

## Who Qualifies for Rent-Geared-to-Income Housing (RGI)?

### ELIGIBILITY REQUIREMENTS

- The household must have a source of income.
- At least one member of the household must be 16 years of age or older and able to live independently. The application must be signed by all members of the household 16 years or older.
- Each member of the household must be a Canadian citizen, a landed immigrant, or have Refugee Claimant Status, with no outstanding deportation, departure, or exclusion order in effect to leave Canada.
- If you owe money to any federally, provincially, or municipally funded housing provider, you must pay the money owed or have an active repayment agreement in place which is in good standing.
- No member of the household has been convicted of misrepresenting their income to receive rent-geared-to-income assistance by the Landlord and Tenant Board or a court of law in the past two years.
- Some buildings are now smoke-free, which means that tenants cannot smoke inside their units, nor on the property grounds.

**Send your Completed Application:**

<p><b>By E-mail:</b></p> <p><a href="mailto:housingapplications@lanarkcounty.ca">housingapplications@lanarkcounty.ca</a></p>	<p><b>By Mail:</b></p> <p>52 Abbott Street North, Unit 4 Smiths Falls, ON K7A 1W3 613-267-4200 Ext. 2402</p>	<p><b>Drop Off:</b></p> <p>99 Christie Lake Road Perth, ON K7H 3C6</p> <p>33 Lansdowne Avenue Carleton Place, ON K7C 3S9</p>
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Emergency assistance is available in Lanark County by calling 613-267-4200 ext. 2402 between the hours of 8:30am and 4:00pm.  
After hours assistance is provided by Victim’s Services by calling 613-206-1486.

<b>APPLICATION</b> <b>Rent-Geared-to-Income Housing</b>	Date Stamp:
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<b>APPLICANT INFORMATION</b>
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<b>First Name:</b>		<b>Last Name:</b>		<b>Middle Name:</b>	
<b>Maiden / Alternate Last Name:</b>				<b>Birthdate (DD/MM/YY):</b>	
<b>Status in Canada</b> (If you are not a Canadian Citizen please attach documents) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant				<input type="checkbox"/> <b>Birth Certificate Provided</b> (Mandatory Requirement)	
<b>Apt #:</b>	<b>Street Address:</b>		<b>P.O. Box:</b>	<b>City:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>Email:</b>		<b>Alternate Contact Name &amp; Relationship:</b>		<b>Contact Phone:</b>	

<b>CO-APPLICANT INFORMATION</b>
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<b>First Name:</b>		<b>Last Name:</b>		<b>Middle Name:</b>		<b>Relationship to Applicant:</b>	
<b>Maiden / Alternate Last Name:</b>						<b>Birthdate (DD/MM/YY)</b>	
<b>Status in Canada</b> (If you are not a Canadian Citizen, please attach documents) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant						<input type="checkbox"/> <b>Birth Certificate Provided</b> (Mandatory Requirement)	
<b>Apt #:</b>	<b>Street Address</b> (if different than applicant):			<b>P.O. Box:</b>	<b>City:</b>	<b>Postal Code:</b>	

<b>DEPENDENTS</b>
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First Name	Last Name	Gender	Relationship to Applicant	Birthdate DD/MM/YY	Birth Certificate Provided?

Have you or any member of your household previously lived in social housing in the Province of Ontario? Yes  No  If yes, please complete the section below.

Housing Provider Name and Address	From (date)	To (date)
Resident Name on Lease or Occupancy Agreement	Rental/ Damage Arrears Outstanding	
	\$	

Housing Provider Name and Address	From (date)	To (date)
Resident Name on Lease or Occupancy Agreement	Rental/ Damage Arrears Outstanding	
	\$	

### INCOME

Monthly income before deductions received by all persons/household members to live in the accommodation. **All sources of income must be reported.** (GST or Child Tax credit should **NOT** be included as a source of income.)

Source of Income	Applicant Gross Monthly Income	Co-Applicant Gross Monthly Income
Ontario Works	\$	\$
Ontario Disability Support Program (O.D.S.P.)	\$	\$
Full/Part Time Employment	\$	\$
Employment Insurance (E.I.)	\$	\$
Workplace Safety Insurance Benefit (W.S.I.B.)	\$	\$
Old Age Security (O.A.S.)	\$	\$
Canadian Pension Plan (C.P.P.)	\$	\$
Private Pensions	\$	\$
Student Grants	\$	\$
Other Income (Properties etc.)	\$	\$
Assets	Applicant's Value	Co-Applicant's Value
Bank, Trust Company, Credit Union (savings and chequing accounts)	\$	\$
Stocks, Bonds, Debentures, Term Deposits, etc.		
RRSP, Annuities		
Other Assets (Properties etc.)		

It is important that you provide us with accurate information. When you are offered a unit, you will be required to provide proof of all household income and assets. If you do not meet income and asset requirements, the offer will be withdrawn, and your application will be removed from the waitlist.

## SPECIAL PRIORITY

*If you are applying for special priority, please read and complete this section.*

Any member of a household who is 16 years of age or older may request special priority status for the household on the social housing waiting list. Special priority status is given to households who have a member who has been abused by someone who is or was living with her/him within the past 3 months OR is a victim of Human Trafficking. In order to qualify for special priority status, there needs to be a Written Verification of Abuse by a trusted professional attached to this application. Please see our Special Priority form for a list of persons who qualify as a trusted professional.

**Do you intend to complete a request for Special Priority Status?**  Yes  No

*If YES, please contact us or Interval House at 1-800-267-7946 or e-mail us at [housingapplications@lanarkcounty.ca](mailto:housingapplications@lanarkcounty.ca) for a Special Priority Application.*

**Please check here if we may contact you at home:** Yes  No

## HOUSING REQUIREMENTS

**Are all household members currently residing at the same address?**  Yes  No

*If NO please provide documentation to explain separation (i.e. custody arrangements, CAS orders).*

**Is any household member expecting a baby?**  Yes  No

*If YES, please provide expected due date: \_\_\_\_\_*

**Some units are not inclusive of utilities. Can utilities (i.e. Hydro/ Enbridge) be put in a household member's name?**  Yes  No

*If NO, do not select any units that require utilities to be put in a tenant's name.*

**Do you require any of the following for medical reasons?**

A ground floor unit  Yes  No

An accessible unit  Yes  No

*If YES, please submit medical verification with this application. Please note that requiring a ground floor or accessible unit may increase wait times.*

**Health Factors to be Considered:**

*All households requiring an accessible unit **must** submit a Verification of Disability or Medical Condition form completed by his/her medical doctor or practitioner.*

Do you require barrier-free access?  Yes  No

Are you able to climb stairs?  Yes  No

Are you hearing impaired?  Yes  No

Are you sight impaired?  Yes  No

Do you use a powered mobility device (mobility scooter or powered wheelchair)?  Yes  No

Other: (Please specify) \_\_\_\_\_

**Do you own property that is suitable for year-round occupation?**  Yes  No

*If YES, please submit a letter of opinion from a qualified professional (i.e. Real Estate Agent) as to the value of your property. If you are offered accommodations, you must agree to sell your property at fair market value within six months.*








**Do any members of the household owe money (unpaid rent or damages), to any social housing provider in Ontario?**














*If YES, please attach a copy of approved re-payment agreement.*  Yes  No

**Do you have tenant insurance?**  Yes  No
































*Many units require tenant insurance to be eligible for a unit. If you do not already have content and liability insurance, you can access low-cost insurance by applying for HSC Tenant Insurance Program by calling 1-866-940-5111.*





**BUILDING INFORMATION LEGEND**







	Tenant is responsible for their own Hydro. Hydro Account must be put in their name.		Tenant is responsible for their own Heat. Heat Account must be put in their name.
	Non-Smoking Building		No Pets Allowed
	Fridge and Stove is not included	<b>I</b>	Mandatory Tenant Insurance. Tenant is required to have content and liability insurance.
	Accessible Unit		Elevator in Building
<b>TCO</b>	Tayside Community Residential & Support Options	<b>Private</b>	Rent Supplement Building Selection. The Rent Supplement Program provides units to applicants through special agreements with qualified private sector landlords.
<b>LCHC</b>	Lanark County Housing Corporation	<b>MCSC</b>	Mills Community Support Corporation






Legend	Provider	Address / Location	Units Available					
			Bachelor	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm
<b>ALMONTE</b>								
<b>I</b>	LCHC	176 Robert St.	<input type="checkbox"/>	<input type="checkbox"/>				
  <b>I</b>	LCHC	Victoria/ St. James St.			<input type="checkbox"/>	<input type="checkbox"/>		
 	MCSC	278-282 Maude St.			<input type="checkbox"/>	<input type="checkbox"/>		
  	MCSC	321-334 Maude St./ St. James St		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
  	MCSC	107-144 Norton St.				<input type="checkbox"/>	<input type="checkbox"/>	
   <b>I</b>	Private	326 Maude St.		<input type="checkbox"/>				

Legend	Provider	Address / Location	Units Available				
			Bachelor	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm

CARLETON PLACE								
  I	LCHC	7 Arthur St.		<input type="checkbox"/>	<input type="checkbox"/>			
  I	LCHC	7 Arthur St. (Affordable)		<input type="checkbox"/>	<input type="checkbox"/>			
 I	LCHC	126 Sussex St.		<input type="checkbox"/>	<input type="checkbox"/>			
I	LCHC	252 Moffatt St.		<input type="checkbox"/>				
I	LCHC	171 Munro St.	<input type="checkbox"/>	<input type="checkbox"/>				
   I	LCHC	112-143 Caldwell St.				<input type="checkbox"/>	<input type="checkbox"/>	
  I	LCHC	144-180 Caldwell St.			<input type="checkbox"/>	<input type="checkbox"/>		
  I	LCHC	404-406 Pattie Dr.					<input type="checkbox"/>	
    I	LCHC	179 Caldwell/ Arthur St.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
  I	Private	24 Townline Road			<input type="checkbox"/>			
I	Private	270 Bridge Street		<input type="checkbox"/>				
  I	Private	226 / 266 / 326 / Bridge St.		<input type="checkbox"/>	<input type="checkbox"/>			
 I	Private	96 Moore St.				<input type="checkbox"/>		
   	Private	114 Rocky Lane				<input type="checkbox"/>		
  I	Private	188 William St.			<input type="checkbox"/>			
    I	Private	99 Crampton				<input type="checkbox"/>		





LANARK								
    I	Private	56 George St.		<input type="checkbox"/>				

PAKENHAM								
   I	MCSC	178 Five Arches Dr.		<input type="checkbox"/>	<input type="checkbox"/>			
   I	Private	929 9 <sup>th</sup> Concession Rd.				<input type="checkbox"/>		

PERTH								
I	LCHC	75 Harvey St.		<input type="checkbox"/>				
 I	LCHC	77 Harvey St.		<input type="checkbox"/>				
I	LCHC	16 Herriott St.		<input type="checkbox"/>				
  I	LCHC	Beckwith/ Robinson St.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
  I	LCHC	10 Welland St.				<input type="checkbox"/>		






Legend	Provider	Location	Units Available					
			Bachelor	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm
<b>PERTH</b>								
	TCO	31 Rogers Rd.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Private	18 Haggart St.		<input type="checkbox"/>				
	Private	27 Cockburn St.		<input type="checkbox"/>	<input type="checkbox"/>			
	Private	112 Gore St.		<input type="checkbox"/>				
	Private	1830 Rogers Rd.		<input type="checkbox"/>	<i>*Please submit a Verification of Disability or Medical Condition form completed by your medical doctor or practitioner.</i>			
	LCHC	4 Railway St.					<input type="checkbox"/>	
	Private	21 Wilson St.		<input type="checkbox"/>				

<b>SMITHS FALLS</b>								
<b>I</b>	LCHC	46 Bell Ave.		<input type="checkbox"/>	<input type="checkbox"/>			
<b>I</b>	LCHC	195 Carss Ave.		<input type="checkbox"/>				
<b>I</b>	LCHC	30 McGill St. South		<input type="checkbox"/>				
<b>I</b>	LCHC	24 Bourke St.		<input type="checkbox"/>	<input type="checkbox"/>			
<b>I</b>	LCHC	Sussex/ Empress			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I</b>	LCHC	3A & 3B Anne/9A & 9B Lanark St				<input type="checkbox"/>		
	LCHC	68 Broadview Ave.				<input type="checkbox"/>		
<b>I</b>	LCHC	72 Thurber St.				<input type="checkbox"/>		
	LCHC	Jasper/ Beech/ Carss			<input type="checkbox"/>	<input type="checkbox"/>		
	LCHC	Parkland Crt.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Private	28 Church St.		<input type="checkbox"/>				
<b>I</b>	Private	31 Main St. West	<input type="checkbox"/>	<input type="checkbox"/>				
	Private	22-28 Toulon St.		<input type="checkbox"/>				
	Private	7 Main St. West		<input type="checkbox"/>	<input type="checkbox"/>			
	Private	54 Broadview Ave.		<input type="checkbox"/>				

Legend	Provider	Location	Units Available					
			Bachelor	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm
 I	Private	41 Marsha Dr.		<input type="checkbox"/>				
 I	Private	12 Chambers St.		<input type="checkbox"/>	<input type="checkbox"/>			
 I	Private	20 Phillip St.		<input type="checkbox"/>				
 I	Private	10 Pearl St.			<input type="checkbox"/>			

### SENIORS HOUSING

**Seniors Housing Providers accept only applicants who are at least 65 years of age. If a couple is applying for Seniors Housing, both applicants must be 65 years of age or older.**

Municipality	Provider	Units Available	
		1 Bdrm	2 Bdrm
<b>Almonte:</b> 375 & 411 Country St.	Mills Community Support Corporation 	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carleton Place:</b> 105 Elizabeth St.	Carleton Place Municipal Non-Profit (Elizabeth Court) 	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clayton:</b> 134 Linn Bower Lane	Clayton Seniors Housing Corporation (Linn Bower Apartments) 	<input type="checkbox"/>	<input type="checkbox"/>
<b>Perth:</b> 20 Haggart St.	Tay Valley Non-Profit Housing Corporation (Tay Garden) 	<input type="checkbox"/>	<input type="checkbox"/>
<b>Perth:</b> 99 Harvey St.	Ashley Chase Apartments 	<input type="checkbox"/>	



## **Declaration and Consent to Collect, Use, and Disclose Personal Information**

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**I/we the undersigned declare, consent to, and understand the following:**

1. That all information given in this application is correct and complete and will supply supporting material that may be required.
2. That the information that is provided in this application will belong to the Social Housing Registry and that the information will be given to the housing providers selected in this application.
3. If something on this application is incorrect or not true, the Social Housing Registry or the housing providers selected in this application may request additional information, may cancel this application or both, and I/we may be prohibited from re-applying for rent-geared-to income assistance for a minimum period of two years under the Housing Services Act, 2011.
4. That only the individuals included on this application form may live with me/us in social housing.
5. That the Social Housing Registry or housing providers selected will use the information provided to determine initial and continued eligibility for social housing and/or rent-geared-to-income assistance, and to determine how much assistance for which I/we are eligible.
6. All members of the household are in Canada legally.
7. That any money owed to any social housing provider in Ontario must be paid or have a payment agreement in place with regular payments being made, before this application can be placed on the Social Housing Registry or the wait list for a provider selected.
8. That any changes to this information must be reported to the Social Housing Registry.
9. That this application must be updated each year with the Social Housing Registry, and that the Registry will provide an Update/Change of Information form to be completed and returned. It is the applicant's responsibility to update and return the completed form.
10. That any information provided in this form and any attachment may be verified, and I/we authorize any person, corporation or any social agency having knowledge of any information to release that information to the Social Housing Registry and/or the other Social Housing Provider within Lanark County for the purpose of verifying initial or ongoing eligibility for social housing.
11. I give my permission for Lanark County to exchange electronic data via email agency, person, business or organization and exchange information regarding this request.
12. Further, I/we understand that there are laws that allow personal information to be collected or shared with others, and that any accordance with the Housing Services Act, 2011 and associated regulations.

**I/we allow the information on this Application and any attachment to be given, without further notice, to:**

1. Social Services offices, other municipal service managers or district social services administration boards and housing providers, 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.
2. The Government of Canada, a department, ministry, or agency of it, if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.
3. Any government or body with whom an agreement has been made under the Housing Services Act, 2011, for the purpose of conducting research, reporting and policy related to a social benefit program or social housing or rent-geared-to-income assistance program.

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**Consent to Use of E-mail:**       Yes                       No

I hereby elect to give consent to Lanark County Housing Services to exchange electronic data via e-mail in order to share personal information between myself and an authorized representative of Lanark County.

Applicant Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**Personal information contained in this form or in attachments is collected by The Registry pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990c. 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.**

### **Signatures of Household Members**

*This Application, Declaration, and Consent MUST be signed by the applicant and all non-dependent members of the household.*

Applicant: \_\_\_\_\_ Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_ Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_