



County of Wellington - Housing Services  
APPLICATION FOR GEARED-TO-INCOME HOUSING

**SECTION 1 - APPLICANT**

☐ NEW ☐ TRANSFER ☐ Market to RGI ☐ Addition to Household

**Offers of housing are normally made during the day.**

**Please give us a daytime telephone number where you can be reached or immediately notified of our call.**

Salutation / Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: \_\_\_\_\_

First Name:

Middle Name:

Family Name:

Maiden Name: (A women's last name before she marries) or Other Family Name(s): (If you have been known by other names, i.e. married more than once, enter them and your maiden name here)

Address/Mailing Address:

Apartment number:

City:

Province:

Postal code:

Home phone number:

( )

Work phone number:

( )

Email:

Can you take personal calls at work?

Yes ☐ No ☐

How do you prefer to be contacted?

☐ e-mail ☐ regular mail ☐ telephone ☐ TTY

**Status in Canada - Please check correct box**

Please attach proof of status in Canada to this application (see page 2 of Information Package for Geared to Income Housing for acceptable forms of proof)

- ☐ Canadian Citizen ☐ Refugee Claimant ☐ Convention Refugee/Protected Person ☐ Permanent Residency  
☐ Sponsored Immigrant ☐ Indian Status  
☐ A Removal Order under the Immigration and Protection of Immigrants Act has become enforceable

**Date of arrival in Canada (if applicable): Month:**

**Day:**

**Year:**

Social Insurance Number:

Sex:

M

F

Date of Birth:

Month:

Day:

Year:

**Request For Special Priority Status**

1. Is anyone in this household requesting Special Priority Status? ☐ Yes Name \_\_\_\_\_

2. Briefly indicate here the reason for this request.

**Note: You are also required to complete a Request for Special Priority form (HS29) – these are available from the office and at local shelters.**

**Please note: For your application to be considered, the application forms must be complete and all household members over the age of 16 must sign the Declaration, Release and Consent to Information on page 10.**

**FOR OFFICE USE ONLY:**

**Meets Eligibility**

Yes ☐

No ☐

**Authorized by:**

**Date:**



**County of Wellington - Housing Services**  
**APPLICATION FOR GEARED-TO-INCOME HOUSING**

**SECTION 2 - CO-APPLICANT**

**All Co-applicants 16 years old and over must complete this section.**

Salutation / Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: \_\_\_\_\_

First Name:

Middle Name:

Family Name:

Maiden Name: (A women's last name before she marries) or Other Family Name(s): (If you have been known by other names, i.e. married more than once, enter them and your maiden name here)

Mailing Address:

Apartment number:

City:

Province:

Postal code:

Home phone number:

( )

Work phone number:

( )

Email:

**Relationship to Applicant:**

Can you take personal calls at work?

☐ Yes ☐ No

How do you prefer to be contacted?

☐ e-mail ☐ regular mail ☐ telephone ☐ TTY

**Status in Canada - Please check correct box**

Please attach original or certified copies of proof of status in Canada to this application (see page 2 of Information Package for Geared to Income Housing for acceptable forms of proof)

- ☐ Canadian Citizen ☐ Refugee Claimant ☐ Convention Refugee/Protected Person ☐ Permanent Resident  
☐ Sponsored Immigrant ☐ Indian Status  
☐ A Removal Order under the Immigration and Protection of Immigrants Act has become enforceable

**Date of arrival in Canada (if applicable): Month:**

**Day:**

**Year:**

Social Insurance Number:

Sex:

M F

Date of Birth:

Month: Day: Year:

**Centralized Waiting List - Local Priority**

Are you experiencing any of the following circumstances with relation to your present housing?  
(Please check any of the boxes below if they apply to your household's current housing situation)

☐ I/We are living in condemned housing or housing that has become uninhabitable or destroyed. **Required documentation:** A current letter from the Chief Building Official must be attached to support the request for inclusion.

☐ I/We are awaiting discharge from a medical facility (I.E. hospital) where obtaining housing, is the sole condition of my/our discharge. **Required documentation:** A current letter from an acceptable medical professional outlining the conditions of release must be attached to support the request for inclusion.

☐ My/Our children are in the care of a child protection agency and will be returned if adequate housing is obtained. **Required documentation:** A current letter from Family and Children Services, indicating that appropriate housing is the sole condition for family reunion must be attached to support the request for inclusion.

☐ My/Our children will be taken into the care of a child protection agency if our family cannot obtain adequate housing on our own. **Required documentation:** Documentation before the courts or a court order, indicating that the child or children will be removed by Family and Children Services unless adequate housing is obtained; must be attached to support the request for inclusion.



County of Wellington - Housing Services  
APPLICATION FOR GEARED-TO-INCOME HOUSING

**SECTION 3 - HOUSEHOLD INFORMATION**

**Please provide information about all others who will live in the unit and are not co-applicants. Documentation proving legal status in Canada and proof of age for all members of the household must be provided. This section must be completed. Add pages if necessary.**

NAME	DATE OF BIRTH			SEX M/F	What is your legal status? Canadian Citizen, Permanent Resident or Sponsored Immigrant, etc.	SOCIAL INSURANCE NUMBER
	Month	Day	Year			

**NOTE: Original documentation proving legal status and age of applicants and household members must be received before eligibility can be determined.**

**WHERE YOU LIVE NOW**

☐ Home Owner ☐ Renting ☐ Living in temporary accommodations (i.e. with friends or relatives, in a shelter, hostel or hotel/motel)

Monthly Rent/Housing Charge/Mortgage payment: \$ \_\_\_\_\_

**If you are a homeowner, you do not need to complete the following information:**

Current Landlord's Name: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Alternate contact names and daytime numbers (where we can leave a message or where we can contact you safely and in confidence):

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Preferred Language:** ☐ English ☐ Other: please specify \_\_\_\_\_

If you have difficulty communicating in English, you may need to provide an interpreter. We can arrange one for you if necessary.

Will you bring an interpreter? ☐ Yes ☐ No Would you like us to arrange for an interpreter? ☐ Yes ☐ No



**County of Wellington - Housing Services**  
**APPLICATION FOR GEARED-TO-INCOME HOUSING**

**SECTION 4 - SOCIAL HOUSING INFORMATION**

**This section must be completed - We may also contact you for additional information.**

Does anyone listed on this application live, or have they ever lived in Social Housing (non-profit, co-op or public housing either as rent-geared-to-income or market rent) in Canada? ☐ Yes ☐ No **If yes, please give details below**

Address: \_\_\_\_\_

Name(s) of other leaseholder(s): \_\_\_\_\_

Name of non-profit, co-op or public housing provider: \_\_\_\_\_

Does this person owe money to the above or to any other Social Housing Provider? ☐ Yes ☐ No

If yes, indicate amount owing?

Rent / Occupancy Charge \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Have you entered into a repayment schedule?

☐ Yes ☐ No Please provide details:

**Please fill out the information below if anyone else in the household had a Social Housing landlord or if the person identified above had other Social Housing addresses.**

Name of other person(s) who lived in Social Housing:

Name and Address of Housing Provider:

City:

Date moved in:

Date moved out:

Reason for moving out:

Does this person owe money to the above or to any other social housing provider? ☐ Yes ☐ No

If yes, indicate amount owing?

Rent / Occupancy Charge \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Have you entered into a repayment schedule?

☐ Yes ☐ No Please provide details:

**Additional Social Housing landlords:**

Name of other person(s) who lived in Social Housing:

Name and Address of Housing Provider:

City:

Date moved in:

Date moved out:

Reason for moving out:

Does this person owe money to the above or to any other social housing provider? ☐ Yes ☐ No

If yes, indicate amount owing?

Rent / Occupancy Charge \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Have you entered into a repayment schedule?

☐ Yes ☐ No Please provide details:

**Attach additional pages as necessary.**



**County of Wellington - Housing Services**  
**APPLICATION FOR GEARED-TO-INCOME HOUSING**

**SECTION 5 – MONTHLY INCOME INFORMATION**

List all money that you and all persons who will be living with you receive each month from all sources BEFORE deductions. Refer to page 8 of the INFORMATION PACKAGE or contact the County of Wellington - Housing Services department if you have questions.

<b>Last Name</b>			
<b>First Name</b>			

The following income categories are suggestions only – you must report all sources of income. Please provide the name of your employer or other significant details about the source of the income.

Annuity (R.I.F.)	\$	\$	\$	\$
C.P.P. (Canada Pension Plan)	\$	\$	\$	\$
Company Pension	\$	\$	\$	\$
DVA Disability Pension	\$	\$	\$	\$
Employment Full Time	\$	\$	\$	\$
Employment Part Time	\$	\$	\$	\$
Employment Insurance (E.I.)	\$	\$	\$	\$
GAINS	\$	\$	\$	\$
Immigrant/Government Sponsorship	\$	\$	\$	\$
O.S.A.P.	\$	\$	\$	\$
Old Age Security /G.I.S.	\$	\$	\$	\$
Ontario Disability Support Program	\$	\$	\$	\$
Ontario Works	\$	\$	\$	\$
Other Pensions (Specify)	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Self Employment (Specify)	\$	\$	\$	\$
Spouses Allowance	\$	\$	\$	\$
Student Grants	\$	\$	\$	\$
Support Payments	\$	\$	\$	\$
U. S. Social Security	\$	\$	\$	\$
W.S.I.B. (Long Term)	\$	\$	\$	\$
W.S.I.B. (Short Term)	\$	\$	\$	\$
Other Income (Specify)	\$	\$	\$	\$
	\$	\$	\$	\$

**Attach additional sheets as necessary.**



County of Wellington - Housing Services  
APPLICATION FOR GEARED-TO-INCOME HOUSING

**SECTION 6 - ASSET INFORMATION**

Do you have any assets: ☐ Yes ☐ No

If yes, list all types of assets owned by you and all persons who will be living with you. Refer to page 8 of the INFORMATION PACKAGE or contact us if you have questions. Assets include such things as RRSPs, TFSAs, GICs, Savings Accounts and investments that can be redeemed or sold.

Full Name of Person who has the Asset	Type of Asset	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Have you or any household member transferred any assets, including property, in the last 3 years?

☐ Yes ☐ No

If Yes give details and date(s) of transfer: \_\_\_\_\_

Do you or any other persons on this application own property or have an interest in property or real estate either in Canada or in another country? (e.g. house, farm, land, mobile home)?

☐ Yes ☐ No

If "Yes", indicate the type of property, location, estimated value and amount of outstanding mortgage below. Any member of the household named in this application that owns residential property suitable for year-round occupancy agrees to sell it within 6 months of being housed.

---

---

---

**Attach additional sheets as necessary.**



County of Wellington - Housing Services  
APPLICATION FOR GEARED-TO-INCOME HOUSING

**SECTION 7 - HOUSING PREFERENCES**

Select units based on the descriptions given in the INFORMATION PACKAGE.  
Refer to page 3 for required documents

**Unit Size:** ☐ Bedsit/Shared ☐ Bachelor ☐ One bedroom ☐ Two bedroom  
☐ Three bedroom ☐ Four bedroom ☐ Five or more bedrooms

**Community type** I/We want to live in a community for:

☐ Seniors ☐ Adults ☐ Families

Do you require parking? ☐ Yes ☐ No

**I/We are interested in the following housing types:** (Check all that interest you)

☐ Non-profit ☐ Co-op ☐ Public Housing (Housing owned by the County of Wellington)

☐ Rent Supplement ☐ Affordable Housing ☐ Housing Allowance

**Affordable Housing Projects:**

☐ 371 Waterloo Avenue, Guelph ☐ 32 Gordon Street, Guelph ☐ 169 Gordon Street, Fergus  
☐ 747 Paisley Road, Guelph ☐ 182 George Street, Arthur  
☐ 165 Gordon Street, Fergus ☐ 401 Edinburgh Rd. N, Guelph

**Building Type:** (Check all that interest you)

☐ Apartment ☐ Townhouse ☐ Single or Semi-Detached House ☐ No Preference

**Accessibility:**

I/We require a modified / wheelchair accessible unit: ☐ Wheelchair ☐ Modified ☐ Other: Specify:

**Supportive Services Required:**

☐ I/We need to live in a building where essential support services are provided.

Can you climb stairs? ☐ Yes ☐ No

Specify support services required: \_\_\_\_\_

**We may contact you for additional information**

**Other Details:**

Is an additional child expected or do you require an additional bedroom for documented child custody needs? **Acceptable proof will be required**

☐ Yes ☐ No If yes, when will you require this? (month/day/year)







**County of Wellington - Housing Services  
APPLICATION FOR GEARED-TO-INCOME HOUSING**

**SECTION 8 - HOUSING PREFERENCES (Continued)**

**Please select the buildings/areas where you would like to be housed. Read across the page from left to right.  
Refer to the INFORMATION PACKAGE for more details.**

#	Project	√	#	Project	√	#	Project	√
G1	147 Norfolk St. Guelph		G2	470 Auden Rd Guelph		G3	394 Auden Road Guelph	
G4	7 Christopher Crt Guelph		G5	142-150 Imperial Road N.		G6	75 Flaherty Dr. Guelph	
G7	85 Neeve St Guelph		G8	246 Westwood Rd. Guelph		G9	780 York Rd Guelph	
G10	238 Willow Rd. Guelph		G11	216 College Ave W Guelph		G12	141 Woolwich St Guelph	
G13	264 College Ave. W Guelph		G14	560 Woolwich St Guelph.		G15	60 Fife Rd Guelph	
G16	87 Neeve St. Guelph		G17	263 Speedvale Ave E Guelph		G18	576 Woolwich Guelph	
G19	33 Marlborough & 232 Delhi Guelph		G20	229 Dublin St Guelph		G21	130 Grange St. Guelph	
G22	387 Waterloo Guelph		G23	411 Waterloo Guelph		G24	32 Hadati Guelph	
G25	Vancouver/Edmonton area		G26	Victoria, Eastview, Mcllwraith		G27	Mohawk, Delaware etc.	
G28	4 Applewood, 12 Sunset Guelph		G29	Dawson & Willow Guelph		G30	125 Cole Rd Guelph (Co-op)	
G31	190 Fife Rd Guelph (Co-op)		G32	33 North St. Guelph (Co-op)		G33	467 Auden Rd Guelph (Co-op)	
CW1	41 Cuthbert – Elora		CW2	221 Mary St. Elora		CW3	450 Ferrier Ct. Fergus	
CW4	500 Ferrier Ct. Fergus		CW5	301,302,303 Edinburgh Ave. Fergus		CW6	165 Gordon St. Fergus	
E1	14 Centre St. Erin		E2	22 Church St. Erin		E3	15 Spruce St. Hillsburgh	
Ma1	81 Wood St. Drayton		Ma2	11 Caroline St. Moorefield		Mi1	5 James St. S. Clifford	
Mi2	320-360 Derby Palmerston		Mi3	Derby & Prospect Palmerston		Mi4	212 Whites Rd. Palmerston	
WN1	301 Tucker St. Arthur		WN2	110 Edward St. Arthur		WN3	133 Frederick St. Arthur	
WN4	38 Elizabeth St. Harriston		WN5	51 John St. Harriston		WN6	56 Mill St. Harriston	
WN7	440 King St. Mount Forest		WN8	235 Egremont St. N. Mount Forest		WN9	450 Albert St. Mount Forest	
GE1	160 Guelph St. Rockwood		HA1	Housing Allowance		GW1	Rent Supplement	

**Note:** For Affordable housing locations, see page 7.

Personal Information contained in the Application for Geared-to-Income Housing, or in attachments, is collected, pursuant to the Housing Services Act, 2011 and the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56).

This information may be used to determine suitability and eligibility for housing applied for, continuation of housing, and the appropriate scale and geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing, and social agencies providing social assistance to the applicant.

All applicants must consent to the verification, disclosure and the transfer of information given in this form and attachments by, or to, any of the above entities and are also required to provide supporting materials. Questions about the collection of this information should be directed to the Applicant Services Manager at 519-837-5492 extension 4400.



## County of Wellington - Housing Serves APPLICATION FOR GEARED-TO-INCOME HOUSING

### Section 9 - Application for Geared-to-Income Housing

### DECLARATION AND CONSENT TO INFORMATION

I, the undersigned, acknowledge, understand and agree that:  
I understand the requirements for reporting all household income and assets and I agree to comply.

I have reported all income received and all assets currently owned and any assets transferred within the last three years by every member of the household.

I hereby certify that the information contained on this application for tenancy is true and accurate and understand that falsification of any of the information given by me may be cause for non-acceptance of this application.

The application and any supporting documents become the property of the County of Wellington and associated housing providers. Copies of the application and supporting documents may be given to housing providers that I have selected for placement on the waiting lists in locations where I wish to live.

If rental accommodation is provided to me it will be occupied only by me and the persons listed on this application or subsequently approved by the County of Wellington - Housing Services.

This application does not constitute an agreement on the part of the County of Wellington and associated housing providers (or any other organization that will process this application and/or offer subsidized housing to me) to provide me with rental accommodation.

Any occupancy granted as a result of this Application is subject to the present tenant vacating the premises offered. I agree to waive any claim for damages against the County of Wellington, any housing provider, or organization that will process this application and/or offer subsidized housing to me, for any and all losses that accrue to me if the present tenant does not vacate the premises offered to me at the time previously indicated by the present tenant.

Each household member named in this application is residing in Canada legally i.e. be a Canadian citizen, landed immigrant, have Indian Status (per Indian Act), be a refugee or have refugee claimant status. Further, there is no outstanding deportation, departure or exclusion order in effect against myself or any household member. (Proof of residency status must accompany the application.)

No member of the household named in this application has been convicted of rent geared to income fraud under the SHRA, 2000, the HSA, 2011 or the Criminal Code of Canada; for the purpose of receiving geared-to-income housing within the last two years.

Any member of the household named in this application does not owe rent / housing charge arrears to any federally, provincially or municipally funded housing groups in Ontario, except where the member is actively adhering to an approved repayment schedule.

Any member of the household named in this application that owns residential property suitable for year-round occupancy agrees to sell it within 6 months of being housed.

At least one member of the household is 16 years old or older and able to live independently. (Proof of age must accompany the application.)

All members of the household who are 16 years of age or older, have signed the application and this declaration and consent form. I understand that, if housed, all other forms and documents required by the provider must be signed by all

members of the household over the age of 16 or, on their behalf, by an approved designate (i.e. parent, guardian, person with power of attorney or authorization).

The number of bedrooms allocated to my household is dependent on the number of persons who will live with me in subsidized housing.

Any member of the household applying for subsidized housing may be requested to make reasonable efforts to pursue income the member is entitled to receive, such as Ontario Works, Employment Insurance, Support (under the Divorce Act, the Family Law Act or Inter Jurisdictional Support Orders Act, 2002), Old Age Security, Guaranteed Income Supplement, Guaranteed Annual Income Supplement and Sponsorship payments (under the Immigration and Refugee Protection Act). Failure to make a reasonable effort to pursue such income may result in cancellation of my application, removal from the Waiting List or, if housed, cancellation of rent subsidies.

All members of the household assume the responsibility to report any change in the information provided in this application to the County of Wellington, in writing and, if housed, to the housing provider, within thirty (30) business days of the change occurring (i.e. change of address, phone number, family size, type or amount of income / assets). Failure to report changes may result in the cancellation of my application and removal from the waiting list or, if housed, cancellation of rent subsidies.

The household will comply with any other eligibility rules governing social housing application and tenancy in Ontario as amended from time to time.

The undersigned consents to the disclosure and/or transfer of information given on this form and attachments to the County of Wellington. The undersigned further consents to:

1. The exchange of information between the County of Wellington, and the party / parties providing supporting documentation / information on behalf of the applicant(s), for the purpose of verifying the validity and accuracy of this information
2. The disclosure of information contained in this application and associated documents and verifications is done for the purpose of processing the application including, but not limited to: determining the eligibility of the household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing, determining the placement of the household on waiting lists and determining the amount of geared-to-income rent / housing charge payable by the household.

Any information contained on this form, or in attachments, is collected by the County of Wellington pursuant to the Housing Services Act, 2011. Inquiries relating to this collection should be directed to the Applicant Services Manager, 138 Wyndham Street North, Guelph, ON N1H 4E8 519-837-5492 extension 4400. This information will be used to determine the eligibility of housing applied for, the continuation of eligibility for geared-to-income housing, and may be used to determine the appropriate geared-to-income rent / housing charge and other purposes allowed by law.

Pursuant to the Housing Services Act, 2011; I give my consent and authorization to the County of Wellington:

1. To make inquiries to verify the information given in this application and I authorize any person, corporation, or any

social agency, having knowledge of any such required information, to release the information to the County of Wellington. I agree to provide any supporting material required for my application;

2. To disclose specific information given on this form to non-profit housing corporations / co-operatives, rent supplement landlords, housing allowance landlords, local housing corporation, the Director of Housing, other municipal, provincial and federal departments, and agencies, that assist in the provision of social and affordable housing, and social agencies providing social assistance to me and persons listed on this application as required for the ongoing provision of such social housing and assistance.

I, the undersigned, understand that any member of the household may make a request for a review of decisions made by the service manager or its housing providers, with which I do not agree, regarding this Application for housing and, if housed, regarding the subsidized tenancy under the following conditions:

1. The request for a review of decisions is made in writing within 10 business days of receiving the decision, and
2. The request is in regards to one of the following decisions:
  - a. The household is not eligible for rent-geared-to-income assistance;
  - b. The size and type of unit that would be permissible if the household received rent-geared-to-income assistance;
  - c. The household is not included in a category given priority over other categories;
  - d. The amount of rent payable by the household;
  - e. The household is no longer eligible for rent-geared-to-income assistance;
  - f. The household is not eligible for special needs housing;
  - g. The special needs household is not included in a category given priority over other categories;
  - h. The household that occupies a special needs housing unit no longer continues to be eligible for special needs housing.

I hereby release the County of Wellington, all associated housing providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information.

In the event that I am provided with rental accommodation as a result of my application, I acknowledge that my eligibility shall be reviewed at least every twelve (12) months and that I have the same obligation to provide information required by the review. In addition, I have the same obligations to inform the County of Wellington, and my housing provider, of any changes in information, within thirty (30) business days. In the event that I am provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me by the County of Wellington and my housing provider, in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me.

The undersigned and all members of the household, if housed, in consideration of being housed, agree that all provisions of this application shall be equally enforceable by the housing provider and County of Wellington in the same manner.

All members of the applicant household over the age of 16 must sign this declaration.

I have read, and agree to the terms and conditions.

Signature

Date

I have read, and agree to the terms and conditions.

Signature

Date

I have read, and agree to the terms and conditions.

Signature

Date

I have read, and agree to the terms and conditions.

Signature

Date