



Application for Housing - Kettle Creek Villa

Central Elgin Municipal Non-Profit Housing Corporation
289 Frances Street, Port Stanley ON | 519-631-4860

Important Information about this Application

- The Municipality of Central Elgin, on behalf of the Central Elgin Municipal Non-Profit Housing Corporation, provides information, takes applications, and maintains the waitlist for tenancy at the Kettle Creek Villa, 289 Frances Street, Port Stanley.
- All applicants must be either a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status or have made application for status as a Permanent Resident under the Immigration and Refugee Protection Act (Canada) and no removal order against any member of your household is in enforcement.
- All applicants who own homes will be required to sell the home as a condition upon signing a lease. The sale must be completed within 6 months of the effective date of lease. If the sale is not completed within 6 months, rent-geared-to-income will no longer be available. Exceptional circumstances may be considered.
- Social and affordable housing is a long-term solution to your housing need. Unfortunately, this does not include emergency housing solutions and we cannot predict wait times which can often be up to multiple years depending on unit selection and size.
- In general, applicants with outstanding rent or damage arrears to social housing providers will not be considered without an established repayment plan in place.
- Applicants must be 60 years old, or 55 with a disability. Eligible applicants may also apply for the Rent Geared-to-Income subsidy. The subsidy only applies to one-bedroom units. All accepted applicants on the waitlist must update their contact information annually.
- There must be no convictions on any members of the household during the past two years for offences arising from misrepresentation of income related to rent-geared-to-income purposes. In general, individuals who have been previously evicted from social housing for criminal activities specifically are ineligible to reapply for social housing.

Please Note: Applicants will only receive ONE offer of a unit. If the offer is not accepted, you will be removed from the waitlist. This rule applies to all applicants on the waitlist. If your circumstances change you may change your selected units by contacting our office.

Completed Applications

Completed applications, forms and all documents can be mailed, emailed, or dropped off at:

Municipality of Central Elgin
450 Sunset Drive
St. Thomas ON N5R 5V1
Email: info@centralelgin.org
Phone: 519-631-4860

Completing the Application

Please provide the following with your application. If your application is incomplete, you will not be placed on the waitlist.

1. ☐ Complete **all** applicable sections of the application.
2. ☐ Sign the Release, Consent & Declaration form.
3. ☐ Print and sign the completed application.

Please provide the following, if applicable:

1. ☐ Repayment Agreement if a household has outstanding arrears with a social housing provider.
2. ☐ Signed Divestment Form if a household member owns property.

Frequently Asked Questions

Can I choose my unit size and where I want to live?

Your unit size is based on occupancy standards according to the size of your household. As part of the application, you will be asked to select the unit size and type you are interested in. **However, you will only be given one offer.** Please only select units you wish to live in.

How are people chosen for social and affordable housing?

Special Priority Status (see page 7) is prioritized on the Centralized Waitlist. All other applications are chronological based on the date we receive your full application. When your name gets to the top of the list you will be contacted.

Will you notify me to confirm that my application was received?

Yes. You will receive a written letter to confirm that your application has been received and is complete.

How long will it take to secure housing through the waitlist?

Depending on your selected location and unit size, wait times vary depending on vacancies and can be long, up to multiple years.

How much will rent be?

Please speak with Municipal Staff to confirm the market rent amount for the current year. For rent geared to income units, your rent in social housing will be generally based on 30% of your household's income. If you are receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) a rent scale is applied that will only impact the shelter portion of your income. You may be required to pay additional fees for parking, air conditioning and utilities.

How will you contact me to make an offer?

You will be contacted during business hours with an offer, so it is important to include your daytime contact information in the application.

Can I update or make changes to my application?

Yes. If your information or circumstances change and you wish to update your application, please contact the Municipal office.

Can I apply if I own a home or property?

If you own a home or property, any offer of housing as a result of your application would be conditional upon you listing your home or property to be sold within 6 months of signing the lease.

Section 1: Main Applicant Information

Please print clearly. Please note that if the contact information you provide changes after you submit this application, you will need to notify the Municipality of Central Elgin office. If we are unable to contact you through the information you provided, your application may be cancelled.

Last Name:	First Name:	Middle Name:
Alternative/Maiden Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	
Date of Birth: (MM/DD/YYYY)		Social Insurance Number: (Optional)
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Other		
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Deportation Order <input type="checkbox"/> Other: Please Specify _____		

Main Applicant Contact Information

Applicant's Street Address:		P.O. Box #/Apt. #:
City:	Province:	Postal Code:
Home or Cell Phone Number:	Work Phone Number:	E-mail Address:
What is your preferred communication method? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Are there privacy or safety concerns in sending mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Accommodations? <input type="checkbox"/> Own/Shared Ownership <input type="checkbox"/> Renting <input type="checkbox"/> Temporary Accommodation <input type="checkbox"/> Homeless If renting, monthly rental costs: \$ _____ Monthly utility costs: \$ _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> <input type="checkbox"/> </div> <p style="text-align: center;"><i>Homeowners are required to sell their property within 6 months of signing the lease.</i></p>		

Co-Applicant Information

Last Name:	First Name:	Middle Name:
Alternative/Maiden Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	

Date of Birth: (MM/DD/YYYY)	Social Insurance Number: (Optional)
Relationship to the Main Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Common Law <input type="checkbox"/> Other: Please Specify _____	
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Deportation Order <input type="checkbox"/> Other: Please Specify _____	
Co-Applicant Contact Information	
<input type="checkbox"/> Same as main applicant	
Applicant's Street Address:	P.O. Box #/Apt. #:
City:	Province:
Postal Code:	
Home or Cell Phone Number:	Work Phone Number:
E-mail Address:	

Do you give us permission to talk about your application with anyone else? ☐ Yes ☐ No

If yes, please provide their information:

Name:	Address:	Phone #:	Relationship:
Name:	Address:	Phone #:	Relationship:

Section 2:
Household Members

List below all other people that will live with you.

You must include proof of legal status in Canada for all household members.

Last Name	First Name	Relationship to Applicant	Gender	Date of Birth MM/DD/YYYY	(For Dependents) Status of Custody

Has anyone in your household been convicted of an offence related to rent-geared-to-income?

☐ Yes ☐ No

Do you own, or are you a co-owner of a property? ☐ Yes ☐ No

If yes, please complete and sign a Divestment Form. Please contact the Municipal office to obtain one.

Section 3: Housing History

Current or Previous Landlord Information:

Apartment Number:	Street Address:	Date Moved IN:	
City:	Province:	Postal Code:	Date Moved OUT:
Landlord's Full Name:			Landlord's Telephone Number:
Landlord's Apartment Number:	Landlord's Address:		
Landlord's City:	Landlord's Province:	Landlord's Postal Code:	

Is/Was your housing subsidized? ☐ Yes ☐ No

Social Housing Arrears

If you have outstanding arrears with a social housing provider and no repayment agreement, you will be ineligible to be on the waitlist.

Do you or anyone in your household owe rental arrears to any social housing providers?

☐ Yes ☐ No

If yes, have you signed a repayment agreement? ☐ Yes ☐ No

If yes, please attach a copy of the agreement.

Section 4: Occupancy Standards and Accommodation Requirements

Occupancy Standards are rules which limit the size of unit an applicant for social or affordable housing may apply for based on size and nature of the household.

Please indicate if your household requires an extra bedroom for any of the following reasons.

- ☐ To store medical equipment required by a member of the household because of a disability or medical condition.
- ☐ If a spouse requires a separate bedroom because of a disability or medical condition for a personal care provider who is not a member of the household.

Unit Type Requested (waitlist you would like to be placed on)

☐ One Bedroom ☐ Two-Bedroom ☐ Rent Geared to Income

Section 5: Income and Asset Information (RGI ONLY)

In order to qualify for rent-geared-to-income assistance, you must pursue all sources of income that you may be entitled to. Income means all money you receive, from all sources including any income producing assets.

Below are some examples of income sources and income producing assets:

Employment	Self-Employment	Other Income	Assets
Full-time Work	Child-care	Ontario Works	Property
Part-time Work	Tutoring	Ontario Disability Support Program	Income Property
Casual/Seasonal Work	Driving Services	Canada Pension Plan	Investments
Vacation/Overtime Pay	Teaching (ie. music)	Old Age Security	Stocks and Shares
Tips and Bonuses	Farming	GAINS	Bonds
Long/Short-term Disability	Catering	Company Pension	Savings
Commissions	Cleaning	Student Loans	Other
Other	Other	Other	Other

Please list below all sources of monthly income and assets for each member of your household:

Name	Income/Asset	Amount Per Month
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total:		\$

What is Special Priority Status?

Special Priority Status is part of the Social Housing Reform Act, 2000 that provides priority access to social and affordable housing vacancies **for victims of domestic violence or human trafficking ONLY**. To apply for Special Priority Status, please complete the signature box below and include:

- Confirmation of Abuse Form with supporting letter from a professional; and,
- Verification of cohabitation with abuser within the last three months.

If you do not have access to this form or information, it can be requested by contacting the Municipal office.

Special Priority Status is assigned **to victims of domestic violence or human trafficking ONLY**.

The signature box below is for Special Priority Status ONLY.

Please complete the signature box below if it applies to you **or skip to the next section**.

I, or someone in my household, is currently a victim of domestic violence or human trafficking and has resided separately from the abuser for a period of three months or less:

Signature _____

Safe Contact Number _____

Section 6: Sharing Information and Consent

Personal information contained in this form or in any attachments to it is collected by the Municipality of Central Elgin and/or Central Elgin Non-Profit Housing Corporation, pursuant to the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form.

This is your legal agreement with us to consent to the release of your personal information.

1. I understand that the Central Elgin Municipal Non-Profit Housing Corporation and any housing provider listed in my application for social housing assistance are permitted under the *Housing Services Act*, 2011 (the “Act”) to collect personal information about me so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in the Act.
2. I understand and agree to release any personal information and required documents to the Central Elgin Municipal Non-Profit Housing Corporation for the purpose of processing my application for RGI assistance which may include determining:
 - (a) my initial and ongoing eligibility for RGI assistance.
 - (b) the size and type of unit that I may be eligible for.
 - (c) the amount of geared-to-income rent I will be required to pay.

Any personal information collected by the Central Elgin Municipal Non-Profit Housing Corporation about me for the above-mentioned purpose will be hereafter referred to as “my personal information”.

3. I agree to release to the Central Elgin Municipal Non-Profit Housing Corporation information about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependents or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my initial or ongoing eligibility for RGI assistance.
4. For the purpose set out in paragraph 2, I allow the Central Elgin Municipal Non-Profit Housing Corporation to obtain any credit information about me from any credit agency or any other source.
5. I allow the Central Elgin Municipal Non-Profit Housing Corporation to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Social Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Act, and 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 Act, the *Ontario Works Act*, 1997, the *Ontario Disability Support Program Act*, 1997 or the *Day Nurseries Act*.
6. I understand that any of my personal information given by the Central Elgin Municipal Non-Profit Housing Corporation to a government or body mentioned above in paragraph 5 is confidential and will only be given in accordance with the Act and its regulations.
7. I understand that any of my personal information provided by me to the housing provider is given on the understanding that the Municipality of Central Elgin is collecting this information on behalf of the Central Elgin Municipal Non-Profit Housing Corporation.

8. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.
9. I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact the Municipality of Central Elgin.

I declare:

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to the Central Elgin Municipal Non-Profit Housing Corporation will belong to them.
3. I understand that only the people I have listed on this document may live with me in subsidized housing.
4. I understand that the Central Elgin Municipal Non-Profit Housing Corporation will use my personal information that I give them to determine whether I am eligible or continue to be eligible for RGI assistance; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of geared-to-income-rent payable by me.
5. I declare that I am in Canada legally.
6. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing project before I can be offered a subsidized unit.
7. I understand that it is an offence, under the Act for an individual to knowingly obtain or assist a household member to obtain RGI assistance for which they are not entitled. Such an offence carries a fine and/or imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, the Central Elgin Municipal Non-Profit Housing Corporation may request additional information, or may cancel my eligibility for RGI assistance and may request my household to reimburse the Central Elgin Municipal Non-Profit Housing Corporation for the amount of RGI assistance paid on behalf of my household.
8. I understand that if at any time the circumstances that created eligibility for an Special Priority Status no longer exist, I will cease to qualify for priority status under this category. However, my application will remain on the waitlist.

All household members who are over the age of 18 must sign below to indicate they have read and accept all terms and conditions of the Release and Consent on page 10 and 11.

	Household Member (please print name)	Signature	Date
1			
2			
3			
4			
5			
6			
7			

Personal information contained on this form or in attachments is collected, pursuant to the Housing Services Act (2011) Sections 169-176 or the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56). This information will be used to determine suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and rent geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.

Information about other housing providers including emergency shelter services and other community supports can be found here:
https://www.southwesthealthline.ca/pdfs/2019_elgincommunityconnections.pdf
or by calling **211**.