Grey County Logo **Community** **Housing Application**

**Grey County Housing**

**County of Grey Administration Building**

**595 9th Avenue East**

**Owen Sound ON N4K 3E3**

**Phone (519) 376-5744**

**Fax (519) 376-0445**

If you have any difficulty completing this application, please contact us for assistance.

# **You are Eligible for Subsidized Housing if:**

- All members of the household are Canadian Citizens, Landed Immigrants (permanent residents), applicants for permanent resident status, refugees, or refugee claimants.

- No member of the household is currently under a deportation, departure or exclusion order to leave Canada.

- At least one member of the household is 16 years or older.

- No member of the household owes money to any social housing provider or has been convicted of an offence related to rent-geared-to-income assistance or found by a court of law or the Ontario Rental Tribunal to have misrepresented their income for the purpose of rent-geared-to-income assistance.

- A member of the household owns a house; they must agree to put it up for sale.

- You are able to live independently.

- Have income below the income and asset limits (Line 236 on your Notice of Assessment)

|  |  |  |
| --- | --- | --- |
| **Current Household Income Limit**  **Please contact our office with income questions if you are near these limits.** | | |
| **Unit Size** | **Yearly Income Limit** | **Monthly Income Limit** |
| Bachelor | $29,500 | $2,458 |
| One Bedroom | $38,500 | $3,208 |
| Two Bedroom | $46,500 | $3,875 |
| Three Bedroom | $52,500 | $4,375 |
| Four Bedroom + | $61,000 | $5,083 |
| HILS Revised January 1, 2024 | | |

# **Filling Out the Form:**

- Please PRINT all information in ink.

- Complete all sections and forward to the address below. Incomplete applications will not be processed.

- You are required to report all sources of income you and members of your household receive.

- All household members over the age of 16 years must sign the application and provide a copy of their birth certificate.

- All household members must provide a copy or their birth certificate or proof of Canadian citizenship.

- Applications will be accepted by mail, email and fax.

**Please note:**

* **If there is a change in any of the information that you provide, you are required to notify the above office within 30 business days.**
* **Applicants will have one refusal of a housing offer. If you refuse an offer, your name will be removed from the waitlist. Please only select areas you would accept to live.**

## Definition of Income

“**Income** means all income, benefits and gains, of every kind and from every source, including, but not limited to, the following”:

1. Gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
2. Payments received under the Ontario Works Act, 1997 or the Ontario Disability Support Program Act, 1997;
3. The gross amount of any old age security, federal guaranteed income supplement and spouse’s allowance and financial assistance under the Ontario Guaranteed Annual Income Supplement (GAINS);
4. The gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state or from any other source;
5. The gross amount of alimony, separation, maintenance or support payments;
6. the gross amount of Employment Insurance benefits;
7. The gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
8. the gross amount of the Workers’ Compensation, Workplace and Safety payments or other industrial accident insurance payments made because of illness or disability
9. The gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
10. The gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time;
11. An imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time;
12. the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of anyone who is self-employed in a business

**“Gross Household Income**” means the aggregate income of

(1) the tenant and every person residing in the leased premises and

(2) every tenant on the lease temporarily resident elsewhere.

**“Spouse”** means two people who:

(1) are married to one another or who represent that they are married to one another; or that they intend to do so **or**

(2) not being married to one another, evidence an intention to cohabit in a relationship of permanence or represent that they intend to do so.

**Examples of Possible Sources of Income**

**Employment**

Full-time Seasonal Disability Pay Employment Insurance Benefits

Part-time Odd Jobs Overtime Earnings Separation/Vacation Pay

Irregular Commissions Sickness Pay Long Term Income Payments

Casual All Bonuses Tips and Gratuities

**Self-Employment**

Tutoring Child Care Taxi Music Teaching Babysitting Business

**Pensions and Allowances**

Old Age Security (OAS) Widow’s Pension Company Pension

War Veteran’s Allowance (DVA) Private Pension Quebec Pension Plan

Guaranteed Income Supplement (GIS) War Veteran’s Allowance Training Allowances

Guaranteed Annual Income Supplement (GAINS) Retraining Allowances Civilian War Pension

Public Service Pension Canada Pension Plan (CPP) Disability Pension

Canada Manpower Retraining Allowance Social Security (other Countries)

Military or Militia or Civil Defense Allowances

**Other**

Support Payments (for Spouse or child) Payments from Official Guardian or Public Trustee

Support from relatives or other sources Student Grants /Alimony Payments/ Mortgage Income

Worker’s Compensation Payments Payments under compensation for Victims of Crime Act

Provincial or Municipal Payments

**Income Producing Assets**

Farm Property that produces income

* Real Estate (residential, commercial, farmland, cottage, mobile home) that produces rental income
* Savings Accounts (bank, trust company, credit union), annuities, GIC, stocks or shares, bonds debentures, mortgages, loans notes, term deposits
* Business interest which produces income

**Non-Income Producing Assets**

* Life Insurance (with a cash surrender value)
* Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
* Collection of, or investments in, other valuable non-income producing assets
* Business interest that does not produce income

Grey County Housing Application

# **Section 1 – Primary Applicant**

First Name:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name:

Maiden Name:

Marital Status:  Single  Divorced  Common Law  Married  Widowed  Other

Date of Birth (mm/dd/yyyy):

Gender:  Male  Female  Other

Social Insurance Number:

Status in Canada:

Canadian Citizen Permanent Resident  Refugee Status  Aboriginal Status

**If you have selected Permanent Resident, Refugee Status or Aboriginal Status please provide proof** **of status (ie. Copy of PR Card, landed immigrant papers, refugee claimant papers etc)**

**Address & Contact Information**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt. #

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov.:\_\_\_\_\_\_\_\_\_\_ Postal Code:

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number:

Email:

Do you consent to receiving email communication?  No  Yes

Can we safely contact you at this address and phone number?  No  Yes

If No, where can we contact you?

**Person to contact in your absence**

Name:

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

Email:

**Add your ODSP/OW Worker as an alternate contact:**

Name:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Section 2 – Co-applicant**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:  Single  Divorced  Common Law  Married  Widowed  Other

Date of Birth (mm/dd/yyyy):­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Insurance Number:

Gender:  Male  Female  Other

Status in Canada:

Canadian Citizen Permanent Resident  Landed Immigrant  Aboriginal Status

**If you have selected Permanent Resident, Refugee Status or Aboriginal Status please provide proof of status (ie. Copy of PR Card, landed immigrant papers, refugee claimant papers etc.)**

Address same as primary applicant? Yes No

If No, please provide address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Section 3 – Other Household Members (Dependants)** | | | | |
| --- | --- | --- | --- | --- |
| Name | Date of Birth (mm/dd/yyyy) | Social Insurance Number | Gender | Relationship to Applicant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Provide proof of custody or overnight visitation for each dependant listed**  Is an additional child expected (baby, adoption, etc.)?  No  Yes **If yes, provide proof**  Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do all household members reside in present accommodations?  No  Yes  If no, please attach explanation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

# **Section 4 – Present Accommodations**

Current Landlord Information

Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov.:\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of tenancy:

Have you received an eviction notice?  No  Yes

Have you ever lived in rent geared to income housing anywhere in the Province of Ontario?

No  Yes Where was it located:

# **Section 5 – Housing Requirements**

Unit size: Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

**Monthly Housing Income Limits for:**

**Bachelor**: $2,458.00 **1 Bedroom:** $3,208.00 **2 Bedroom:** $3,875.00

**3 Bedroom:** $4,375.00 **4 Bedroom:** $5,083.00

I/we require a modified / wheelchair accessible unit:  Wheelchair Modified

If selected modified, please describe what type of modification is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you climb stairs?  No  Yes

Do you require parking?  No  Yes

Do you own a motorized scooter?  No  Yes

Do you own a pet?  No  Yes

# **Section 6 – By-Name List**

What is the By-Name List (BNL)?

A BNL is a real-time list of individuals and families experiencing homelessness. It allows service providers to match services and supports to residents experiencing homelessness.

Are you currently homeless: Yes No If you answered yes, please answer the following;

Do you have a place to sleep tonight?  Family Couch Surfing No Other:\_\_\_\_\_\_\_\_\_\_

Do you currently live in Grey County? Yes No

Can Grey County contact you for more information on the BNL? Yes No

# **Section 7 – Special Priority**

# 

I am applying for **special priority status** because I am currently living with a person, who is abusing me, or I am a member of that household and I am permanently separating from my abuser.

I have lived apart from the person who was abusing me for less than 3 months and am permanently separating from my abuser.

I am applying for special priority status because I am a victim of human trafficking.

If you check any of the above boxes a representative from Grey County Housing will contact you.

**Please note: We are not emergency housing. You could be on the waitlist for several years before being offered housing. If you require emergency housing, please call 211 for information on local Women’s Centre support or the Short Term Shelter Program**

What is Special Priority Status(SPP)? The Housing Services Act 2011 gives priority to social housing applicants whose personal safety, or whose family’s safety is at risk because ofan individual with whom they live. This allows the applicant to separate permanently from the abuser. It is also given to victims of Human Trafficking. To requestSPPyou mustprove the following;1.The fact that the abuse took place-provide a letter of support / verification or police record of the abuse having taken place (this supporting letter must be provided by someone in one of the following occupations as defined under the HSA 2011 –O.Reg., 367/11 –see chart attached)Don’t forget to sign the Consent for Early Destruction of Verification letter attached2.You MUST provide proof that you areliving with,orsponsored as an immigrantby the abuserORif the household is no longer living with the abuser, the application for special priority status mustbe made within 3 months of separation from the abuser. Does notapply to victims of Human Trafficking

# **Section 8 – Income**

List all MONTHLY income BEFORE deductions received by ALL household members

| Last Name |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  |  |  |  |
| **Income Categories** | $ Amount | $ Amount | $ Amount | $ Amount |
| **O**ntario **W**orks |  |  |  |  |
| **O**ntario **D**isability **S**upport **P**rogram |  |  |  |  |
| Full Time Employment |  |  |  |  |
| Part Time Employment |  |  |  |  |
| Self-Employment |  |  |  |  |
| Employment Insurance (EI) |  |  |  |  |
| WSIB (Short Term) |  |  |  |  |
| WSIB (Long Term) |  |  |  |  |
| Long Term Disability |  |  |  |  |
| Short Term Disability |  |  |  |  |
| **O**ld **A**ge **S**ecurity/GIS |  |  |  |  |
| Immigrant/Government Sponsorship |  |  |  |  |
| **C**anada **P**ension **P**lan/CPPD |  |  |  |  |
| Gains – Aged |  |  |  |  |
| Company Pension |  |  |  |  |
| Other Country Social Security |  |  |  |  |
| Other Pensions |  |  |  |  |
| Annuity (RIF or LIF) |  |  |  |  |
| Support Payments (Child/Spousal) |  |  |  |  |
| Survivors Benefit |  |  |  |  |
| Interest – Investments |  |  |  |  |
| Interest – Mortgage |  |  |  |  |
| Interest – Bank |  |  |  |  |
| DVA Disability Pension |  |  |  |  |
| Band Allowance |  |  |  |  |
| Student Grants/Bursary |  |  |  |  |
| OSAP |  |  |  |  |
| Other Income – give detail |  |  |  |  |
|  |  |  |  |  |

**Pursuit of Income:**

In order for a household to qualify to receive or continue receiving RGI assistance, all members of the household aged 16 years of age or older, and who do not meet the definition of a student, must make a reasonable attempt to pursue the following available sources of income:

Ontario Works, Employment Insurance, Senior's pensions or benefits, Immigration support or maintenance, Support ordered under the Divorce Act, Family Law Act or the Interjurisdictional Support Orders Act, 2002.

The household will be expected to make every reasonable effort to pursue these sources of income.

# **Section 9: Assets**

**Income Producing Assets**

* Farm Property that produces income
* Real Estate (residential, commercial, farmland, cottage, mobile home) that produces rental income
* Savings Accounts (bank, trust company, credit union), annuities, GIC, stocks or shares, bonds debentures, mortgages, loans notes, term deposits
* Business interest which produces income

**Non-Income Producing Assets**

* Life Insurance (with a cash surrender value)
* Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
* Collection of, or investments in, other valuable non-income producing assets
* Business interest that does not produce income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name |  |  |  |  |
| First Name |  |  |  |  |
| **Asset Categories** |  |  |  |  |
| Non-Income Producing Assets |  |  |  |  |
| Bank Account |  |  |  |  |
| GIC/Bonds |  |  |  |  |
| RIF(s) |  |  |  |  |
| Stocks |  |  |  |  |
| Other Assets – give details |  |  |  |  |

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

**Your assets must not exceed $50,000**

Do you presently own property or real estate?  No  Yes

Address:

Resale Value:

Remaining Mortgage Balance:

If selected other assets, please provide details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Section 10 – Housing Selection**

**Effective July 1, 2020 applicants will have one refusal of a housing offer. If you refuse an offer, your name will be removed from the waitlist. Please only select areas you would accept to live.**

# **Types of Rent:**

**Rent Geared to Income (RGI)**- Your rent is subsidized and is based on approximately 30% of your gross monthly income.

**Market Rent (MKT)**- You will pay full rent based on current market rates.

**Affordable (AH)**- Your rent is below Market Rent, and is NOT Rent Geared to Income, which means that your rent will not go down if your incomes goes down.

**Non-Profit Housing (NPH)-** These providers manage their properties and Grey County subsidizes costs. Providers include municipalities, churches and other service and community groups.

W – Wheelchair units

MU – Modified Units

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Housing Address | # of Bedrooms | Senior Only 65+ | Modified/ Wheelchair | Notes | Provider Type |  |
| CHATSWORTH |  |  |  |  |  |  |
| 50 McNab Street | 1 |  | MU | Lift | RGI |  |
| DUNDALK |  |  |  |  |  |  |
| 130 Rowe’s Lane | Bach, 1 |  |  | Split Level | RGI |  |
| 40 Artemesia Street | 1 |  |  | 2 story walk up | RGI |  |
| 181 Victoria Street | 1 |  | MU | Lift | RGI |  |
| DURHAM |  |  |  |  |  |  |
| 329 Garafraxa Street (NPH) | 1, 2, 3 |  | W | 3 story walk up | RGI & MKT |  |
| 208 Queen Street South | 1 |  |  | 1 story | RGI |  |
| 248 Queen Street South | 1 |  |  | 2 story walk up | RGI |  |
| 315 Bruce Street | Bach, 1 |  |  | No ground floors, split | RGI |  |
| Bruce & Queen Street | 2, 3, 4 |  |  |  | RGI |  |
| 321 Bruce Street North | 1 & 2 |  |  |  | AH & MKT |  |
| FLESHERTON |  |  |  |  |  |  |
| 43 Hill Street | Bach, 1 |  |  | 1 story | RGI |  |
| HANOVER |  |  |  |  |  |  |
| 214 11th Avenue | Bach, 1 |  |  | No ground floors, split | RGI |  |
| 481 11th Street | 1 |  |  | 2 story walk up | RGI |  |
| 250 12th Avenue | 1 |  |  | Lift | RGI |  |
| 307 11th Avenue (NPH) | 1, 2, 3 |  | W | Elevator | RGI & MKT |  |
| Various 14th Street | 3, 4, 5 |  |  |  | RGI |  |
| HOLSTEIN |  |  |  |  |  |  |
| 392051 Grey Road 109 | 1 |  |  | 2 story walk up | RGI |  |
| MARKALE |  |  |  |  |  |  |
| 99 Argyle Street | 1 | X | MU | 1 story | RGI |  |
| 100 Margaret Elizabeth Street | 1 |  |  | Lift | RGI |  |
| 41 Mark Street | 1 |  |  | 1 story | RGI |  |
| MEAFORD |  |  |  |  |  |  |
| 130 Albert Street | 1, 2 | X | W | Elevator | RGI |  |
| 121 William Street | 1, 2 | X | W | 1 story | RGI |  |
| 159 Parker Street | 1 |  |  | Lift | RGI |  |
| 157 Nelson Street | Bach, 1 |  |  | 1 story | RGI |  |
| 17 Legion Road | 1 |  |  | Lift | RGI |  |
| 80 Victoria Street | 2, 3 |  |  |  | RGI |  |
| Collingwood & Paul Street | 2, 3, 4 |  |  |  | RGI |  |
| 130 Albert Street | 1, 2 | X | W |  | MKT |  |
| 121 William Street | 1, 2 | X | W |  | MKT |  |
| 80 Victoria Street | 2, 3 |  |  |  | MKT |  |
| NEUSTADT |  |  |  |  |  |  |
| 716 Queen Street (NPH) | 1, 2 | X |  | 1 story | RGI & MKT |  |
| OWEN SOUND |  |  |  |  |  |  |
| 2150 6th Avenue East (NPH) | 1, 2 |  | MU | 2 story walk up | AH |  |
| 2150 9th Avenue East (NPH) | 2, 3 |  | MU | No basement | RGI & MKT |  |
| 700 21st Street East (NPH) | 1, 2, 3 |  | MU | Basement | RGI & MKT |  |
| 2239 8th Avenue East (NPH) | 1, 2 |  | MU |  | MKT & AH |  |
| 496 – 520 7th Avenue East (NPH) | Bach, 1 |  |  | 3 story walk up | AH |  |
| 490 7th Avenue East | Bach, 1 |  |  | No ground floors, split | RGI |  |
| 248 7th Avenue East | Bach |  |  | 2 story walk up | RGI |  |
| 650 4th Street ‘A’ East | 1, 2 | X | MU | Elevator | RGI |  |
| 225 14th Street West | 1, 2 |  |  | Elevator | RGI |  |
| 305 14th Street West | 1, 2 |  | MU | Elevator | RGI |  |
| 155 4th Avenue West (NPH) | 1, 2 | X | W | Elevator | RGI & MKT |  |
| 1655 3rd Avenue West (NPH) | 1, 2 | X | W | 1 story | RGI & MKT |  |
| 350 10th Street East (NPH) | 1, 2 | X | W | Elevator, Special Needs | RGI & MKT |  |
| 882 – 898 Alpha Street | 2, 3, 4 |  |  | 2 story with basement | RGI |  |
| 7th, 8th Avenue & 16th Street West | 3, 4 |  |  | 2 story with basement | RGI |  |
| 11th Avenue & 12th, 15th Street East | 3, 4 |  |  | 2 story with basement | RGI |  |
| Maam-Wiim-Win Indigenous | 3 |  |  |  | RGI |  |
| THORNBURY |  |  |  |  |  |  |
| 85 Lemon Street | 1 |  |  | Lift | RGI |  |
| 81 Bruce Street | 1 |  |  | Elevator | RGI |  |

# **Amenities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Hospital** | **Medical Care** | **Mental Health Supports** | **Transit** | **Schools** | **Community Supports** |
| **Chatsworth** |  |  |  |  | **X** |  |
| **Dundalk** |  | **X** |  |  |  |  |
| **Durham** |  | **X** |  | **X** | **X** |  |
| **Flesherton** |  |  |  |  | **X** |  |
| **Hanover** | **X** | **X** |  | **X** | **X** |  |
| **Holstein** |  |  |  |  |  |  |
| **Markdale** | **X** | **X** | **X** |  | **X** | **X** |
| **Meaford** | **X** | **X** |  |  | **X** | **X** |
| **Neustadt** |  |  |  |  |  |  |
| **Owen Sound** | **X** | **X** | **X** | **X** | **X** | **X** |
| **Thornbury** |  |  |  |  | **X** | **X** |

# **Rent Supplement Program:**

If you are presently in a rental accommodation which is suitable for your household and would be interested in a small rental subsidy to remain in your current rental please indicate below and note the current rental cost and landlord name. There is a waiting list for rent subsidy programs similar to rent geared to income housing however we may be able to support your request sooner if you are happy in your present location. “

I am interested in Rental Subsidy in my current rental:   No  Yes

Current Rental Cost: \_\_\_\_\_\_\_\_\_\_ Landlord Name: \_\_\_\_\_\_\_\_\_\_

## Declaration and Consent

**I make the following in representations and warranties knowing that they will be relied on by those agencies supplying socially assisted housing in Grey County to assess my qualifications for rental accommodation and establish rent:**

**1)** The information given on this form is accurate and complete.  
**2)** I understand that it is my responsibility to inform Grey County Housing within 30 days, of any change to the information on this application. Failure to do so may result in this application being cancelled.  
**3)** I understand that if subsidized rental accommodation is provided to me, it is my responsibility to inform the Landlord within 30 days of any changes in my family composition or financial position. Failure to do so may result in my subsidy being withdrawn and I may be prohibited from reapplying for subsidized housing for a minimum period of two years under the Housing Services Act 2011.  
**4)** I understand that if rental accommodation is provided to me, that accommodation is to be occupied only by me and those members of my family approved by the Landlord and listed on the lease.  
**5)** I understand that this application is not an agreement on the part of Grey County or their agents to provide me with accommodation.

**I give consent and authorization to Grey County Housing and other agencies supplying socially assisted housing in Grey County:**

**1)** To make any inquiries that they deem necessary to verify the information given on this application form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to Grey County Housing and/or the Socially Assisted Housing Providers in Grey County.  
**2)** To disclose any information given on this application form and any attachments to the social services offices, other municipal service managers or district social services administration boards and housing providers without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act 2011, the Ontario Works Act 1997, the Ontario Disability Support Program Act 1997 or the Day Nurseries Act 2011.  
**3)** To disclose any information given on this application form and any attachments to the Government of Canada, a department, ministry or agency of it, without further notice to me if information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.

**Personal information contained in this form or in attachments is collected by Grey County Housing pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990cF31.) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990cM56). Nothing in this form is intended to infringe upon the rights guaranteed in the Ontario Human Rights Code.**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-applicant:

Household member over 16:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household member over 16:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household member over 16:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

