

# AFFORDABLE HOUSING APPLICATION FORM



Received Date:

Enclosed please find an application for you to complete and return with your income verification as soon as possible if you are interested in applying for the current Affordable Housing Units. Applications received at our office are considered on a first come, first serve basis.

## 1. MAIN APPLICANT INFORMATION

<b>First Name</b>	
<b>Last Name</b>	
<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Current Address</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Social Insurance # (optional)</b>	
<b>Photo ID provided (specify type)</b>	

## 2. UNIT TYPE APPLIED

<b>Bachelor</b> <input type="checkbox"/>	<b>1 bedroom</b> <input type="checkbox"/>	
Barrier-free needed Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Medical Verification form must be provided		

## 3. TIMELINE

Housing & Related Needs Information
How much are you currently paying? \$ _____/month in rent/mortgage
Are utilities included? <input type="checkbox"/> No <input type="checkbox"/> Yes. \$ _____/month
How much notice are you required to give your current landlord? <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> No notice required <input type="checkbox"/> Other _____
Do you own <u>any</u> property? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>details</i> ) _____
Are you able to climb stairs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you own a pet? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of pet: _____ <i>Note: proof of licensing and immunizations will be required, and local by-laws apply</i>
Will you comply with (select buildings) Non-Smoking designation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently have content/renters' insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Note: Content/renters insurance is a requirement of the lease agreement.</i>
Do you own a vehicle: <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>how many</i> ) _____ Do you anticipate applying for a parking space? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b><i>Note: If There is a waiting list for parking spaces. Tenants must make their own off-site parking arrangements until a space is available. Parking fees will apply for assigned spaces.</i></b>

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## Vehicle Information

Make	Model	License Plate #	Province	Year	Colour

## A. PROGRAM ELIGIBILITY REQUIREMENTS

You may be eligible for the Affordable Housing Program if you meet the following requirements:

- Have legal status in Canada;
- Age 59+
- Do not have arrears with a social housing provider or do have arrears with an active payment plan in good standing.
- Do not own a home suitable for year-round occupation; and
- Income thresholds eligibility
  - Household combined income not more than 4 times that annualized rent (4 x monthly rent x 12 months)

## 4. HOUSEHOLD INFORMATION

Please complete the following for all members of your household.

Applicant #2 Information				
<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS		First & Middle Name		Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY)		Social Insurance Number (optional)
Street #	Street Name			Apt #
City		Province		Postal Code
Do you <input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home				
Home Phone #			Can we call you at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone #			Can we call your cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address			Can we email you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Household Member(s) to Reside in the Accommodation				
Last Name	First Name	Date of Birth	Sex	Relationship to Applicant

## 5. HOUSING/RENTAL HISTORY

Do you <b>currently</b> or have you <b>previously</b> lived at a St. Hilda's Towers Inc. property?  <input type="checkbox"/> YES <input type="checkbox"/> NO
Was it a Rent-Geared-to-Income (subsidized) or Market Rent unit?  <input type="checkbox"/> RGI (Subsidized) <input type="checkbox"/> Market Rent
Are you currently Renting?  <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide the information below.

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Received Date: \_\_\_\_\_

<b>Landlord's Name</b>	
<b>Landlord's Phone #</b>	
<b>Monthly Rent</b>	\$ _____ utilities extra \$ _____
<b>Move-in Date</b>	

Do you have previous rental history in the past 3-5 years?

YES  NO

If YES, please provide the information below.

<b>Landlord's Name</b>	
<b>Landlord's Phone #</b>	
<b>Monthly Rent</b>	\$ _____ utilities extra \$ _____
<b>Move-in Date - Move-out Date</b>	
<b>Reason for Move-out</b>	

<b>Landlord's Name</b>	
<b>Landlord's Phone #</b>	
<b>Monthly Rent</b>	\$ _____ utilities extra \$ _____
<b>Move-in Date - Move-out Date</b>	
<b>Reason for Move-out</b>	

Do you have unpaid arrears, or have you ever been in an arrears repayment plan? Or have you ever had issues making rental payments in the past?

YES  NO

If YES, please provide more information below.

Do you have any unresolved cases with the Landlord and Tenant Board? Or any other tenancy related issues that you would like to share with us?

YES  NO

If YES, please provide more information below.

Do you have any accessibility needs in relation to your housing needs?

YES  NO

If YES, please provide more information below.

# AFFORDABLE HOUSING APPLICATION FORM



Received Date: \_\_\_\_\_

Do you have any concerns about living in a less structured, more independent rental environment?

YES  NO

If YES, please provide more information below.

## 6. EMPLOYMENT & FINANCIAL INFORMATION

Please list information about current and previous employment as well as information about any other income sources. **Attach proof of all sources of current income (T4 & paystubs). Please note that St. Hilda's Towers Inc. will conduct a credit check.**

<b>Current Occupation</b>			
<b>Current Employer's Name</b>			
<b>Address</b>			
<b>Telephone #:</b>			
<b>Length of Employment</b>			
<b>Annual Employment Income</b>			
<b>Previous Employer's Name</b>			
<b>Address</b>			
<b>Telephone #:</b>			
<b>Length of Employment</b>			
<b>Other Income Sources</b>	<b>Income Source</b>	<b>CRA Tax Year</b>	<b>Annual Amount Line 23600</b>

Following the submission of your application the process of consideration is:

1. Review of your income to ensure it meets the income thresholds and eligibility
2. Rental History & references reviewed
3. Credit Check
4. Interview with St. Hilda's Towers Inc. staff members (if applicable)
5. Communicate decision made if application is approved for an offer or denied

Do you meet ALL these requirements?  YES  NO

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## 7. REFERENCES

Please provide two personal references (other than relatives).

Contact Name	
Address	
Phone	
Contact Name	
Address	
Phone	

## 8. IN CASE OF EMERGENCY: Contact next of kin:

Name	
Address	
Phone	
Relationship	
Name	
Address	
Phone	
Relationship	

## 9. DECLARATION – Complete & Correct Application.

I acknowledge that all information in this application is correct and complete. I understand that all information I give to **St. Hilda's Towers Inc.** will belong to it. If something on this application is incorrect or not true, **St. Hilda's Towers Inc.** may cancel my application, take legal action if necessary, or both.

I further understand that upon acceptance/approval of your Tenancy, I will be required to submit payment for first and last months' rent to **St. Hilda's Towers Inc.** before execution of a lease.

\_\_\_\_\_  
**Applicant Printed Name**

\_\_\_\_\_  
**Date**

Check this box if you are submitting your application electronically. This represents your signature. You must fill out the date beside.



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**10. PRIVACY NOTICE**

The personal information requested on this form is collected under the authority of the *Residential Tenancies Act, 2006, S.O. 2006, c. 17*; and *s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56*. The information will be used for the purpose of determining eligibility for Market Rent housing, related tenancy purposes and general administrative purposes.

The information on this form, and any attachments, may be shared as necessary with the Ontario Minister of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers, my housing provider, and/or other housing providers and/or service providers for the purposes of making decisions or verifying eligibility under the Housing Services Act, 2011 (HSA), the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, or the Child Care and Early Years Act, 2014; or as authorized by an agreement made by the City of Toronto with the governments of either Canada or Ontario, or a department, ministry, or agency of either, without further notice to me if the information is necessary for the purpose of administering, enforcing and/or conducting research relating to, a social benefit program, a affordable housing or the Taxation Act, 2007, the Income Tax Act (Canada) or the Immigration and Refugee Protection Act (Canada).

I understand that any information on this form or in any attached documents will only be shared in accordance with the HSA, Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and associated regulations.

**11. CREDIT CHECKS**

**Signatures of Applicants**

**Applicant** \_\_\_\_\_  
**Consent to Credit Check History**

**Date** \_\_\_\_\_

**Applicant** \_\_\_\_\_  
**Consent to Credit Check History**

**Date** \_\_\_\_\_

**12. RELEASE & CONSENT** – This is a legal agreement with St Hilda’s. Please read carefully before signing.

I understand that St. Hilda’s Towers Inc. requires the personal information requested on this form to determine my eligibility for Market Rent housing and related tenancy purposes. I consent to St. Hilda’s Towers Inc. collecting, using, verifying, disclosing, and retaining this information, my application, and any supporting documentation on my tenancy file as necessary. As well as for the processing my Affordable Market Rent housing application and for related tenancy purposes, by persons or agencies that can confirm my information, including landlords, rentals and credit reporting agencies.

If at any point in the process your application is deemed to be ineligible or denied, you will be made aware in writing of this decision.

\_\_\_\_\_  
**Applicant Printed Name**

\_\_\_\_\_  
**Date**

Check this box if you are submitting your application electronically. This represents your signature. You must fill out the date beside.

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## Declaration, Release and Consent to Information

The City of Toronto and through St. Hilda's Towers, Inc. must collect and retain my personal information to verify my eligibility for Affordable housing.

1. I/we declare that all information given in this application is correct and complete. The application and any supporting documents become the property of the St Hilda's.
1. I/we understand that when rental accommodation is provided to me/us that it will be occupied by me/us and the persons listed on this application.
2. I/we understand that this application does not constitute an agreement on the part of St. Hilda's Towers Inc. to provide me/us with rental accommodation.
3. I/we authorize St. Hilda's Towers Inc. to obtain such factual and investigative information as permitted by law. I/we acknowledge notice from the St. Hilda's Towers Inc. that a consumer report containing credit information may or will be referred to in connection with this application for housing.
4. I/we understand that my/our residency may be terminated if false information is determined after approval of my/our application for housing.
5. Personal information contained on this form or in its attachments is collected by the St. Hilda's Towers Inc. pursuant to the *Housing Development Act 2011, R.S.O. 1990, c. H.18, s. 2, 4 and 7* and *Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c.F.310* and *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c.M.56* and will be used to determine suitability and eligibility for housing applied for and the continuation of housing.
6. Personal information may be disclosed to the Ministry of Municipal Affairs and Housing and other municipal, provincial or federal departments or agencies that assist in the provision of affordable housing.
7. The applicant(s)/residents(s) consents to the verification, disclosure and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions regarding this collection should be directed to:  
**Property Manager, 2339 Dufferin Street, Toronto ON, M6E 4Z5**
8. I/we authorize St. Hilda's Towers Inc. to inquire about any information that may pertain to this housing application and this shall be irrevocable authority for releasing such information to the St Hilda's.
9. I/we give my/our consent and authorization to **St. Hilda's Towers, Inc.**
  - a. To make any inquiries that it deems necessary to verify the information given in this form and I/we authorize any person, corporation, or any social agency having knowledge of any such required information to release the information to the **St. Hilda's Towers, Inc.**
  - b. I/we agree to provide any supporting information to the **St. Hilda's Towers, Inc.**
  - c. To disclose the information given in this form to any social agency providing any form of social assistance to me/us and to City Of Toronto or other source of subsidized accommodation.

**13. All household members 16 years of age and older must read and sign this form. By signing, I/we confirm that all the information given about me in this form, corresponding documents and from third parties are true and complete.**

Household Member(s)			
1	Name (First, Last)	Signature	Date (yyyy-mm-dd)
2	Name (First, Last)	Signature	Date (yyyy-mm-dd)



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**14. SUPPLEMENTARY INFORMATION**

*This page is not required for affordable housing applications but will be considered in the application process. It is our desire at **St. Hilda's Towers Inc.** to foster an environment for a strong sense of community, diversity and respect.*

**Please comment on WHY you would be a good neighbour to others at St. Hilda's Affordable Housing units. Please reference any volunteer or relevant community experience you may have had that would assist in this:**