



# Application For Community Housing

**Please return your completed application and all required documentation to an Access Site near you.**

**Incomplete applications will not be processed until all required information and documentation has been received.**

## COMMUNITY HOUSING ACCESS CENTRE

235 King Street East, 6<sup>th</sup> Floor, Kitchener, ON N2G 4N5  
Phone: 519-575-4833 Fax: 519-893-8648 TTY: 519-575-4605  
E-mail: [chac@region.waterloo.on.ca](mailto:chac@region.waterloo.on.ca)  
Website: [www.region.waterloo.on.ca/chac](http://www.region.waterloo.on.ca/chac)



Region of Waterloo

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## Application Checklist

For each member of your household, you **MUST** include proof of your:

- Status in Canada**      Include a copy of one of these documents:
  - Canadian birth certificate (both sides),
  - Canadian citizenship document,
  - Native Status card,
  - permanent resident card,
  - proof of application for permanent residency status,
  - record of landing,
  - convention refugee documentation, and/or
  - refugee claimant form.

**We do not accept your Health Card, Social Insurance Number Card, or Driver's License as proof of your status in Canada.**
  
- Birth date**      Include:
  - Proof of your birth date, **if it is not on the document you give as proof of your status in Canada.**
  
- Income & Assets**      For each household member 16 years of age or older, include:
  - Proof of **all** sources of income and the amount, and
  - Proof (with the value) of any assets currently owned **OR** any sold or transferred within the last three years
  
- Residential Property you own**      If you own any property you could live in all year round (even if not in Canada), you must include:
  - a completed Declaration of Intent to Sell Property form.

You must also show us:

  - an appraisal, or
  - a mortgage statement, or
  - other documents for the property to prove its current value and your current equity.

Your equity will be included as income.
  
- Custody/Access Documents**      If you are a single parent household, for all children listed on your application, you must include:
  - Documentation specifying the custody/access provisions. (For Ontario Works or Ontario Disability Support Program recipients, a copy of the drug or dental card listing the children is acceptable.)

## Who can apply for Community Housing?

### See Page 4 of the Application Guide

CHAC will review all applications for Community Housing to see if they qualify.

We will only place you on the waiting list for Community Housing, if you meet all the requirements.

You can make photocopies of documents at an Access Site, free of charge. If you do not have any of the required documentation, please call an Access Site to talk to staff about your situation.

## Tips on filling out your Application...

**Note: We need ALL information and documentation to process your Application.**

**We will not add incomplete Applications to the waiting list.**

- Read the Application Guide **BEFORE** you begin.
- Print clearly in ink.
- Complete **all** sections of the Application that apply to you.
- Use the checklist on page 1 of this package, to make sure you have included all the required documentation.
- Before you sign the Application, read and understand the Declaration and Consent (Section 7). All household members 18 years of age and older must sign the Application. Or, someone who is approved signs for them. If someone else completes the Application for you, tell us this in Section 1 under Alternate Contact Information.
- Complete the Building Selection Form, starting on page 11 of this Application.
- Mail or bring this completed Application, with all the supporting documentation, to the CHAC office or to another Access Site near you. You can find a list of Access Sites on the last page of this Application.

**Community Housing is NOT emergency housing. Community Housing cannot house people immediately, no matter what the reason is for the housing difficulty.**

**If you need emergency housing, please contact one of the local shelters listed on page 15 in the Application Guide.**

Visit our website at [www.region.waterloo.on.ca/chac](http://www.region.waterloo.on.ca/chac)

**SECTION 1 – MAIN APPLICANT INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_ **Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Sex:**  
 Male  Female

**Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mailing Address (if different from above). Include unit number, city, province, and postal code:**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 ( ) ( ) ( )

**What is your residency status in Canada?(attach proof to the application)**

Canadian Citizen  Landed Immigrant  Refugee  Refugee Claimant  
 Native Canadian  Other (Please specify: \_\_\_\_\_)

Do you need an interpreter?  Yes  No Language: \_\_\_\_\_  
 Interpreter's Name: \_\_\_\_\_ Interpreter's Phone #: ( ) \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION**

If we need to reach you quickly, who can we call? Give us the contact name and daytime phone number of a friend, relative, or agency where we can leave a message for you.

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do you give us permission to talk about your application with this person?  Yes  No

Did an agency, friend or family member help you complete this application?  Yes  No

If it is someone different from above, give us their name:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Do you give us permission to talk about your application with this person, or agency?  Yes  No

Are you applying for any of the following? (See page 8 of the Application Guide for an explanation)

Special Priority  Terminally III Priority  Urgent Status  Sunnyside Priority

If 'yes', attach a completed Request form and a Verification form. For Terminally III Priority, you also need to complete a Medical form.

If you are asking for Special Priority status, is the contact person you named above a safe way to reach you?

Yes  No

**SECTION 2 – CO-APPLICANT INFORMATION** (a spouse is a co-applicant, not a dependent)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_ **Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Sex:**  
 Male  Female

**Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mailing Address (if different from above). Include unit number, city, province and postal code:**

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**What is your residency status in Canada? (attach proof to the application)**

- Canadian Citizen   
  Landed Immigrant   
  Refugee   
  Refugee Claimant  
 Native Canadian   
  Other (Please specify: \_\_\_\_\_)

Do you need an interpreter?  Yes  No      Language: \_\_\_\_\_

Interpreter's Name: \_\_\_\_\_ Interpreter's Phone #: ( ) \_\_\_\_\_

What is your relationship to the Applicant listed in Section 1? \_\_\_\_\_

**SECTION 3 – HOUSEHOLD INFORMATION**

List below **all** of the people that will be living with you.

**You must include proof of residency status for each member of this household.**

Last Name	First Name	Relationship to you	Date of Birth (MM/DD/YY)	Sex (M/F)	Does this person live with you now?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is a member of your household expecting a baby?  Yes  No      When is the baby due? \_\_\_\_\_



**Attach a doctor's note to prove the pregnancy and due date. After the birth, we need to have a copy of the birth registration, certificate of live birth, or birth certificate. If you have joint custody of any of the dependents you listed, please see Section 6 - Accommodation Requirements.**

**SECTION 4 – HOUSING HISTORY**

I rent    I'm staying at a shelter    I'm staying with relatives/friends    Other: \_\_\_\_\_

I own the home where I live (Attach a 'Declaration of Intent to Sell Property' form)

I own property suitable for year round residency, in Canada or any other country. (Attach a 'Declaration of Intent to Sell Property' form) Address of property: \_\_\_\_\_

How much is your current monthly rent or mortgage? \$ \_\_\_\_\_

**Current Landlord's Name:**

**Phone #:**

**Move in date:**

(   )

When does your lease end? MM \_\_\_\_ YY\_\_\_\_    Have you given a Notice to Vacate? Or, has your landlord given you one?    Yes    No    For when? MM \_\_\_\_ YY\_\_\_\_

**List ALL previous addresses for the last 5 years of ALL household members.**

Previous Address	Move in date	Move out date	Name of Landlord	Landlord's Phone #
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Have you ever lived in rent-geared-to-income housing anywhere in Ontario? Or has anyone you have listed as a household member?    Yes    No    If 'yes', please fill in the chart below.

Name of person listed on the lease	Address	Name of Housing Provider	Move out date	Arrears Owing (\$)
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**If you owe money to a housing provider, you MUST attach a current copy of the repayment schedule, signed by the Provider. We must have proof that your arrears have been fully paid or you have an agreement in place before we can proceed with your Application.**

**SECTION 5 – INCOME AND ASSET INFORMATION****INCOME**

Fill in the monthly income (before deductions) for you and each person in your household 16 years of age and older. **See page 3 of this Application for examples of possible income.**

<b>SOURCE OF INCOME</b>	<b>APPLICANT</b> Gross Monthly Amount	<b>CO-APPLICANT</b> Gross Monthly Amount	<b>OTHER HOUSEHOLD MEMBER</b> Gross Monthly Amount
Employment	\$	\$	\$
Self Employment	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workers Safety Insurance Board (WSIB)	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Old Age Security (OAS) / Supplement	\$	\$	\$
GAINS "A" / GIS	\$	\$	\$
Canada Pension Plan (CPP/QPP)	\$	\$	\$
Other Country Pension	\$	\$	\$
Other Pension(s)	\$	\$	\$
Support Payments <input type="checkbox"/> Received <input type="checkbox"/> Paid	\$	\$	\$
Grant/Bursary	\$	\$	\$
Other income (give details):	\$	\$	\$

**ASSETS**

Fill in the value of any assets owned by you and each person in your household 16 years of age and older. **See page 3 of this Application for examples of possible assets.**

<b>TYPE OF ASSET</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER HOUSEHOLD MEMBER</b>
Bank Account (give details):	\$	\$	\$
GICs/Bonds (give details):	\$	\$	\$
RRSPs (give details):	\$	\$	\$
Other assets (give details):	\$	\$	\$
Property (give details):	\$	\$	\$



**You MUST attach proof of income and assets to this Application.**

**SECTION 5 – INCOME AND ASSET INFORMATION (Continued)**

1. Have you given away, or transferred, any property, real estate, investments or other funds/money to relatives or friends? Has anyone in your household?  Yes  No

If 'yes', give date of transfer (MM/DD/YY): \_\_\_\_\_ Amount/Value: \$ \_\_\_\_\_

If 'yes', what is the address of the property: \_\_\_\_\_

2. Were you sponsored to come to Canada?  Yes  No

If 'yes', when does the sponsorship end? (MM/DD/YY): \_\_\_\_\_

**SECTION 6 – ACCOMMODATION REQUIREMENTS**

Do you own a car?

Yes  No

How many bedrooms do you need?

Bachelor  1  2  3  4  5

If 'yes', how many? \_\_\_\_\_

**Note:** To find out how many bedrooms you qualify for, see page 7 of the Application Guide.

Are any children on this Application currently in the care of Family and Children's Services? If 'yes', attach a letter from Family and Children's Services.  Yes  No

Are you applying for an additional bedroom for a child you have joint custody of, or regularly scheduled overnight access?  Yes  No

If 'yes', attach your custody agreement, court order or statutory declaration.

Are you applying for an additional bedroom, for a) the caregiver of a household member, or b) the storage of equipment the household member uses, because of a disability or serious medical condition? If 'yes', attach a completed Medical Form.  Yes  No

Are you and your spouse applying for separate bedrooms because of a medical need? If 'yes', attach a completed Medical Form.  Yes  No

**WHEELCHAIR ACCESS, PHYSICAL DISABILITIES & MOBILITY **

Are you applying for: (please check all that apply and attach a completed Medical Form)

A barrier-free location  A wheelchair modified unit  Accessible parking (how many spaces? \_\_\_\_\_)

Is any household member unable to climb stairs because of disability or medical condition?  Yes  No

Does any household member need an elevator because of a disability or medical condition?  Yes  No

What types of special needs do you have? (please check all that apply)

Wheelchair accessible doors or doorways  Automatic building entry doors  Automatic unit entry doors  
 Modified Bathroom  Modified Kitchen  Other

Tell us the specific needs (e.g. hearing impaired, etc.):

**SECTION 6 – ACCOMMODATION REQUIREMENTS (Continued)**

**SUPPORT SERVICES**

Does anyone in your household need support services to live on their own?  Yes  No

For example: help with dressing, bathing, taking medication, cooking, doing laundry, housekeeping, shopping, using public or private transportation, mental health supports, etc.



You must have a letter from an agency. It must confirm that the person can live on their own, with the assistance of the agency’s supports.

**Note:** The Community Housing Access Centre does NOT help set up support services. If a member of your household needs support services, you have to set them up directly with a support agency.

Name of Community Agency/Support Person	Phone #	Supports Provided
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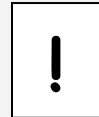
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**You must give us proof from your current support service provider that says:**

- ▶ they support your application for rent-geared-to-income housing, and
- ▶ any support services you need will continue, or will begin, when you are housed.

**SECTION 7 – DECLARATION AND CONSENT**

I understand:

1. The definition of Income on page 3 of the Application.
2. The information I give on this Application shall be true, accurate, and complete. If not, my Application may be cancelled.
3. I must tell staff at an Access Site about any changes in my information within 30 days of the change, or my Application may be cancelled. This includes any change of address, phone number, family size, type or amount of income.
4. This Application only makes sure that, if I qualify, I will be placed on the waiting list for housing.
5. I must provide any supporting material or documents needed by the Region of Waterloo, its representative(s), or housing providers.
6. All members of my household who are 18 years of age or older must sign this Application. Or, I must have it signed for them by an approved person. This can be: a parent, guardian, or a person with power of attorney or authority to complete an application and provide consent for an applicant.

**Consent and Authorization**

All persons who sign this application consent to the exchange of personal information between the Region of Waterloo and any relevant persons, housing providers, Access Sites or institutions for the purpose of verifying the information supplied in this application, for determining eligibility for housing assistance and for the purpose of allowing housing providers to place applicants for available accommodations.

All persons who sign this application and who identify accommodation requirements in Section 6 consent to the exchange of personal information between the Region of Waterloo and any relevant support service agencies or community agencies for the purpose of arranging appropriate housing placements for any member of the household.

All persons who sign this application and who receive Ontario Works (OW) or Ontario Disability Support Program (ODSP) assistance or child care subsidy consent to the exchange of personal information between the Region of Waterloo and OW, ODSP or child care subsidy offices for the purpose of verifying eligibility and the level of housing benefits or assistance.

**If you sign with a mark (e.g. “X”), the signature must be witnessed. The witness must also sign this Application.**

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

**Witness Signature:** \_\_\_\_\_

**Applicant**

**1** Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Co-Applicant**

**2** Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Signatures of other household members 18 years of age or older:

**3** Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**4** Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**5** Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**6** Signature \_\_\_\_\_ Print Name \_\_\_\_\_

The Region of Waterloo Coordinated Access System follows the Ontario Human Rights Code to provide equal treatment and opportunity for all Ontario residents. The Region recognizes that an inclusive climate is essential to the future prosperity and social well-being of this province.