



Form 1 - Application for Affordable Housing

- Please print clearly in INK.
- All sections must be completed in full.
- If your application is not completed in full, it may be returned to you unprocessed.
- **Please read the following carefully:**

The Residences of St. Joseph's is made affordable through government grants under the Canada-Ontario Affordable Housing Program. Under this Program, certain income limits are targeted as part of the tenant selection criteria, therefore, income information is required from all applicants in order to verify eligibility. The number of bedrooms applicants are eligible for is also determined by occupancy standards under this Program. St. Joseph's Housing Corporation Inc. Guelph will verify if you are eligible for the size of unit that you have selected. Please note that property owners are eligible to apply for housing under this Program, provided that they execute a Property Disposition Form agreeing to dispose of such property within six (6) months of being offered accommodation in The Residences of St. Joseph's.

Applicants will be required to provide consent for both landlord referrals and credit search in order for the final selection approval to be complete.

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA) and will be held in the strictest confidence.

SECTION 1 – Applicant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Last Name		First Name and Middle Initial	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (Y/M/D)	Social Insurance Number		Maiden Name (if applicable)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other					
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee or Refugee Claimant <input type="checkbox"/> Applied For Permanent Residence					
Apartment Number		Current Address			
City		Province		Postal Code	
Daytime phone number		Home phone number (if different)	Cellular telephone number		E-mail address

SECTION 2 – Co-Applicant

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Last Name		First Name and Middle Initial	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (Y/M/D)	Social Insurance Number		Maiden Name (if applicable)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other					
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee or Refugee Claimant <input type="checkbox"/> Applied For Permanent Residence					

- Other than the above, will anyone else be residing in the unit: Yes No
- What size unit do you wish to apply for (subject to Program requirements): 1 bedroom 2 bedroom
- Will you require surface parking (additional monthly charge applies): Yes No

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Are any members of the household under a deportation or departure order? Yes No

Have you or anyone in your household been convicted of an offence related to rental or subsidized housing within the last two years? Yes No

Do you own, or are you a co-owner of, the home you are currently living in? Yes No

What is the estimated value of your property? \$ _____

Other than your current residence, do you or anyone on this application own property in Canada or any other country? Yes No

What is the estimated value of your other property? \$ _____

Do you require a pet friendly unit? Yes No

SECTION 3 - Current and Previous Residence

Information regarding your current landlord			
Landlord's full name		Landlord's telephone number	
Landlord's apartment number	Landlord's street address		
Landlord's city	Landlord's province	Landlord's postal code	
Date you moved into your current residence		How much rent do you pay?	

List the addresses where you have lived for the past 5 years (prior to your current residence)			
1	Apartment number	Street address	Date moved IN
City		Province	Postal code
Date moved OUT		Landlord's telephone number	
Landlord's full name		Landlord's address	
Landlord's apartment no.		Landlord's address	
Landlord's city	Landlord's province	Landlord's postal code	

2	Apartment number	Street address	Date moved IN
City		Province	Postal code
Date moved OUT		Landlord's telephone number	
Landlord's full name		Landlord's address	
Landlord's apartment no.		Landlord's address	
Landlord's city	Landlord's province	Landlord's postal code	

Do you owe rental arrears to the above or to any landlord? No Yes

Have you ever been subject to a Notice to Vacate issued by any landlord? No Yes

If yes, specify reason: _____

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Accommodation Requirements

Do you or anyone who plans to live with you need a modified unit for a physical disability? No Yes
(If yes, a Disability Verification Form must be completed)

Name of family member: _____

Please describe the specific requirements: _____

Do you or anyone who plans to live with you need support services in order to live independently?
(If yes, an Independent Living Assessment Form must be completed) No Yes

Name of family member: _____

Do you/they have support services presently in place? No Yes

What type of support service is required?

SECTION 4 - Income Information

To verify your income, Please attach your personal income tax return and Notice of Assessment for the previous calendar year.

SECTION 5 - Application for Special Priority Status

In order for your request for Special Priority Status to be considered, you must first meet the criteria of either homelessness, medical urgency, or need for proximity to a spouse who is currently residing at St. Joseph’s Health Centre Guelph. To apply for Special Priority Status, you must provide written verification, utilizing the Request for Special Priority Status form provided by St. Joseph’s, of the risk which is supported by one or more assisting professionals or agencies. Additional verification may be requested by St. Joseph’s based on the individual risk circumstances.

Are you applying for Special Priority Status due to:

Homeless (living unsheltered in spaces not intended for living e.g. on the street, under a bridge, in a car; or staying in emergency shelter)

Medical Urgency (Attach Completed - Form 7 Medical Urgency Verification)

Need to be close to a spouse or partner residing at St. Joseph’s Health Centre Guelph

SECTION 6 - Release and Consent

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. Joseph’s Housing Corporation Inc. Guelph.
2. 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.
3. I/we understand that this application does not constitute an agreement on the part of the St. Joseph’s Housing Corporation Inc. Guelph to provide me/us with rental accommodation.

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4. I/we authorize the St. Joseph’s Housing Corporation Inc. Guelph to obtain such factual and investigative information as permitted by law. I/we hereby acknowledge notice from the St. Joseph’s Housing Corporation Inc. Guelph that a consumer report containing credit information will be referred to in connection with this application for housing.
5. I/we understand that my/our residency may be terminated if false information is determined after approval of my/our application for housing.
6. Personal information contained on this form or in attachments is collected by the St. Joseph’s Housing Corporation Inc. Guelph pursuant to the Canada-Ontario Affordable Housing Program and will be used to determine suitability and eligibility for housing applied for and the continuation of housing.
7. Personal information may be disclosed to the County of Wellington, Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing.
8. The applicant(s)/resident(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 Agnes Sadlon, Tenant Placement Coordinator.
9. I/we acknowledge that **The Residences of St. Joseph’s** has been designated as a smoke-free environment and that pets are only permitted on floors 1 and 2.

I declare:

I/we authorize St. Joseph’s Housing Corporation Inc. Guelph to inquire from you any information you might have pertaining to my housing application for **The Residences of St. Joseph’s** and this shall be your irrevocable authority for releasing such information to the St. Joseph’s Housing Corporation Inc. Guelph.

I/we give my/our consent and authorization to the St. Joseph’s Housing Corporation Inc. Guelph:

- 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 St. Joseph’s Housing Corporation Inc. Guelph.
- b) I/we agree to provide any supporting material St. Joseph’s Housing Corporation Inc. Guelph may require.
- c) To disclose the information given in this form to any social agency providing any form of social assistance to me/us.
- d) I/we agree to abide by the non-smoking and pet policies adopted for **The Residences of St. Joseph’s**.

All household members must sign below indicating that they have read and accept all terms and conditions of the above Release and Consent.

Household member (Please print name.)	Signature	Date signed
1.		
2.		

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Application Checklist:

Use this checklist to make sure you have attached all the required documents.

1. Completed all 5 sections of this form.
2. Signed page 4.
3. Documentation verifying all applicant’s income, including: a)) the most recent income tax return prepared by the applicant or their agent; and, b) copy of the latest Notice of Assessment from Revenue Canada.
4. If you have requested priority status, you must complete and provide a Special Priority Status Form.
5. If you have requested priority status, due to medical urgency, you must complete and provide a Medical Urgency Verification Form.
6. If you have requested an accessible unit or an additional bedroom because of a disability in your household, you must complete and provide a Disability Verification Form.
7. If you require support services to live independently, you must complete and provide an Independent Living Assessment Form. (additional medical verification may be required).
8. If someone in the household owns residential property that is suitable for year-round occupancy, whether the property is in or outside of Ontario, you must complete and provide a Property Disposition Form.

If you do not complete all sections of this application form or do not attach all the required documents, you will be advised in writing that your application is incomplete and **you will not** be placed on the waiting list.

It is important to notify us of any changes in your household size, address and phone number. Your application will be cancelled if we are unable to contact you. You will have one year to reactivate your application, after which time you will be required to reapply and your name will be placed at the bottom of the waiting list.

You only have three (3) refusals to an offer of housing, after which, you will be removed from the waiting list.

Your completed application form and attached documents can be mailed or delivered to:

St. Joseph’s Housing Corporation Inc. Guelph
401 Edinburgh Road
Guelph ON Canada N1H 0A5
Attention: Building Manager

APPLICATIONS WILL NOT BE ACCEPTED BY FAX
