



99 Christie Lake Rd ~ Perth, ON ~ K7H 3C6

Phone: 613-267-4200 ext. 2402

Email: [housingapplications@lanarkcounty.ca](mailto:housingapplications@lanarkcounty.ca)

***Alternative Drop off locations:***

43-C Lansdowne St~ Carleton Place, ON~ K7C 3S9

4 – 52 Abbott St N – Smiths Falls, ON – K7A 1W3

## Rent–Geared–to–Income–Housing (RGI) Application

### Eligibility Requirements

- The household must have a source of income.
- If minor children are listed on the application, we require verification of custody arrangements at the time of application.
- At least one member of the household must be 16 years of age or older and able to live independently.
- 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.
- No member of the household has been convicted of misrepresenting their income to receive rent-geared-to-income assistance by the Landlord and Tenant Boards or a court of law in the past two years.

### Document Checklist

**These documents MUST be received before your application can be processed.**

- Copy of Birth Certificate(s) or Passport(s) for all household members.
- Current Notice of Assessment for all household members.
- Custody Verification (if required) for example: CAS order, Child Tax Benefit Statement or notarized custody/separation agreement.

Emergency assistance is available in Lanark County by calling 613-267-4200 ext. 2402 between the hours of 8:30 am and 4:00 pm.

After hours assistance is provided by Victim Services by calling 613-206-1486.



**Rent-Geared-to-Income  
Housing Application**

Date Stamp: \_\_\_\_\_

**Applicant – Contact Information**

Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
*(Birth Certificate MUST be provided)*

Status in Canada:  Canadian Citizen       Landed Immigrant       Refugee Claimant

Street Address: \_\_\_\_\_  
*(Include street number and name)*

Unit Number: \_\_\_\_\_ P.O. Box Number: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

*Please note that by providing your email address, you are consenting to the exchange of information via email between yourself and Lanark County Housing staff.*

**Co-Applicant – Contact Information**

Name: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
*(Birth Certificate MUST be provided)*

Status in Canada:  Canadian Citizen       Landed Immigrant       Refugee Claimant

Street Address: \_\_\_\_\_  
*(Include street number and name)*

Unit Number: \_\_\_\_\_ P.O. Box Number: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

*Please note that by providing your email address, you are consenting to the exchange of information via email between yourself and Lanark County Housing staff.*



# Rent-Geared-to-Income Housing Application

**Other Members of the Household**

**Dependent #1**

Name: \_\_\_\_\_  
*(first and last)*

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
*(Copy of birth certificate MUST be provided)*

**Dependent #2**

Name: \_\_\_\_\_  
*(first and last)*

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
*(Copy of birth certificate MUST be provided)*

**Dependent #3**

Name: \_\_\_\_\_  
*(first and last)*

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
*(Copy of birth certificate MUST be provided)*

**Dependent #4**

Name: \_\_\_\_\_  
*(first and last)*

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
*(Copy of birth certificate MUST be provided)*

Is any member of the household expecting a baby?  Yes  No

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



# Rent-Geared-to-Income Housing Application

## INCOME

All sources of income *MUST* be reported. Please indicate source(s) of income for ALL members in the household and enter the amount(s) received *per month*. Canada Child Benefit and GST/HST are not included as a source of income.

**Please include a copy of the most recent Notice of Assessment.**

<u>Source of Income</u>	<u>Applicant</u>	<u>Co – Applicant</u>	<u>Dependent</u>
Ontario Disability Support Program (O.D.S.P)	\$ _____	\$ _____	\$ _____
Ontario Works (OW)	\$ _____	\$ _____	\$ _____
Employment (Full/Part Time)	\$ _____	\$ _____	\$ _____
Workplace Safety Insurance Board (W.S.I.B)	\$ _____	\$ _____	\$ _____
Old Age Security (O.A.S)	\$ _____	\$ _____	\$ _____
Canada Pension Plan (C.P.P)	\$ _____	\$ _____	\$ _____
Private Pensions	\$ _____	\$ _____	\$ _____
Student Grants	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
<b><i>Please specify:</i></b> _____			

<u>Assets</u> (Maximum of \$100,000)	<u>Applicant</u>	<u>Co – Applicant</u>	<u>Dependent</u>
Bank, Trust Company, Credit Union (chequing and savings accounts)	\$ _____	\$ _____	\$ _____
Stocks, Bonds, Term Deposits, etc.	\$ _____	\$ _____	\$ _____
RRSP, Annuities	\$ _____	\$ _____	\$ _____
Other Assets (Properties, etc.)	\$ _____	\$ _____	\$ _____

*It is important that you provide us with the most up-to-date 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 the requirements, the offer will be withdrawn, and you will be removed from the waitlist.*

### Housing Information

1. Have any household members previously lived in subsidized housing in Ontario?

Yes  No Member Names: \_\_\_\_\_

2. Do any members of the household owe arrears (unpaid rent, damages) to any Social Housing Provider in Ontario?

Yes  No Housing Provider Name: \_\_\_\_\_

*If YES, please provide proof of a repayment agreement that is in good standing.*

3. Are all household members currently residing at the same address?

Yes  No

4. Some units are not inclusive of utilities. Can utilities such as hydro and gas be put in a household members name?

Yes  No

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

5. 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 as to the value of your property. If you are offered accommodations, you must agree to sell you property at fair market value within six months.*

### Special Priority

Special priority status is given to households who have a member who has been abused by someone who is or was living with them within the past 3 months OR is a victim of human trafficking. Written verification of abuse and completed SPP application from a trusted professional (see *SPP Application*) are required.

Do you intend to complete a request for Special Priority Status?

Yes  No

*If YES, please contact us at 613-267-4200 ext 2402, by email at [housingapplications@lanarkcounty.ca](mailto:housingapplications@lanarkcounty.ca) for a Special Priority Application*

Are we able to contact you at home?

Yes  No

### Accessibility

#### Do you require any of the following?

If **yes** to any of the following, please contact Lanark County Housing for a medical form to be completed by your physician (*this is a requirement for ground floor and accessible units*).

- Ground Floor/Elevator?       Yes     No
- Wheelchair accessibility?     Yes     No
- Modified accessibility needs?  Yes     No
- Other accessibility needs?     Yes     No

Please explain your accessibility requirements below:

---



---



---



---

### Building Information Legend

 Heat not included. Heat account <b>MUST</b> be put in tenant's name	 Hydro not included. Hydro <b>MUST</b> be put in tenant's name
 Fridge and Stove not included	 No Pets
 No Smoking Unit(s)	 Elevator in building
 Accessible Unit	<b>Note:</b> content and liability insurance are mandatory for ALL units

### Housing Providers

TCO    Tayside Community & Residential Support Options	CCS    Carebridge Community Support
LCHC   Lanark County Housing Corporation	Private    Rent Supplement provides units to applicants through special agreements with qualified private sector landlords

### Housing Selection

There are rules about the size of unit (number of bedrooms) that you can move into if your rent is subsidized. The largest unit size allows 1 bedroom per person (subject to custody); couples are expected to share a bedroom.

*Please select your locations by checking the box beside the locations you would like to live.*

**Please choose carefully as you will only receive one offer before your name is removed from the waitlist.**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Bachelor    | <input type="checkbox"/> Three Bedroom |
| <input type="checkbox"/> One Bedroom | <input type="checkbox"/> Four Bedroom  |
| <input type="checkbox"/> Two Bedroom | <input type="checkbox"/> Five Bedroom  |

#### Almonte

Address	Building Information	# of Bedrooms	Provider
<input type="checkbox"/> 176 Robert St		Bach, 1	LCHC
<input type="checkbox"/> Victoria St/St. James St	  	2, 3	LCHC
<input type="checkbox"/> 278 – 282 Maude St	 	2, 3	CCS
<input type="checkbox"/> 321 – 334 Maude St/St. James St		1, 2, 3	CCS
<input type="checkbox"/> 107 – 144 Norton St	  	3, 4	CCS
<input type="checkbox"/> 326 Maude St	  	1	Private
<input type="checkbox"/> 212 Ottawa St	 	1	Private

#### Lanark

Address	Building Information	# of Bedrooms	Provider
<input type="checkbox"/> 56 George St	   	1	Private

#### Pakenham

Address	Building Information	# of Bedrooms	Provider
<input type="checkbox"/> 178 Five Arches Dr	  	1, 2	Private

### Carleton Place

Address	Building Information	# of Bedrooms	Provider
<input type="checkbox"/> 7 Arthur St		1, 2	LCHC
<input type="checkbox"/> 126 Sussex St		1, 2	LCHC
<input type="checkbox"/> 252 Moffatt St		1	LCHC
<input type="checkbox"/> 171 Munro St		Bach, 1	LCHC
<input type="checkbox"/> 112 – 143 Caldwell St		3, 4	LCHC
<input type="checkbox"/> 144 – 180 Caldwell St		2, 3	LCHC
<input type="checkbox"/> 404 – 406 Pattie Dr		4	LCHC
<input type="checkbox"/> 179 Caldwell St/Arthur St		1, 2, 3	LCHC
<input type="checkbox"/> 89 Moore St		3	LCHC
<input type="checkbox"/> 99 Crampton Dr		3	Private

### Perth

Address	Building Information	# of Bedrooms	Provider
<input type="checkbox"/> 75 Harvey St		1	LCHC
<input type="checkbox"/> 77 Harvey St		1	LCHC
<input type="checkbox"/> 16 Herriott St		1	LCHC
<input type="checkbox"/> 117 Beckwith St / 20 Robinson St		2, 3, 4	LCHC
<input type="checkbox"/> 10 Welland St		3	LCHC
<input type="checkbox"/> 4 Railway St		3	LCHC
<input type="checkbox"/> 31 Rogers Rd		1, 2, 3, 4	TCO
<input type="checkbox"/> 2 Haggart St		3	Private
<input type="checkbox"/> 27 Cockburn St		1, 2	Private
<input type="checkbox"/> 112 Gore St		1	Private
<input type="checkbox"/> 1830 Rogers Rd		1	Private

### Smiths Falls

Address	Building Information	# of Bedrooms	Provider
<input type="checkbox"/> 46 Bell Ave		3	LCHC
<input type="checkbox"/> 195 Carss Ave		1	LCHC
<input type="checkbox"/> 30 McGill St S		1	LCHC
<input type="checkbox"/> 24 Bourke St	 	1, 2	LCHC
<input type="checkbox"/> 188 Chambers St	 	1	LCHC
<input type="checkbox"/> Sussex/Empress	 	2, 3, 4, 5	LCHC
<input type="checkbox"/> 3 A&B Anne St, 9 A&B Lanark St	 	3	LCHC
<input type="checkbox"/> 68 Broadview Ave	  	3	LCHC
<input type="checkbox"/> 72 Thurber St		3	LCHC
<input type="checkbox"/> Jasper/Beech/Carss	  	2, 3	LCHC
<input type="checkbox"/> Parkland Court	  	1, 2, 3	LCHC
<input type="checkbox"/> 28 Church St	  	1	Private
<input type="checkbox"/> 22 – 28 Toulon St	  	1	Private
<input type="checkbox"/> 41 Marsha Dr	  	1	Private
<input type="checkbox"/> 12 Chambers St	 	1, 2	Private
<input type="checkbox"/> 20 Phillip St	 	1	Private
<input type="checkbox"/> 10 Pearl St	 	2	Private
<input type="checkbox"/> 7 Main St W	 	1	Private
<input type="checkbox"/> 4 Main St W	 	2	Private
<input type="checkbox"/> 44 Chambers St	    	1, 2, 3	CCS

**Seniors Only** (Applicants **MUST** be 65+ years of age at time of application)

Address	Building Information	# of Bedrooms
<input type="checkbox"/> <b>Almonte</b> (375 & 411 Country St) <i>Carebridge Community Support</i>	    	1, 2
<input type="checkbox"/> <b>Carleton Place</b> (105 Elizabeth St) <i>Carleton Place Municipal Non-Profit</i>	  	1, 2
<input type="checkbox"/> <b>Clayton</b> (134 Linn Bower Lane) <i>Clayton Seniors Housing Corp.</i>	  	1, 2
<input type="checkbox"/> <b>Perth</b> (20 Haggart St) <i>Tay Valley Non-Profit Housing Corp.</i>	   	1, 2
<input type="checkbox"/> <b>Perth</b> (99 Harvey St) <i>Private</i>	  	1

**Affordable Housing (maximum asset limit of \$200,000)**

Affordable Housing is no more than 80% of the local market rent, which is set out by CMHC

Address	Building Information	# of Bedrooms
<input type="checkbox"/> 7 Arthur St – Carleton Place <i>LCHC</i>		1, 2

**Alternate Contact Information**

1) Name: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

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

1. That all information provided in this application is accurate and complete to the best of my knowledge. I will submit all supporting documents as required.
2. That all information I have provided in this application will be retained by Lanark County Housing Services and will be shared with the housing providers for the units I have selected.
3. That if information I have shared on this application requires further verification, I will provide that to the housing provider as requested. If information is false or inaccurate, my application may be cancelled and my ability to apply for Rent-Geared-to -Income housing may be prohibited for a minimum of two years under the Housing Services Act. 2011.
4. That **ONLY** the individuals listed on this application may live with me/us in any social housing unit.
5. That the housing providers for the selected units will use the information I have provided to assess my initial and ongoing eligibility for the program and to determine the amount to be paid once I am housed.
6. That all members of the household are legal residents of Canada.
7. That any arrears owing to any Ontario social housing provider must be paid in full **or** that a repayment schedule is being maintained in order that my application be added to the Rent-Geared-to-Income waitlist.
8. That I must contact Lanark County Housing Services to advise of any changes to my application information.
9. That I must complete and return an annual update form as issued to me by Lanark County Housing Services.
10. That information provided in my application package, including supporting documents, may require further verification. I/we authorize any relevant person, agency, or business with knowledge of that information to release or confirm it to Lanark County Housing Services.
11. That I/we give consent for Lanark County Housing Services to exchange information electronically with any relevant person, agency or business as required, regarding this application.
12. That I/we understand that personal information may be collected and shared in accordance with the Housing Services Act, 2011.



# Rent-Geared-to-Income Housing Application

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.

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: \_\_\_\_\_

Co - Applicant: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Date: \_\_\_\_\_