



Application for Rent-Geared-To-Income Housing in

HASTINGS COUNTY

Upon completion, please return to:

**Community and Human
Services
Housing Services
Postal Bag 6300,
228 Church Street
Belleville, Ontario
K8N 5E2**

Tel: (613) 966-1311

Fax: (613) 966-4598

Toll Free: 1-800-267-0575

Housing Services Policies & Public Information Guide can be found at www.hastingscounty.com

General Eligibility Rules:

A household is eligible for rent-geared-to-income assistance if:

- no member of the household has been found by the Landlord Tenant Board to have falsely reported their income for the purpose of receiving rent-geared-to-income housing within 2 years;
- you own a home, you must agree to sell it within 6 months of being housed;
- no member owes rental money to any Social Housing Provider;
- at least one person of your household is 16 years or older;
- each member of the household meets at least one of the following criteria:
 - is a Canadian citizen;
 - has made an application for status as a permanent resident under the *Immigration and Refugee Protection Act* (Canada);
 - has made a claim for refugee protection under the *Immigration and Refugee Protection Act* (Canada);
 - has no removal order enforceable against them under the *Immigration and Refugee Protection Act* (Canada).
- each household member has applied for specified forms of assistance which they may be eligible, where it is reasonable to do so. These sources of income are limited to:
 - Ontario Works,
 - Employment Insurance,
 - Support from a Sponsor under the Immigration Act;
 - Divorce or Support Payments,
 - Government Pensions,
- you are able to live independently, and make your own arrangements for supportive services.

Non Smoking Buildings

Non-Smoking Buildings are designated buildings where smoking is not permitted. Individual Housing Providers have their own rules and regulations on this policy. Non-Smoking Buildings will house applicants, without prejudice, who choose to smoke and who meet all other criteria which is required to receive rent geared-to-income housing. Effective January 1, 2016 all properties in Hastings County are Non-Smoking with the exception of Trent-Moira Co-operative Estates. Please note: buildings are not smoke-free due to tenants who moved in prior to January 1, 2016.

Assisted Living Services (Pilot Program)

VON and Hastings County have partnered to pilot an Assisted Living Program for seniors age 65 and older. The program will be implemented at 245 and 247 Bridge Street West and will offer services such as personal support, homemaking and security checks on a 24 hour basis 7 days per week. Please indicate your interest in this program in **Section 9** (page 7) of this application.

How to Keep Your Place on the Waiting List

Keep Your Application Up to Date – It is your responsibility to keep your application up to date. If you do not tell us about changes in your information, you will lose your place on the waiting list. You cannot be offered housing if your name is not on the active waiting list.

How long will you have to wait? What number are you on the waiting list?

The wait time depends on the number of bedrooms required, location preference and how often units become available. This means there is no specific number on our waiting list in which we can give you, nor can we predict how long you will have to wait.

Section 1 – Contact Information

First Name:	Last Name:
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Tell us immediately if you move or if your telephone number changes. *If we cannot contact you, we may be unable to offer you housing and your name may be removed from the waiting list.*

Mailing Address: Please provide an address where you can be contacted by mail.

Street Address:	Apt/Unit #:	P.O Box:
City:	Province:	Postal Code:
Home Phone:	Work Phone:	
Cell Phone:	Other Phone:	

Additional Contact Information: Person(s) to be contacted if unable to reach you regarding your application.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Section 2 – Household Information: List the name of each person who will be living with you including yourself.

Full Name/ Maiden Name	Date of Birth MM/DD/YY	Sex M/F	Relationship to You	Status in Canada				Social Insurance Number
				Canadian Citizen	Landed Immigrant	Refugee / Claimant	Applied for Permanent Residence	
			SELF					

Verification of custody or overnight visitation for all children is required.

Is anyone on this list expecting a baby? Yes No Expected Due Date: _____

Are you or anyone applying with you of Aboriginal Ancestry? Yes No

Section 3 – Present Accommodation

Rent Own/Co-Own Staying with friends/family Temporary (shelter) Other

Rent Amount:

Landlord's Name:

Are you required to give notice to move? Yes No How long: _____

Section 4 – Past Tenancy in Social Housing

Have you or anyone applying with you previously lived in subsidized housing in Ontario? Yes No

Name of Housing Provider:

Address where you lived:

Did you move out owing arrears? Yes No Unsure If yes, how much? _____

Note: If you or anyone applying with you owes arrears to any Social Housing Provider in Ontario, we will require a copy of an active repayment agreement before your name will be eligible to be placed on the centralized waiting list.

Section 5 - Priority or Urgent Status

Are you or anyone applying with you, living with or have lived with someone in the last three months, who is abusive to yourself or anyone else listed on this application? Yes No

If yes, a Request for Special Priority Status form will be required. This is available from the Community and Human Services, Housing Services office or on our website at www.hastingscounty.com

Are you homeless or living in a temporary shelter? Yes No

If living in a shelter, please provide name and address of shelter.

Verification from the shelter or a copy of the Sheriff's Order will be required.

Are you or anyone applying with you physically unable to reside in your current accommodation due to a serious and immediate health risk? Yes No

If yes, please have your Healthcare Professional complete a Request for Urgent Medical Status form available from the Community and Human Services, Housing Services office or on our website at www.hastingscounty.com

Section 6 – Income Information

Individual Housing Providers may contact you to verify any necessary income information.

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant	Other Family Members
Ontario Works (OW)			
Ontario Disability Support Program (ODSP)			
Full Time Employment: Name of Employer _____ Hourly Rate:\$_____ Avg. Hours per Week:_____			
Part Time Employment: Name of Employer _____ Hourly Rate:\$_____ Avg. Hours per Week:_____			
Self Employment			
Employment Insurance (E.I.)			
Old Age Security (OAS)			
Guaranteed Income Supplement (GIS)			
Guaranteed Annual Income Supplement (GAINS)			
Canada Pension Plan (CPP)			
Dept. of Veteran’s Affairs Disability Pension (DVA)			
Private Pension (Company)			
Ontario Student Assistant Program (O.S.A.P)			
Worker’s Compensation (W.S.I.B.)			
Support/Alimony receive <input type="checkbox"/> pay <input type="checkbox"/>			
Band Allowance			
Immigrant/Government Sponsorship			
Other Income (please specify)			
Other Income (please specify)			
Total Income			

Section 7 – Asset Information

List below all assets owned by you and all other people applying with you. Assets are things that you own. Assets include, but are not limited to, things such as:

Bank Accounts (including Tax Free Accounts)	RRSP	Mutual Funds
Cash (over \$1000)	RESP	Saving Bonds
Term Deposits	GIC	
Life Insurance (cash surrender value)	Stocks/Shares	Real Estate (house, trailer, land)

Bank Accounts - List bank name and type of account (savings, chequing)	Current Balance	
	Applicant	Co-Applicant
	\$	\$
Tax Free Bank Account (TFSA)	\$	\$
Investments (RRSP, GIC, Mutual Funds, RESP etc.)	\$	\$
Life Insurance Policy – Cash surrender value	\$	\$

Non-Income Producing Assets	Applicant	Co-Applicant
<i>If you or anyone applying with you owns a house or other property, you must agree to sell it within six months of being housed. You will need to sign an "Agreement to Sell" form at the time of offer.</i>		
House/Cottage/Mobile Home value:	\$	\$
Mortgage (Amount owing)	\$	\$
Property, Land value:	\$	\$

Have you or anyone applying with you transferred assets in the last three years? Yes No

Please provide details. _____

Section 8 – Housing Preferences

Do you have pets to move with you? Yes No Please list type and number of pets below.

Do you own/lease a vehicle which would require your own parking spot? Yes No

If yes, do you require a handicap parking spot? Yes No

Note: Proof of permit will be required at time of offer.

Section 8 Continued...

Bedrooms Required: Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

Note: A single person or two persons who are spouses of each other qualify for 1 bedroom only. Should you require an additional bedroom for medical reasons, verification from a doctor detailing the medical reason and/or supplies needed is required to be submitted for approval.

Section 9 – Special Needs

Can you and everyone applying with you climb stairs? (excluding infants/toddlers) Yes No

Note: If you answer NO, you may be placed on a waiting list for an apartment with an elevator or a ground floor unit.

Do you or anyone applying with you require the use of a wheelchair? Yes No

Note: If you or anyone applying with you requires the use of a wheelchair, you will be placed on a waiting list for a wheelchair modified unit.

Do you or anyone applying with you need support services to live independently? Yes No

If yes, what type of support services do you/they require? (personal care services, mental health support etc.)

Do you/they have support services currently set up? Yes No

If yes, please list the Name of the Agency(s) involved.

Are you 65 years of age or older and interested in the Assisted Living Program offered at 247 Bridge Street West? Yes No

Do you or anyone applying with you require a live-in caregiver? Yes No

Note: If you are applying with a live-in caregiver, please list this person on the chart in Section 2 as they will be considered a member of the household and their income included in your rent calculation.

Section 10 – Additional Comments

Section 11 – Location and Building Selection

Please check off any location where you wish to live. You will only be placed on the waiting list for the locations you indicated and are deemed eligible for. Some exceptions may apply depending on your situation.

Bancroft

Building Address	Community Type	Size of Units	Building Type	Features
North Hastings Non Profit Housing Corporation				
<input type="checkbox"/> 1 Woodview Lane	Families, Singles, Seniors	1, 2, 3, 4	Townhouses	Some Modified units, Non-Smoking Building
Hastings Local Housing Corporation				
<input type="checkbox"/> 25 Station Street	Seniors 65+	1, 2	Apartments	Lift, Non-Smoking Building
R.J. Brooks Living Centre				
<input type="checkbox"/> 1 Alice Street	Seniors 65+	1, 2	Apartments	Elevator, Non-Smoking Building, Some Modified units
York River Heights				
<input type="checkbox"/> 303 Hastings Street N	Seniors 65+	1, 2	Apartments	Elevator, Non-Smoking Building, Some Modified units

Coe Hill

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 43 Spring Street	Seniors 65+	1	Apartments	Non-Smoking Building, Some Modified units

Belleville

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 245 Bridge St. West	Seniors	1, 2	Apartments	Lift, Non-Smoking Building, Assisted Living
<input type="checkbox"/> 247 Bridge St. West	Seniors	1	Apartments	Elevator, Non-Smoking Building, Assisted Living
<input type="checkbox"/> 25 Wellington Cres.	Seniors	1, 2	Apartments	Lift, Non-Smoking Building
<input type="checkbox"/> 485 Bridge St. East	Seniors	1, 2	Apartments	Elevator, Non-Smoking Building
<input type="checkbox"/> 5 Turnbull Street	Seniors	Bach, 1	Apartments	Stairs only, Non-Smoking Building
<input type="checkbox"/> 7 Turnbull Street	Seniors	1	Apartments	Lift, Non-Smoking Building
<input type="checkbox"/> 185 Cannifton Road	Seniors 65+	1	Apartments	Lift, Non-Smoking Building, Some Modified units

Belleville

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 424 Bleecker Ave	Families	2, 3	Townhouses	Non-Smoking Building, Some Modified units
<input type="checkbox"/> 46 Tracey Park Drive	Families	2, 3	Townhouses	Non-Smoking Building, Some Modified units
<input type="checkbox"/> 59 Russell Street	Families, Singles, Seniors	1, 2, 3, 4	Townhouses	Non-Smoking Building, Some Modified units
<input type="checkbox"/> Elgin/Tripp/W.Moira	Families	2, 3, 4, 5	Townhouses	Non-Smoking Building
<input type="checkbox"/> Marsh Drive	Families	2, 3, 4, 5	Townhouses	Non-Smoking Building
<input type="checkbox"/> North Park Street	Families	2, 3, 4, 5	Townhouses	Non-Smoking Building
<input type="checkbox"/> Pine Street	Families	2, 3, 4, 5	Townhouses	Non-Smoking Building
<input type="checkbox"/> Janlyn Crescent	Families	3	Townhouses	Non-Smoking Building
<input type="checkbox"/> 24 Brown Street	Families, Singles, Seniors	1, 2	Apartments	Elevator, Non-Smoking Building, Some Modified units
Trent-Moira Co-operative Estates Inc.				
<input type="checkbox"/> 173 Cannifton Road	Families, Singles, Seniors	1, 2, 3, 4	Townhouses	No Pets Allowed, Some Modified units
Aldersgate Homes Inc.				
<input type="checkbox"/> 7 Aldersgate Drive	Seniors 65+	1, 2	Apartments	Elevator, Non-Smoking Building, Some Modified units
Belleville Emmanuel Residences				
<input type="checkbox"/> 50 Rollins Drive	Seniors 65+	1, 2	Apartments	Elevator, Non-Smoking Building, Some Modified units

Deseronto

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 315 Edmon Street	Seniors	1, 2	Apartments	Lift, Non-Smoking Building
<input type="checkbox"/> Mill Street	Seniors 65+	1	Apartments	Non-Smoking Building, Some Modified units
<input type="checkbox"/> Brant/Green/Main St.	Families, Singles, Seniors	1, 2, 3, 4	Townhouses	Non-Smoking Building, Some Modified units

QUINTE WEST Trenton Ward

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 45 Creswell Drive	Seniors	1, 2	Apartments	Elevator, Non-Smoking Building
<input type="checkbox"/> 236 Dundas St. East	Seniors	1	Apartments	Stairs only, Non-Smoking Building
<input type="checkbox"/> 139 Ontario Street	Seniors 65+	1	Apartments	Lift, Non-Smoking Building, Some Modified units
<input type="checkbox"/> Gould Street	Families	2, 3, 4, 5	Townhouses	Non-Smoking Building
<input type="checkbox"/> York/Kent Street	Families	3, 4, 5	Townhouses	Non-Smoking Building
Quinte West Non-Profit Housing Corporation				
<input type="checkbox"/> 29 Adrian Court	Families	2, 3	Apartments & Townhouses	Elevator, Non-Smoking Building, Some Modified units
<input type="checkbox"/> 30 Annwood Court	Families, Singles, Seniors	1, 2, 3	Apartments & Townhouses	Elevator, Non-Smoking Building, Some Modified units
<input type="checkbox"/> 32 Flindall Street	Families, Singles, Seniors	1, 2, 3	Apartments	Elevator, Non-Smoking Building, Some Modified units
Trenton Memorial Lodge				
<input type="checkbox"/> 80 Catherine Street	Seniors 65+	1, 2	Apartments	Elevator, Non-Smoking Building
Trenton Ontario Branch 110 Legion Non-Profit Housing Inc.				
<input type="checkbox"/> 120 George Street	Seniors 65+	1, 2	Apartments	Elevator, Non-Smoking Building, Some Modified units

Frankford Ward

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 40 Mill Street	Seniors	1	Apartments	Stairs only, Non-Smoking Building
<input type="checkbox"/> 21 Albert Road	Seniors	1	Apartments	Stairs only, Non-Smoking Building
Ontario East Triangle Court				
<input type="checkbox"/> 135 March Drive	Seniors 65+	1	Apartments	Elevator, Non-Smoking Building

Stirling

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 204 Church Street	Seniors	1	Apartments	Stairs only, Non-Smoking Building

CENTRAL HASTINGS

Madoc

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 27 Wellington St.	Seniors	1	Apartments	Stairs only, Non-Smoking Building
<input type="checkbox"/> 47 Wellington St.	Seniors	1	Apartments	Stairs only, Non-Smoking Building

Marmora

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 43 Matthew Street	Seniors	1	Apartments	Lift, Non-Smoking Building, Some Modified Units
Dr. H.G. Parkin Living Centre				
<input type="checkbox"/> 2 Madoc Street	Seniors 65+	1	Apartments	Elevator, Non-Smoking Building, Some Modified units

Tweed

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
<input type="checkbox"/> 23 McCamon Street	Seniors	1	Apartments	Lift, Non-Smoking Building

Rent Supplement Program

The Rent Supplement program is an agreement between Hastings County and private landlords to provide subsidized units within Hastings County in the private sector. If you choose to apply for these subsidized units, please be aware, that these Landlords may require a separate application and further screening process.

Building Address	Community Type	Size of Units	Building Type	Features
<input type="checkbox"/> Belleville	Families, Singles, Seniors	1,2,3	Apartments	Some have Elevators
<input type="checkbox"/> Trenton	Families, Singles, Seniors	1,2,3	Apartments	Some have Elevators
<input type="checkbox"/> Bancroft	Singles, Seniors	1	Apartments	

Housing Allowance Programs

210 Program

This program is for people under the age of 65 applying for a 1 bedroom unit. Approved Landlords have signed their unit(s) up with our office and we provide them names of applicants who may be interested in renting from them. If you choose to apply for these units, please be aware that these Landlords have their own rental applications and screening process for choosing tenants. Your name will be passed on to the Landlords as vacancies occur. Applicants selected will receive a \$210 allowance towards their rent.

Building Address	Community Type	Size of Units	Building Type	Features
<input type="checkbox"/> Belleville	Singles	1	Apartments	Some have Elevators
<input type="checkbox"/> Trenton	Singles	1	Apartments	Some have Elevators
<input type="checkbox"/> Frankford	Singles	1	Apartments	
<input type="checkbox"/> Bancroft	Singles	1	Apartments	
<input type="checkbox"/> Tweed	Singles	1	Apartments	

HCDDHA

Hastings County's Direct Delivery Housing Program (HCDDHA) is open to families, seniors and single non-seniors currently renting in Hastings County. Applicants who are approved for HCDDHA will receive a monthly housing allowance of \$354.00 to help make their current rental accommodation more affordable while waiting for Rent-Geared-to-Income housing. If you are interested in applying for this program, please check the box below.

I am interested in the HCDDHA Program.

Section 12 – Consent to Collect, Use and Disclose Personal Information

Here is your legal agreement with us. Please read it carefully, and sign in the spaces provided in Section 13.

1. I understand that there are laws that allow Hastings County to collect personal information about me.
2. I understand that Hastings County will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
3. I allow Hastings County to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, 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*.
4. I allow Hastings County to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow Hastings County to give the information on this form and any attachments to any government or body with whom Hastings County has made an agreement under the *Housing Services Act, 2011*, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by Hastings County to a body listed above is confidential and will only be given in accordance with the *Housing Services Act, 2011* and associated regulations.

“Personal information contained in this form or in attachments is collected by Hastings County pursuant to the *Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31)* or the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56)*. This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.”

If you have any questions about the collection and use of personal information, please direct any questions or concerns to:

Hastings County Administration Building
235 Pinnacle Street, Postal Bag 4400
Belleville, ON K8N 3A9
Ph. (613) 966-1319

Section 13 – Declaration

Please read this carefully, and sign in the spaces below.

1. I give my word that everything I have written in this application is correct and complete.
2. I understand that all information I give to Hastings County will belong to them and they will give my information to the housing providers I have chosen.
3. If something on this application is incorrect or not true, Hastings County or the housing providers I have applied to may request additional information, may cancel my application or both and I may be prohibited from re-applying for assistance for a minimum period of two years under the *Housing Services Act, 2011*.
4. I understand that only the people I have listed on this application form may live with me in subsidized housing.
5. I understand that Hastings County will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
6. I give my word that I am in Canada legally.
7. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing project.

Signatures:

The application must be signed by the applicant and each member of the household who is 16 years of age and older.

X _____
Applicant

X _____
Co-Applicant

X _____
Other Member (16 Years and Older)

X _____
Other Member (16 Years and Older)

X _____
Other Member (16 Years and Older)

X _____
Other Member (16 Years and Older)

Today's date: _____

COMMUNITY AND HUMAN SERVICES
Housing Services
Postal Bag 6300, 228 Church Street
Belleville, Ontario K8N 5E2



Phone: 613.966.1311
Fax: 613.966.4598
Toll Free: 1.800.267.0575

CONSENT FOR RELEASE OF INFORMATION

I/We _____ hereby give consent to
Print Full Name(s) of Applicant(s)

Hastings County Housing Services, to provide information to and/or receive
information from the **following person(s) or agencies:**

Applicant(s) Signature: _____

Date: _____

Witness: _____

Date: _____

COMMUNITY AND HUMAN SERVICES
Housing Services
Postal Bag 6300, 228 Church Street
Belleville, Ontario K8N 5E2



Phone: 613.966.1311
Fax: 613.966.4598
Toll Free: 1.800.267.0575

Community and Human Services Department
Consent to E-Mail

I hereby elect to give consent to Hastings County, Community and Human Services Department, to exchange electronic data via e-mail for the purpose of sharing personal information between myself and an authorized representative of the department.

This consent is limited to the purpose of initiating contact and responding to inquiries sent from the below e-mail address regarding my:

- Ontario Works Employment and Financial Assistance
- Housing Services
- Children Services/Fee Subsidy
- Other (please describe) _____

This consent is given for a period not longer than 24 months or until such time this consent is otherwise revoked. Any misuse of this email, may result in the consent being revoked without verbal or written notice.

I acknowledge and understand that the security of e-mail exchanges cannot be guaranteed.

Client E-mail Address: _____

Name of Recipient (Please Print)

Signature of Recipient

Date

Name of Staff Representative /Witness (Please Print)

Signature of Staff Representative /Witness

Date

[Notice of Collection](#)

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), provided on this form and through email communications between clients and authorized representatives of Hastings County, is collected and will be used under the authority and in accordance with MFIPPA. The personal information will be used by authorized County staff in the administration of the e-mail communications program and to respond to client inquiries (as stated above). Questions regarding the collection, use, disclosure, and disposal of the personal information contained in this form or in email communications should be directed to the Community and Human Services Department at 613-966-1311.