



Sault Ste. Marie Social Housing Application Centre

Applicant Information Sheet

Completing the Application

1. Please PRINT all information in ink. Sign and date where required.
2. Current year Notice of Assessment must be submitted with application to be approved for the Centralized Waitlist (For all applicants 16 years of age and older if applicable).
3. It is your responsibility to notify our office of any changes in your circumstances, including changes to contact information.
4. If we are unable to contact you using the information provided, your file will be cancelled.

Additional Housing Applications Available

Applications for the **Sault Ste. Marie Mental Health Addictions Housing Project**

If you self-identify as **First Nation Status, First Nation Non-Status, Metis or Inuit**, you are also eligible to apply for subsidized housing through Ontario Aboriginal Housing Services. Applications are also available in person at 500 Bay Street, Sault Ste. Marie, ON and online at www.ontarioaboriginalhousing.ca

Questions and Answers for Social Housing

Can I choose where I want to live?

Yes. This application lists all the Housing Subsidy Programs operated by Sault Ste. Marie District Social Services – Community Housing and Development.

Some subsidy programs have the option to pick a specific area where you'd like to live, and some allow you to choose your own accommodations.

How long will it take me to get a unit?

The length of time before a unit becomes available will vary depending on the program and/or location(s) you choose. It may take some time because of the number of individuals on the waitlist and / or the number of vacancies.

How long will I be subsidized?

The Sault Ste. Marie District Portable Housing Benefit, Social Services Housing Benefit (SSHB) and Rent-Geared-to-Income (RGI) Program currently have no end date. These programs are continued on a month-to-month basis as long as the requirements of the program are continuously met.

How will I be contacted for an offer?

Since units are rented promptly, housing providers require a daytime telephone number so that they can call you when a unit becomes available. If you do not have a telephone or cannot be reached during the day, it would be helpful for you to provide your e-mail address or a contact number for someone who is available to pass a message to you during the day.

Effective January 1, 2020: If we cannot contact you or you refuse a unit, your application will be removed from the waitlist.

How do I update or make changes to my application?

You can add or remove any selections by contacting a Customer Service Clerk at (705) 759-7748, or in person at 548 Albert St. E. Monday through Friday, 8:30am – 4:30pm.
Note that a request to add units will place you on the waitlist for that unit **ONLY** as of the day you requested it.

548 Albert Street East
Sault Ste. Marie, ON, P6A 7A7

548, rue Albert Est
Sault Ste. Marie, (Ontario) P6A 7A7

Other Places to Apply for Housing

The following list of Federal Housing Providers have their own Application and Waitlist. Feel free to apply at each individual location.

Ontario Aboriginal Housing

500 Bay Street
Sault Ste. Marie, ON P6A 1X6
(705) 256 - 1876

William McMurray Corporation

619 Wellington Street E.
Sault Ste. Marie, ON, P6A 2M9
(705) 942-2418

The Ontario Finnish Resthome Association (Kotitalo)

725 North Street
Sault Ste. Marie, ON, P6B 5Z3
(705) 945-9987
www.theofra.ca

Cara Community Corporation

31 Old Garden River Road
Sault Ste. Marie, ON, P6B 5Y7
(705) 942-6055

Urgent Homelessness Status – General Information

Those experiencing urgent homelessness may qualify for priority on the Centralized waitlist, should they meet the definition.

The Community Housing and Development Worker will assign this status based on the Service Provider Prioritization Tool (SPDAT) for all of the following situations to qualify for Urgent Homeless Status:

- Person(s) who are living on the street (no shelter – absolute homelessness)
- Person(s) using the emergency shelter system as their primary residence
- Person(s) awaiting release from hospital who cannot return to their former place of residence and will not be released until suitable housing is found
- Person(s) meeting the victim of violence qualifications¹ per the Housing Programs definition
- Person(s) living in sub-standard housing which has been condemned by the municipality for example: property standards violations which require that the unit be vacated in order to complete the work, confirmed by a court order or an order of the Landlord and Tenant Board.
- Community Housing & Development reserves the sole right to determine urgent homeless eligibility

Each approved applicant(s) will be placed within the category from the highest to lowest score.

¹qualification information available upon request



Sault Ste. Marie Social Housing Application Centre

Application for Subsidized Housing

(Disponible en Français)

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. The application must be signed by all applicants and co-applicants age 16+.
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 Community Housing and Development, you will be removed from all waitlists for all rental subsidy programs you may have applied for.

Applicant & Co-Applicant Information

1. - APPLICANT

LAST NAME: _____ FIRST NAME: _____
DATE OF BIRTH: _____ 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 ☐ Veteran ☐
CITIZENSHIP: Canadian Citizen ☐ Landed Immigrant ☐ Do you identify as Indigenous? ☐
HOME PHONE: () _____ CELL PHONE: () _____ EMAIL: _____

2. CO-APPLICANT

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 ☐ Do you identify as Indigenous? ☐
HOME PHONE: () _____ CELL PHONE: () _____ EMAIL: _____
RELATIONSHIP TO APPLICANT: _____

3. HOW CAN WE CONTACT YOU?

Telephone ☐ Email ☐ Mail ☐

ALTERNATE CONTACT – IN YOUR ABSENCE

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: () _____

MAY WE DISCLOSE INFORMATION REGARDING YOUR APPLICATION WITH THE ABOVE CONTACT? YES ☐ NO ☐

4. LIST ALL OTHER PERSONS (INCLUDING DEPENDENTS) WHO WILL BE LIVING WITH YOU.

NOTE: IF EXPECTING A BABY, PLEASE INDICATE DUE DATE. A DOCTOR'S NOTE IS ALSO REQUIRED. _____

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	RELATIONSHIP

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

Yes ☐ No ☐ If "No", please explain circumstances: _____

Previous Applications for Social Housing

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: _____

Special Priority Placement (SPP) – (Optional)

In order to qualify for Special Priority Placement (SPP) you or someone in the household **MUST** be a current victim of abuse and/or a survivor of human trafficking. The victim of abuse must have lived with the abuser within the **past (3) months (Complete Section A)**. The victim of trafficking must be currently trafficked or have exited trafficking within the **past (3) months (Complete Section B)**.

Please obtain the SPP Reference Sheet which outlines the specific documents that are required in addition to this application.

SECTION A – APPLYING AS A VICTIM OF ABUSE

1. I AM APPLYING FOR SPP BECAUSE I, OR SOMEONE IN MY HOUSEHOLD IS **CURRENTLY A VICTIM OF ABUSE**

Yes ☐ No ☐ If YES, please provide name of abuser: _____

2. I HAVE **LIVED APART FROM** THE ABUSER FOR LESS THAN (3) MONTHS

Yes ☐ No ☐

3. I AM CURRENTLY **RESIDING WITH** ABUSER

Yes ☐ No ☐ If YES, please provide move out date: _____

4. **Proceed to SECTION C.**

SECTION B – APPLYING AS A VICTIM OF HUMAN TRAFFICKING.

1. I AM APPLYING FOR SPP BECAUSE I, OR SOMEONE IN MY HOUSEHOLD IS **CURRENTLY BEING TRAFFICKED.**

Yes ☐ No ☐

2. I HAVE **EXITED TRAFFICKING** WITHIN THE PREVIOUS (3) MONTHS

Yes ☐ No ☐ If YES, please provide the exit date: _____

3. **Proceed to SECTION C.**

SECTION C

4. Do you believe that you are at risk of being abused if you attempt to obtain information or documents to support your request for SPP?

Yes ☐ No ☐ If YES, please explain: _____

Special Needs / Modified Housing – (Optional)

Households requesting special needs / modified housing must meet the definition as per the Accessibility for Ontarians with Disabilities Act, 2005 and the Human Rights Code, R.S.O. 1990.

All Households requesting an accessible unit are required to provide proper documentation to support the disability of the household member. This documentation must be obtained in writing by their physician, physiotherapist, social worker or the agency and/or organization specializing in the specific disability.

I/We require a wheelchair accessible unit Yes ☐ No ☐

Available Rent Subsidy Programs in the District of Sault Ste. Marie

Social Services Housing Benefit (SSHB) & Rent-Geared-to-Income (RGI) Programs

The SSHB & RGI Programs are designed to provide a rental subsidy for 1 to 5 bedroom Adult and Senior apartments, townhouses, semi-detached and single family homes located within the District of Sault Ste. Marie. The buildings and homes are operated by various non-profit housing corporations and co-operatives.

The list of available units can be found on pages 6 through 9 of this application.

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I/we wish to apply for the SSHB & RGI Programs: Yes ☐ No ☐

Sault Ste. Marie District Portable Housing Benefit (1, 2, 3 and 4 Bedroom Units Only)

The Sault Ste. Marie District Portable Housing Benefit provides eligible applicants with a rental subsidy towards their current private rental unit or a different private rental of their choice.

Eligibility requirements are as follows:

- Subsidy is calculated on the average market rent as follows:
 - 1 bedroom unit at \$ 1,050.00
 - 2 bedroom unit at \$ 1,150.00.
 - 3 Bedroom unit at \$ 1,337.00
 - 4 Bedroom unit at \$ 1,562.00
- You must reside in a rental unit and be responsible to pay rent to a landlord
- You must not be renting from someone related to you

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I/we wish to apply for the Sault Ste. Marie District Portable Housing Benefit: Yes ☐ No ☐

Additional Requirements – (Optional)

If you require a main floor apartment, an elevator, or an additional bedroom for health-related issues, complete the next box. If you require this, you will be excluded from offers for housing that requires the use of stairs. Medical documentation from a physician or other health professional is required with your application.

I/we require a main floor / elevator Yes ☐ No ☐ I/we require an additional bedroom Yes ☐ No ☐

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 ☐

Community Housing and Development By-Name List Referral

The By Name List is a real time, data collection tool used to provide information on inflows and outflows of homelessness, managed by the DSSMSSAB. The BNL includes consenting individuals and families who are actively

HOUSING AND HOMELESSNESS DETAILS

Length of Homelessness (Months):		
Current Sleeping Arrangements:		
Instances of Homelessness in the last year (Enter Dates)		
Date Housing Attained:		
Housing Type Attained: (Be Specific)		

experiencing homelessness.

SERVICES

Assigned Agency		
Referral Source		
Services Connected to:		

ADMINISTRATIVE DATA

SPDAT Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Completed:	SPDAT Score:
Wiidookadaadiwin Ozhi Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Completed:	Score:
Referral Source:		

ADDITIONAL INFORMATION

(For Office Use Only – For use by the Housing & Homelessness Team)

SSHB & RGI Program Housing Preferences – Singles, Couples and Families








Please read carefully.













Mark an (X) in the bedroom size of the buildings where you would like to live. You will **ONLY** be offered units you have selected and for the bedroom size you qualify for.

If you select “Co-op”, you may be required to volunteer your time and/or services within the complex.

Size of Unit: I/We Require: (Specify) No Preferences: (Optional)	You must meet the specific housing guidelines outlined in the Housing Services Act (2011). The largest bedroom size allows one bedroom per person. Spouses are expected to share a bedroom. <input type="checkbox"/> One (1) Bedroom <input type="checkbox"/> Two (2) Bedrooms <input type="checkbox"/> Three (3) Bedrooms <input type="checkbox"/> Four (4) Bedrooms <input type="checkbox"/> Five (5) Bedrooms Mark an (X) below if you want to be on the waitlist for all units in a certain area. <input type="checkbox"/> ALL Downtown <input type="checkbox"/> ALL Central <input type="checkbox"/> ALL East <input type="checkbox"/> ALL West
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<div> Non-smoking units Elevator in building Building has Special Needs Modified Units </div>					Mark selections below based on bedroom size X				
DOWNTOWN SAULT STE. MARIE	BLDG. TYPE	ELEVATOR	NON SMOKING	HAS SPECIAL NEEDS/ MODIFIED UNIT(S)	1				
588 Albert Street W.	APT								
137 East Street (Bachelor)	APT								
61 Wellington Street East	APT								
<div> Non-smoking units Elevator in building Building has Special Needs Modified Units </div>					Mark Selections below based on bedroom size X				
CENTRAL SAULT STE. MARIE	BLDG. TYPE	ELEVATOR	NON SMOKING	HAS SPECIAL NEEDS/ MODIFIED UNIT(S)	1	2	3	4	
77 Allard Street – Highland Place (Cara III)	APT								
Boston Avenue	Town House								
Brien/Poplar/McNabb* (Bachelor)	APT								
Brien/Poplar/McNabb Streets	APT								
Brien/Smale/Crawford/Weldon Cunningham/Campbell Streets	House								
Chapple / Albion Avenue	Town House								
53 Chapple Avenue	APT								
101 Chapple Avenue	APT								
277 Northern Avenue East – Columbus Club Housing Corp.	APT								
31 Old Garden River Rd. – Cara I	APT								
59 Old Garden River Rd. – Cara II	APT								
58 Pawating Place – Pawating Co-op	Town House								
80 Sackville Road – Croatian Village	APT								
345 St. George’s Avenue	APT								
123 & 131 Willoughby Avenue	4 PLEX								

 Non-smoking units  Elevator in building  Building has Special Needs Modified Units					Mark Selections below based on bedroom size X				
WEST SAULT STE. MARIE	BLDG. TYPE	ELEVATOR	NON SMOKING	HAS SPECIAL NEEDS / MODIFIED UNITS	1	2	3	4	5
50 Creekside Lane – Vesta Coop	Townhouse								
11/13/15 Durban Road	House								
29 – 41 St Basil's Drive	House								
676 – 714 Second Line West	Townhouse								
1001 Second Line W. – Haldimand Coop	Townhouse								
415 – 435 Sydenham Road	House								

 Non-smoking units  Elevator in Building  Building has Special Needs/Modified Units					Mark selections below Based on bedroom size X				
EAST SAULT STE. MARIE					1	2	3	4	5
Adrian Drive	SEMI								
95 Constellation Place – Orion Co-op	Town House								
101 LaChaumiere Place – LaChaumiere Co-op	Townhouse								
22, 68, 84, 133 Murphy Street	House								
15, 77 Murphy Street	House								
112 River Road	House								
Shannon Road / Capp Avenue	SEMI / DUPLEX								
539 Trunk Road – Moose Lodge Housing	APT								
52/89/104 Willowdale Avenue	House								

SSHB & RGI Program Housing Preferences - Seniors

Please read carefully.

The units listed below are for **Seniors**. You must be at least **60** years of age to live in these units. You may apply if you will be turning age 60 within 12 months of submitting this application.

Mark an (X) in the bedroom size of the buildings where you would like to live. You will **ONLY** be offered units you have selected and for the bedroom size you qualify for.

Size of Unit: I/We Require: (Specify) No Preferences: (Optional)	You must meet the specific housing guidelines outlined in the Housing Services Act (2011). The largest bedroom size allows one bedroom per person. Spouses are expected to share a bedroom. <input type="checkbox"/> One (1) Bedroom <input type="checkbox"/> Two (2) Bedrooms Mark an (X) below if you want to be on the waitlist for all units in a certain area. <input type="checkbox"/> ALL Downtown <input type="checkbox"/> ALL Central <input type="checkbox"/> ALL East <input type="checkbox"/> ALL West
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Non-smoking units



Elevator in building



Building has Special Needs / Modified Units

Mark selections below based on bedroom size

X

CENTRAL SAULT STE. MARIE	BLDG. TYPE	ELEVATOR	NON SMOKING	HAS SPECIAL NEEDS/ MODIFIED UNIT(S)	1	2			
55 Chapple Avenue	APT								
277A Northern Avenue E. – Columbus Club Housing Corp.	APT								
725 North Street – Ontario Finnish Resthome, (Suomi Eesti Maja)	APT								
DOWNTOWN SAULT STE. MARIE	BLDG. TYPE	ELEVATOR	NON SMOKING	HAS SPECIAL NEEDS/ MODIFIED UNIT(S)	1	2			
615 Bay Street	APT								
623 Bay Street – Lions Place	APT								
4 East Street – Italian Housing Corp. (No Pets)	APT								
WEST SAULT STE. MARIE	BLDG. TYPE	ELEVATOR	NON SMOKING	HAS SPECIAL NEEDS/ MODIFIED UNIT(S)	1				
393 Dovercourt Road – St. Gregory's	APT								

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, Community Housing and Development, 548 Albert Street East, Sault Ste. Marie, ON, P6A 7A7 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 Community Housing and Development Division, 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.
10. I agree to have my name shared on the By Name List, the real time homelessness data collection tool for Sault Ste. Marie. I understand that my name will be shared with DSSAB and providers in the Coordinated Access System in order to assist with supports to securing housing. I understand that I may be contacted to be connected to services by supporting agencies.

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 rental subsidy 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:	_____
HOUSEHOLD MEMBER:	_____	SIGNATURE:	_____	DATE SIGNED:	_____
HOUSEHOLD MEMBER:	_____	SIGNATURE:	_____	DATE SIGNED:	_____
HOUSEHOLD MEMBER:	_____	SIGNATURE:	_____	DATE SIGNED:	_____

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
 548 Albert Street East
 Sault Ste. Marie, ON, P6A 7A7
 P. (705) 759-7748 | F: (705) 946-5628
 registry@socialservices-ssmd.ca

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