



Access to Housing

110 - 350 King St E, Hamilton, Ontario L8N 3Y3

Phone: (905) 546-2424 ext. 3708 Fax: (905) 546-2809



Application for Housing

Complete **all** sections and return to the address noted above. Please **print** all information in **blue or black ink**. If you need any assistance in completing this application, please contact the above office.

If you require **dedicated supportive housing** please contact the Housing Help Centre at 905-526-8100 for assistance.

Section 1: Applicant Information		
Last Name	First Name	Middle Name
Social Insurance Number	Date of Birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		
Unit	Address	
City/Town	Province	Postal Code
Telephone and Email		
Home ()	Cell ()	Work ()
E-mail Address		
Current Address if different from mailing		
Unit	Address	
City/Town	Province	Postal Code
In what city/country did you live one year ago?		



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Section 1: Applicant Information (continued)

Citizen Status (check all that apply)

Copy of proof of Canadian citizenship (e.g. birth certificate, citizenship card, baptismal, birth registration) or immigration documents are required.

Canadian Citizen
 Permanent Resident
 (Landed Immigrant)
 Refugee
 Native Ancestry

In Canada for less than one year? Yes No
 (verification required)

Date of Entry:

Do you require an interpreter? Yes No

If yes, in what language?

Person to contact as an alternate or to act as your interpreter:

Name

Telephone

Section 2: Co-Applicant Information

Relationship to Applicant

Last Name

First Name

Middle Name

Social Insurance Number

Date of Birth (mm/dd/yy)

Male Female

Mailing Address

Unit

Address

City/Town

Province

Postal Code



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Section 2: Co-Applicant Information (continued)		
Telephone		
Home ()	Cell ()	Work ()
Current address if different from mailing address		
Unit	Address	
City/Town	Province	Postal Code
Citizen Status (check all that apply)		
Copy of proof of Canadian citizenship (e.g. birth certificate, citizenship card, baptismal, birth registration) or immigration documents are required		
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident (Landed Immigrant)	<input type="checkbox"/> Refugee
		<input type="checkbox"/> Native Ancestry
In Canada for less than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Entry:
(verification required)		
Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in what language?
Person to contact as an alternate or to act as your interpreter:		
Name	Telephone	



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Section 3: People who will be living with you

Copy of proof of Canadian citizenship (e.g. birth certificate, citizenship card, baptismal, birth registration) or immigration documents are required for each household member.

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Male/Female	Relationship to Applicant

***Please include additional household members on a separate piece of paper.*

Is any member of your household pregnant? Yes No
 (A doctors note is required)

If yes, date expected:



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Section 4: Annual Income Information		
Household Member	Type of Income and Amount	Annual Amount
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	



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Section 4: Annual Income Information (continued)		
Household Member	Type of Income and Amount	Annual Amount
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Name:	<input type="checkbox"/> OW	
	<input type="checkbox"/> ODSP	
	<input type="checkbox"/> EI	
	<input type="checkbox"/> CPP	
	<input type="checkbox"/> OAS	
	<input type="checkbox"/> OSAP	
	<input type="checkbox"/> Employment Income	
	<input type="checkbox"/> Other	
Total Annual Household Income		



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Section 5: Where you live now

Are you currently:

Homeowner

Monthly mortgage payment \$ _____

Renting

Private landlord

Subsidized housing

Monthly rental payments \$ _____

Are you currently receiving a rent-geared-to-income subsidy? Yes No

Is this a transfer request? Yes No

Are you: Overhoused OR Underhoused

Living in temporary accommodation (please specify)

With friends

With relatives

In a shelter

In a hotel/motel

In a trailer park

Other (Please specify): _____

Do you currently own property in Canada or outside of Canada? Yes No

Current Landlord

Name

Telephone

()

Move in Date

Previous Landlord

Name

Telephone

()

Move in Date

Move Out Date

Previous Address

Note: A housing provider will only contact your current and/or previous landlord for a tenant reference when you are offered a housing unit.



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Section 6: Housing History

Note: Any misrepresentation of your housing history may lead to the cancellation of your application.

Does anyone listed on this application live, or have they ever lived, in non-profit, co-op, or public housing in Ontario as a leaseholder either in subsidized or market rent accommodation?

Yes No

If yes, please provide:

Name of person who lived there	Address
Name of non-profit, co-op, or public housing provider	Phone number (if not in Hamilton):
Is this your current address <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date you moved out: _____ mm/dd/yyyy

Does anyone on this application owe money to any non-profit, co-op, or public housing provider?

Yes No

If yes, do you have a repayment agreement with the non-profit, co-op, or public housing provider?

Yes No

PLEASE NOTE: If you or any member of your household has arrears owing to any social housing provider within Ontario, Access to Housing will require confirmation that the member has entered into an agreement with the Housing Provider for the repayment of the arrears before we can process your application.

Within the last 2 years, have you or anyone in your household been convicted of an offence related to rent-geared-to-income housing under the Housing Services Act or a crime under the Criminal Code in relation to rent-geared-to-income housing?

Yes No



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Section 7: General Information	
I am able to live independently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of bedrooms needed	
<input type="checkbox"/> Room	<input type="checkbox"/> Bachelor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
(Applicants accepting a bachelor unit with CityHousing Hamilton will be allowed to reapply and maintain their original date of application for a one bedroom unit with CityHousing Hamilton only)	

Section 8: Special Needs/Exceptional Circumstances	
Documentation is required for all of the following statuses, see definitions on page 13-14.	
Are you in an abusive relationship which qualifies you for Priority Status ? <i>If yes, ensure contact information in section 1 is a safe address and phone number.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in an abusive relationship which qualifies you for Urgent Status ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an urgent application due to a Terminal Illness ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for Homeless Status ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for Newcomer Status ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for Youth Status ?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 8: Special Needs/Exceptional Circumstances (continued)

Do you require **building accessibility only**?

(for example, the building that you live in must be “barrier free” so that the mobility device that you use (i.e., scooter) can enter the building and unit only, no further unit modifications are required)

Yes

No

Do you require any other **unit modifications**?

(for example, modifications required are specific to your unit, i.e., a roll-in shower, lowered kitchen counters for wheelchair access)

Yes

No

If answer is “yes”, please fill out an “Access to Housing – Special Needs Form ”

Section 9: Where you want to live

Are you willing to pay market rent? Yes No

Max Rent (office use only)

Building Selections

Please choose where you want to live carefully. You can make as many selections as you want. Mark your location choices with an “X” on the Building Selection Form which is included with this application.

Be sure to put your name, social insurance number and initials on each page (front and back) of the Building Selection Form. If you select locations for which you are not eligible, your name will not be placed on those waiting lists.

If no Building Selection Form is submitted, your name will be added to waiting lists for all locations meeting your bedroom requirements and offers of accommodation from these lists will count as valid offers. Please choose your locations carefully!



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

1. I understand that there are laws that allow Access to Housing (ATH) to collect personal information about me.
2. I understand that ATH 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 ATH 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 Program Act, 1997, or the Child Care and Early Years Act, 2014
4. I allow ATH 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 ATH to give the information on this form and any attachments to any government or body with whom ATH has made an agreement under the Housing Services Act 2011, without further notice to me, for the purpose of conducting research 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 the ATH to a body listed above is confidential and will only be given in accordance with the Housing Services Act 2011 and associated regulations.
7. I understand that information provided herein is to the best of my knowledge and that this information may be used to determine my credit worthiness. ATH and/or a housing provider may request and obtain personal information on an ongoing basis from credit bureaus from information they previously collected about me in order to assess my credit history.

Personal Information contained in this form or in attachments is collected by ATH 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 and is used to determine eligibility for the housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Other Signature: _____ Date: _____

Other Signature: _____ Date: _____

Other Signature: _____ Date: _____

Other Signature: _____ Date: _____



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Important! Please Read!

It is important to tell us of any changes in your household size, address and phone number

Your application will be cancelled if we are unable to contact you.

You will have one year to reactivate your application, after which time you will be required to reapply and your name will be placed at the bottom of the waiting list.

Use this checklist to make sure that you have attached all the required documents.

If any required documents are missing, we will advise you in writing that your application is incomplete without placing you on the waiting list.

<input type="checkbox"/> Status in Canada	You must attach photocopies of related documentation for each member of your household
<input type="checkbox"/> Proof of Age	Attach a copy of the applicant's birth certificate to prove that he or she is 16 or older
<input type="checkbox"/> Arrears	If anyone in your household owes money to an Ontario housing provider, attach confirmation that the household member has entered into an agreement with the Housing Provider for the repayment of the arrears
<input type="checkbox"/> Custody Agreements	If you have asked for an additional bedroom because a member of your household has a legal custody agreement or visiting rights involving overnight stays, you must supply a copy of the agreement
<input type="checkbox"/> Proof of Disability	If you have asked for an additional bedroom because of a disability in your household you must attach a detailed explanation (Additional medical verification may be required later.)



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Definition of Terms	
Building Selection Form	This is a list of not-for-profit housing in Hamilton available through Access to Housing listed by geographical area. This form is where applicants select housing for which they wish to be placed on the waiting list.
Co-Operative Housing	The Board of Directors of a co-operative is comprised of resident members of the complex. Members of the co-operative are expected to participate in the operation of their co-operative. This may be accomplished by serving on the Board of Directors, a committee or contributing to the tasks involved in the maintenance of the property. Co-operatives are a mix of market rent and rent-g geared-to-income units.
Homeless Status	Homeless status is special consideration which is given to people who are homeless and includes people who are: <ul style="list-style-type: none"> - Persons burned out of their places of residence - Without shelter - Living in temporary or emergency housing or - Living in a house condemned by the municipality or - About to be discharged from a care facility or - About to evicted for reasons outside of an alleged breach of the Tenant Protection Act by the tenant - Separated from other family members due to a lack of housing
*Newcomer Status	A newcomer is an applicant with refugee status or refugee claimant status who applies for housing within one year of entry into the country and has an immigration status that meets basic eligibility requirements. Refugees with government sponsorship are excluded. In order for the application to be given Newcomer Status, both the applicant and co-applicant (if there is one) must be a newcomer. <i>*Retention of Status for Newcomer will be retained for three offers of housing only.</i>
Non-Profit Housing	This housing can be provided by private groups or a municipal sponsor. Non-profit housing is managed by a Board of Directors which may consist of municipal councillors, interested community members and/or tenant members. The complexes are a blend of market rent and geared-to-income units. Often, non-profit complexes have tenant associations that contribute input to the Board of Directors to affect the management of the residence in which they reside.



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Definition of Terms	
Priority Status	Priority Status is special consideration which is given to an applicant whose personal safety or the safety of another household member is at risk because of abuse by someone with whom they live or have lived in a familial relationship within the last 6 months. This priority status is given in order to help the applicant separate from the abuser. To obtain priority status, the applicant is required to submit a Special Priority Verification Form, letter of verification and verification of co-residency. The required form and further information can be obtained from Access to Housing.
Rent-Geared-To-Income	Rent-geared-to-income is rent which is based on household income and/or social assistance benefits.
Supportive Housing	Housing in which the tenant receives staff support or care from one or several agencies.
Terminally Ill Status	Terminally ill status is special consideration give to people who are terminally ill (this status is not granted to people who have serious chronic conditions, illnesses or diseases and who are not terminally ill). To apply for this status, the applicant is required to submit a Verification of Terminal Illness Form. The required form and further information can be obtained from Access to Housing
Urgent Status	Person(s) whose personal safety is significantly at risk. To apply for this status, the applicant is required to submit an Urgent Status Verification Form and a Letter of Verification. The required form and further information can be obtained from Access to Housing.
*Youth Status	The applicant is sixteen to seventeen years old * <i>Retention of Status for Youth will be retained for three offers of housing only.</i>