



Sault Ste. Marie Social Housing Application Centre

# **Application to Add Additional Household Member(s)**

## **Eligibility Requirements for Subsidized Housing**

1. At least one (1) member in your household must be 16 years of age or older and must be able to live independently with or without support services. All applicants age 16 and up must sign the application.
2. Each member of the household must be a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status and have no deportation order under the Immigration and Refugee Protection Act (Canada) against any member of the household. There also cannot be a departure order or exclusion order under the Immigration and Refugee Protection Act (Canada) that has become effective with respect to any member of the household.
3. You must not owe arrears to any social housing provider, or have misrepresented your household income.
4. If you own a home or any other real estate suitable for year-round occupancy, you must agree to sell it within 180 days of receiving subsidy.
5. Understanding that all subsidized tenants will be required to pursue all possible sources of income that they may be eligible for, including Ontario Works, Child Support, Employment Insurance (EI) and Immigration Sponsorship Support.
6. Once you have accepted one of the available rental subsidies offered by Housing Services, you will be removed from all waitlists for all rental subsidy programs you may have applied for.

# Name and Address of Household Applying to Move into:

Current Tenant Name: \_\_\_\_\_

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

## Applicant Information

### Applicant #1

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: MM/DD/YYYY GENDER: M  F  SOCIAL INSURANCE NO: \_\_\_\_\_  
APT NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_ STREET NAME: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
MARITAL STATUS: Single  Married  Common Law  Divorced  Widowed   
CITIZENSHIP: Canadian Citizen  Landed Immigrant   
HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Applicant #2

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: MM/DD/YYYY GENDER: M  F  SOCIAL INSURANCE NO: \_\_\_\_\_  
APT NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_ STREET NAME: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
MARITAL STATUS: Single  Married  Common Law  Divorced  Widowed   
CITIZENSHIP: Canadian Citizen  Landed Immigrant   
HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
RELATIONSHIP TO APPLICANT: \_\_\_\_\_

## 4. LIST ALL OTHER PERSONS (INCLUDING DEPENDENTS) APPLYING TO BE ADDED TO HOUSEHOLD

**NOTE: IF EXPECTING A BABY, PLEASE INDICATE DUE DATE. A DOCTOR'S NOTE IS ALSO REQUIRED.** MM/DD/YYYY

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	RELATIONSHIP
		MM/DD/YYYY		
		MM/DD/YYYY		
		MM/DD/YYYY		
		MM/DD/YYYY		

DO ALL APPLICANTS AND DEPENDENTS LISTED ABOVE LIVE IN YOUR PRESENT ACCOMODATION?

Yes  No  If "No", please explain circumstances:

## Initial Eligibility Requirements

Have you or anyone else who will be living with you ever lived in a social housing unit in Ontario?

Yes  No  If **YES**, please provide the most recent information below:

Name of Housing Provider: \_\_\_\_\_

## Statement of Monthly Income

All monthly income is all amounts received **BEFORE DEDUCTIONS (gross amount)** for all persons / family members who will live in the unit. **ALL SOURCES MUST BE DECLARED.**

(GST / Child Tax Benefit / Trillium Payments are **NOT** to be included as a monthly source of income.)

INCOME SOURCES FOR FURTHER DEFINITIONS OF INCOME, PLEASE VISIT WWW.SOCIALSERVICES-SSMD.ca	GROSS MONTHLY TOTAL (BEFORE DEDUCTIONS)		
	APPLICANT	CO-APPLICANT	OTHERS ON APPLICATION
Ontario Works (Social Assistance)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Full / Part Time Employment	\$	\$	\$
Employment Insurance (E.I.)	\$	\$	\$
Workplace Safety & Insurance Benefits (W.S.I.B.)	\$	\$	\$
Old Age Security (O.A.S.)	\$	\$	\$
GAINS – Aged	\$	\$	\$
Canada Pension Plan (C.P.P.)	\$	\$	\$
Private Pensions	\$	\$	\$
Student Grants / Band Grants and/or Allowances	\$	\$	\$
Ontario Student Assistance Program (O.S.A.P.)	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Other Income (specify):	\$	\$	\$

## Statement of Assets

ASSET TYPE	VALUE		
	APPLICANT	CO-APPLICANT	OTHERS ON APPLICATION
Bank, Trust Company, Credit Union (savings & chequing)	\$	\$	\$
Stocks, Bonds, GIC's, Debentures, Term Deposits, etc.	\$	\$	\$
RRSP, Annuities, RRIFS	\$	\$	\$
Rent Revenue	\$	\$	\$
Business Assets	\$	\$	\$
Monies owed to you over \$500.00	\$	\$	\$
Life Insurance Policies (interest earned & value)	\$	\$	\$
Other Assets (specify):	\$	\$	\$

Do you or any other person listed on this application own property? ie. house, farm, land, cottage?

Yes  No  If YES, indicate type of property, address and estimated value: \_\_\_\_\_

Have you or any other person listed on this application transferred assets? Yes  No

If YES, indicate type of property, address, and estimated value: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ MM/DD/YY

# Consent, Release & Statutory Declaration

---

**Please read the following consent, release and statutory declaration section carefully, and sign the spaces below. All people 16 years of age and older who are not full-time students and who are going to live with you must sign.**

## RELEASE

1. I/we understand that the Sault Ste. Marie Housing Corporation, the District of Sault Ste. Marie Social Services Administration Board (DSSAB) and the housing providers to whom I will be applying are authorized to collect personal information on this form in accordance with sections 65 or 71 of the Housing Services Act, 2011 s.o. 2011, c.6 and that the information will be used to determine eligibility for rent-geared-to-income, and/or special needs/modified housing. Any questions about the collection of my personal information should be directed to the Application Centre, City of Sault Ste. Marie Social Housing Division, 180 Brock Street, Level 2, Sault Ste. Marie, ON, P6A 3B7 or call (705) 759-7748.
2. I/we understand and agree that the District of Sault Ste. Marie Social Services Administration Board will use the information I give them for the following purposes:
  - to find out if I/we qualify for the housing I/we have applied for
  - to find out if I/we continue to qualify for rent-geared-to-income assistance and/or special needs/modified housing
  - to find out how much assistance I/we am/are eligible for
  - for statistical reporting and policy research
3. I/we consent to the release of any information to the District of Sault Ste. Marie Social Services Administration Board about any bank account, safety deposit box, assets of any nature, or kind held by me/us, or on my behalf of any of my/our dependents or children temporarily in my care, alone or jointly with any other person in any financial institution.
4. For the purpose of eligibility assessment, I/we allow the DSSAB and the housing providers to whom I/we will be applying to obtain any credit information about me/us from any credit agency or any other source.
5. I/we allow the DSSAB and the housing providers to whom I/we will be applying to share my personal information without further notice to me with the Ministry of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Housing Services Act (HSA) each person or organization providing services by contract to any of them, if it is needed to make decisions or verify my eligibility for assistance under the HSA, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Child Care and Early Years Act, 2015.
6. I/we consent to the DSSAB giving my personal information to the government for enforcing the Income Tax Act (Canada) or the Immigration act.
7. I/we understand that any of my personal information given by the DSSAB to a government body mentioned above in paragraph 5 or 6 will only be given in accordance with the Housing Services Act, 2011 and its regulations.
8. I/we understand and agree that the DSSAB may cross-reference my/our personal information relating to this housing application with other municipal data pertaining to my household.
9. I/we understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and present receipt of rent-geared-to-income assistance. I/we further understand that any inquiries with respect to my/our personal information may take the form of electronic data interchanges.

### **Notice with respect to the Collection of Personal Information for this application and any supplied documentation**

Collected in accordance with the Housing Services Act, S.O. 2011, c. 6, Sched. 1,s.169.1 & c6, Sched. 1, s.169 (1)

- Personal Information Protection and Electronic Documents Act
- Freedom of Information and Protection of Privacy Act , R.S.O. 1990 .c. F. 31, as amended & , R.S.O. 1990, c. M.-56 as amended
- Municipal Freedom of Information and Protection of Privacy Act

## DECLARATION

1. I/we understand that all information I/we give to the DSSAB will belong to them and that they will give my information to the housing providers that I/we apply to.
2. I/we will understand that if a rental accommodation is provided to me/us, that accommodation is to be occupied only by myself, the co-applicants and any others listed solely on this application.
3. I/we understand that the DSSAB and/or the housing provider that I/we will apply to will use my/our personal information to determine if I/we am/are eligible or continue to be eligible for RGI Assistance and/or special needs/modified housing; the size and type of unit I/we may be eligible to receive; my/our placement on waiting lists; and the amount of rent-geared-to-income paid by me/us.
4. I/we declare that I/we am/are in Canada legally.
5. I/we understand that I must pay back or arrange to pay any monies owed to any subsidized housing provider before I can be offered a subsidized unit.

6. I/we understand that it is an offence, under the Housing Services Act, 2011, for an applicant or any individual to knowingly obtain, or assist a household member to obtain rent-geared-to-income assistance for which they are not entitled. Such an offence carries up to a \$5,000 fine and/or up to (6) months imprisonment as well as a prohibition from re-applying for assistance for a period of (2) years. If something on this application is missing, incorrect, or false, the Application Centre, or the housing providers I/we have applied to may request additional information and/or may cancel the application.
7. I/we understand that if the DSSAB and/or the Housing Providers representing the DSSAB request a household to reimburse the DSSAB, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to the DSSAB.
8. I/we will notify the Application Centre within 30 days of any changes in my/our circumstances once I/we are on the waitlist.
9. I/we will notify the appropriate social housing provider within 30 days of any changes in my/our circumstances once I/we are placed in a housing unit.
10. I/we understand the requirements for reporting all household income and assets and I/we agree to fully comply. I/we 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.
11. I/we understand that any member of the household may make a request for an internal review of certain decisions made, with which I/we do not agree, regarding the application for housing, and if housed, regarding the subsidized tenancy.
12. I/we hereby release the DSSAB, Application Centre, 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. In the event that I/we am/are provided with rental accommodation as a result of my/our application, I/we acknowledge that my/our eligibility shall be reviewed at least every twelve (12) months and that I/we have the same obligation to provide information required by the review. In the event that I/we am/are provided with rental accommodation, this Declaration, Release and Consent shall remain in force and be enforceable against me/us by the Application Centre and my/our housing provider, in addition to any other obligations with respect to Declaration, Release and Consent which may be imposed upon or agreed to by me/us.

## Consent, Release & Statutory Declaration – Signatures

---

### I/we have received a copy of the Applicant Information Sheet

**All people 16 years of age and older who are not full-time students and who are going to live with you must sign this.**

**I/we have supplied the information in this application to the best of my/our knowledge and believe all statements are true and no information, required to be given, has been withheld or omitted.**

**Please do not submit this form to the Application Centre without all required signatures.**

HOUSEHOLD MEMBER:	SIGNATURE:	DATE SIGNED:		MM/DD/YYYY
HOUSEHOLD MEMBER:	SIGNATURE:	DATE SIGNED:		MM/DD/YYYY
HOUSEHOLD MEMBER:	SIGNATURE:	DATE SIGNED:		MM/DD/YYYY
HOUSEHOLD MEMBER:	SIGNATURE:	DATE SIGNED:		MM/DD/YYYY
	WITNESS:	DATE SIGNED		MM/DD/YYYY

If you have any questions or concerns about the collection, use or disclosure of your personal information, please contact:

Sault Ste. Marie Social Housing Application Centre  
 180 Brock Street, PO Box 277  
 Sault Ste. Marie, ON, P6A 5L8  
 P. (705) 946-2077 | F: (705) 946-5628