



November 7, 2019

Dear Applicant,

The Region of Durham has allocated funding from the Federal and Provincial governments to have 50 units built under the Investment in Affordable Housing program. Units are currently under construction by Durham Region Non-Profit Housing Corporation at 100 McKay Street in Cannington for occupancy on or around February 2020.

This building has been designated as seniors housing for people 65 years of age and older with and for people with disabilities. For more information about the building and its amenities, please visit the website at www.durham-housing.com.

To be eligible, your household's gross income must not exceed \$47,000 per year for a one bedroom apartment. Household asset limits of \$50,000 (single person) and \$75,000 (couple) also apply.

Rental rates for this building will not be geared-to-income. The rents will be, on average, based on 80% of the average market rent for the area, approximately \$1000 per month. Rents will be confirmed upon lease signing.

If you are interested in applying for this building, please complete the attached application form and send copies of the following for all household members:

- **Status in Canada (examples: Canadian birth certificate, Canadian citizenship card, valid Canadian passport, Permanent Resident card)**
- **Income tax assessment from Revenue Canada for 2018 or if your income has changed since 2018, please also include copies of your current income stubs**

to Lori Barber, Housing Services Division, 605 Rossland Rd. East, P.O. Box 623, Whitby, ON L1N 6A3 or by email to lori.barber@durham.ca.

Durham Region Non-Profit Housing Corporation, the landlord, will be given a list of eligible households for their selection of tenants.

If you have any questions, please feel free to contact me at 905-668-4113, ext. 2461.

Yours truly,

Lori Barber
Housing Program Co-ordinator

If this information is required in an accessible format, please contact the Accessibility Co-ordinator at 1-800-372-1102 ext. 2009.

The Regional
Municipality
of Durham

Social Services
Department

Housing Services Division

605 ROSSLAND RD. E.
PO BOX 623
WHITBY, ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-666-6225

www.durham.ca

"Service Excellence
for our Communities"



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Fax: (905) 436-5361
E-mail: drnphc@durham-housing.com

APPLICATION FOR AFFORDABLE HOUSING-100 MCKAY ST. CANNINGTON

Please complete all sections of the form and attach supporting documentation

1. Applicant Information

First Name:		Last Name:		
Address - Street Number and Street Name		Unit/Apt. No.	City	Postal Code
Daytime Phone Number		Alternate Phone Number		
Email Address				

2. Co-applicant Information

First Name:		Last Name:		
Address - Street Number and Street Name		Unit/Apt. No.	City	Postal Code
Daytime Phone Number		Alternate Phone Number		

3. Household Members Information - List all of the people who will live with you

Note: All sections must be completed – if additional space is needed please add a separate page

Name of Household Member	Relationship to you	Date of Birth			Sex	Citizen/Refugee/ Landed Immigrant	Social Insurance Number
		Day	Month	Year	M/F		
	-Yourself-						

Do any members of your household require a modified unit? Yes ☐ No ☐

If yes, please provide details:

4. Emergency Contact Person(s)

Please indicate who we may contact in case of an emergency		
Name:	Phone Number:	Relationship:

Please complete Page 2....

5. Housing History - List all the places where you and your household members have lived in the last 5 years**Applicant**

Present Landlord's Name:	Address where you live: Unit #	Landlord Phone No.	How long have you lived here? Date you are vacating?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived Unit #	Landlord Phone No.:	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you live: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Co-applicant

Present Landlord's Name:	Address where you live: Unit #	Landlord Phone No.	How long have you lived here? Date you are vacating?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Request for Parking

I/We would like to request the following number of parking spaces:

Please note that if there are no on-site parking spaces available it will be the responsibility of the tenant to obtain legal parking off site.

Please complete Page 3....

Household Income and Asset Declaration

Please answer YES or NO to indicate if you or any other household member(s) are receiving any income listed below or from **ANY OTHER SOURCE**. Please attach an additional sheet of paper if required.

ATTACH ALL SUPPORTING DOCUMENTATION FOR ALL YOUR HOUSEHOLD INCOME SOURCES.

Income Source Answer each question Do you or any members of your household receive income from any of the following sources? check yes or no	Gross Monthly Income for each Household Member with an Income			
	Applicant	Co-Applicant	Other Household Member	Other Household Member
Employment Income* <input type="checkbox"/> Yes <input type="checkbox"/> No *Please indicate Employer name				
Ontario Works* <input type="checkbox"/> Yes <input type="checkbox"/> No *Please indicate Worker's name/phone number				
Ontario Disability Support Plan <input type="checkbox"/> Yes <input type="checkbox"/> No *Please indicate Worker's name/phone number				
Employment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No				
Support / Alimony Payments <input type="checkbox"/> Yes <input type="checkbox"/> No				
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No				
Disability Pension <input type="checkbox"/> Yes <input type="checkbox"/> No				
Canada Pension (CPP) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Old Age Security (OAS) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Guaranteed Income Supplement (GIS) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Pension <input type="checkbox"/> Yes <input type="checkbox"/> No				
OSAP (Loan or Grant) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Foreign Pension <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No				
ANY other income not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No i.e. tips, bonuses, etc. *please indicate income source				

Asset Declaration

Indicate the name of the household member receiving the income or possessing the asset as requested below.

<u>Answer each question</u>	Applicant	Co-Applicant	Other Household Member	Other Household Member
Bank Account(s) Please indicate current balance. Financial institution and account number(s)				
RRSP's <input type="checkbox"/> Yes <input type="checkbox"/> No				
GIC's / Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks / Bonds / Investments <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate (House, Land) <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner: Address: Value:			
Art, Antiques, Valuables <input type="checkbox"/> Yes <input type="checkbox"/> No				
Taxi or Business License <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner: Address: Value:			
Any Assets held in trust <input type="checkbox"/> Yes <input type="checkbox"/> No				
ANY other assets not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Describe				

Please complete Page 4....

Consent and Declaration

- I / we, the undersigned, make the following representations and warranties knowing they will be relied upon by Durham Region Non-Profit Housing Corporation (DRNPHC) to assess my qualification for continued eligibility for rent-geared to income (RGI) subsidy and to establish my monthly rental amount.
- 1. I have read this application and understand that all household income and assets must be disclosed and supporting documentation provided. I understand that documents provided become property of DRNPHC.
 - 2. I declare that the information given in this form as to the occupants of the unit and the gross family income is accurate and complete. No Household assets or income have been concealed or omitted from this form.
 - 3. I consent to an authorized representative of the Region of Durham or any of its agents under contract, disclosing to any party personal information about me, my spouse, same sex partner, and any dependents included in my household for the purpose of determining initial or continuing eligibility of RGI assistance and/or special needs housing information to DRNPHC. I acknowledge that I am providing my consent in connection with my application including my placement on any applicable waiting lists.
 - 4. I further consent to the exchange of information with any agency, Ministry or department of the Region of Durham, the government of Ontario, the government of Canada, the government of any other province or territory, or any party for the purpose of determining initial or continuing eligibility for RGI assistance and/or special needs housing including my placement on any applicable waiting lists.
 - 5. I understand and consent to the release of information provided to DRNPHC, including any supporting documentation to an authorized representative of the Region of Durham and Durham Access to Social Housing for the purpose of determining past, initial or continuing eligibility for RGI assistance and/or special needs housing including my placement on any applicable waiting lists.
 - 6. Without restricting the generality of the consent in section 5, I specifically consent to the release of information relating to any assets held in any financial institution by or on behalf of me, my spouse, or same sex partner, and any dependents in my household.

Notice with Respect to the Collection of Personal Information

Freedom of Information and Protection of Privacy, Municipal Freedom of Information and Protection of Privacy Act.

This information is collected under the legal authority of the Housing Services Act 2011 for the purpose of administering the social housing programs prescribed in the Act and its associated Regulations.

**Signatures are required for all applicants/co-applicants that are 18 years of age and over:
All application signatures must be dated.**

Applicant Signature

Date

Co-applicant Signature

Date

Co-applicant Signature

Date

Co-applicant Signature

Date

Co-applicant Signature

Date