♿			• 65+ 🚭 • 1 pet policy (max 20lbs/20", spayed or neutered, up-to-date vaccines)
BRIGDEN						
☐ Brigden Park Place *2444 Jane St.*	NP RS	APT	1 BD		Yes	• 65+
FOREST						
☐ Forestview Villa *41 Morris St.*	RS	APT	1 BD		Yes	• 65+ 🚭
PETROLIA						
☐ Kings Court *412 King St.*	COL	APT	1 BD		LULA Lift	• 65+
☐ Lambtonian *3932 Petrolia Line*	RS	APT	1 BD		Yes	• 65+ 🚭
☐ Mid Valley *4335 Petrolia Line*	NP RS	APT	1 BD		Yes	• 60+ 🚭
SARNIA						
☐ Bethel Manor *1575 London Line*	NP	APT	1 BD 1 BD ♿ 2 BD ♿		Yes	• 65+ 🚭 • 1 pet policy (max 20lbs/20", spayed or neutered, up-to-date vaccines)
☐ Maxwell Park Place *993 Maxwell St.*	COL	APT	1 BD 1 BD ♿ 2 BD ♿		Yes	• 65+ 🚭 • All 2 bed units are supported
THEDFORD						
☐ Widder Court Seniors *172 Deacon St.*	NP	APT	1 BD 1 BD ♿ 2 BD			• 65+ 🚭 • 1 pet policy (max 20lbs/20", spayed or neutered, up-to-date vaccines)

