Cochrane district Social Services Administration Board

 **Conseil D’Administration des services sociaux du district de Cochrane**

500 Boul. Algonquin Blvd. E.

Timmins, ON P4N 1B7

Tel: (705) 268-7722 – Fax: (705) 268-8290 Toll Free / san frais 1-877-259-7722

www.cdssab.on.ca

**IAH 2014 EXTENSION HOUSING ALLOWANCE COMPONENT**

**(HAC)**

**ELIGIBILITY REQUIREMENTS**

* To be eligible for Operating Component funding, households must be on, or eligible to be on, social housing waiting lists or have a gross household income that do not exceed the applicable Household Income Limits (HILs) in the annually amended Ontario Regulation 370/11 under the Housing Services Act, 2011.
* Households in receipt of rent-geared-to-income (RGI) subsidy or subsidies under the IAH Rent Supplement Component are not eligible to participate in the program.
* The household’s Gross Household Income is less than or equal to the Service Manager’s Household Income Limit applicable to the size and type of unit.
* Applicants and Tenants who knowingly misrepresent their income will be ineligible for the IAH Housing Allowance Component (HAC) and could be subject to further program restrictions.

**I/We understand that any information on this form and any attachment given by the CDSSAB to a body listed above are confidential.**

 Signature of Applicant Witness

 Signature of Co-Applicant Witness

 Date Date

**Notice with Respect to the Collection of Personal Information** (Personal Information Protection and Electronic Documents Act)

(Freedom of Information and Protection of Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the **Housing Services Act, S.0. 2011, c. 6, Sched. 1, s.169 (1).** . The information will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and housing allowance charge.

Personal information may be disclosed to non-profit housing corporations, the Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social and government agencies providing social assistance to the applicant in accordance with the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F. 31, as amended, and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.-56, as amended. **Housing Services Act, S.0. 2011, c. 6, Sched. 1, s.169 (1).**

1.

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

* Verification of all income and assets will be required before an application can be processed including realtor appraisals of unsold properties; proof of reasonable efforts to sell property will be required upon acceptance for the IAH Housing Allowance Component (HAC). If you are receiving Ontario Works or Ontario Disability Support Program, a copy of your drug or dental card and cheque stub will also be required.
* Complete all sections of the attached application form. Please print all information in ink.
* Before completing the Total Household Income section, please read the definitions of income below.
* Any changes to your income, address, telephone number, etc. must be reported to the CDSSAB within 30 days after the change. Failure to notify the CDSSAB may result in the cancellation of your application.

Should you require additional information or assistance in regards to the application and once your application has been submitted, any questions regarding your status or any additional information please feel free to contact the Cochrane District Social Services Administration Board at 705-268-7722.

**DEFINITION OF INCOME**

**“Income”** means the total amount of all payments of any nature paid to or on behalf of or for the benefit of the member, subject to exceptions. Income includes, but is not limited to the following:

* gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
* self-employment income
* the gross amount of unemployment insurance benefits;
* the gross amount of workers’ compensation payments or other industrial accident insurance payments made because of illness or disability;
* the gross amount of any old age security, federal guaranteed income supplement and spouse’s allowance and financial assistance under the Ontario Guaranteed Annual Income Supplement (GAINS);
* the gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state or from any other source;
* the gross amount of alimony, separation, maintenance or support payments;
* the gross amount of gains from investments including interest or dividends on stocks, shares or other securities, and where the actual income cannot be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time;
* the gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
* the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages or lump sum payments or other assets;
* an imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the Ministry of Municipal Affairs and Housing from time to time.

2.

**“Gross Household Income”** means the combined income of:

* The applicant and every person residing in the leased premises;
* Every applicant and co-applicant on the lease temporarily residing elsewhere.

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| **EXAMPLES OF POSSIBLE SOURCES OF INCOME (Domestic or Foreign)** |
| Old Age Security (OAS) | Widow’s Pension  | Disability Pension  |
| Guaranteed Income Supplement | Company Pension  | War Veterans Allowance (DVA) |
| Guaranteed Annual Income Supplement | Private Pensions  | War Veterans Allowance (other countries) |
| Canada Pension Plan (CPP) | Public Service Pension  | Military/Militia/Civil Defence Allowances  |
| Quebec Pension Plan | Civilian War Pension | Training/Retraining Allowance |
| **INCOME PRODUCING ASSETS** | **NON-INCOME PRODUCING ASSETS** |
| Farm property which produces income | Life insurance (with cash surrender value) |
| Real estate (residential, commercial, farmland, cottage, mobile home) which produces income | Real estate (house, condominium, summer cottages) |
| Savings accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits | Collection of, or investments in, other valuable non-income producing assets (i.e. coins, stamps, antiques, art, etc.) |
| Licence which produces income (e.g. Taxi Licence) | Business assets which do not produce income |
| Business interest which produces income | Non-interest bearing chequing accounts |
| **OTHER SOURCES OF INCOME** |
| Employment (full-time, part-time, casual, seasonal, odd jobs) | Payments from Official Guardian or Public Trustee |
| Self-employment (child care, music teaching, business) | Payments from Children’s Aid Society or Catholic Children’s Aid |
| Workplace Safety and Insurance Board (WCB/WSIB) | Separation payments  |
| Insurance payments | Support from relatives or other sources  |
| Provincial or municipal payments | Support payments (for spouse or child) and/orAlimony payments |
| Payments under Compensation for Victims of Crime | Mortgage income |

3.

**CURRENT ADDRESS:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please provide copy of rent receipt.**

Utilities Included: Y or N **If No: Please include 3 months of bills**

Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of renting at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

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| **Household Member # 1**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Insurance Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_\_\_Present Status: Single [ ]  Married [ ]  Common Law [ ]  Separated [ ]  Divorced [ ]  Widowed [ ]  Other [ ] Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

4.

**HOUSEHOLD COMPOSITION continued**

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| **Household Member # 2**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Insurance Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_\_Present Status: Single [ ]  Married [ ]  Common Law [ ]  Separated [ ]  Divorced [ ]  Widowed [ ]  Other [ ] Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Children** (Who will be living in the home)(If any of your children do not live with you all the time, place an X in the box next to their name(s).) Please list any additional members on a separate sheet. |
| LAST NAME | FIRST NAME | X | BIRTHDATEYYYY/MM/DD | SEXM/F | RELATIONSHIP |
|  |  |  |  |  |  |
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**NOTE: FOR PART-TIME CUSTODY – LEGAL VERIFICATION OR A ‘NOTARIZED’ DOCUMENT IS REQUIRED CONFIRMING ‘OVERNIGHT/JOINT CUSTODY’**

**INITIAL ELIGIBILITY REQUIREMENTS:**

* Applicant cannot currently reside in a Rent-Geared-to-Income Social Housing unit.
* Applicant must be eligible to be on the Social Housing waitlist, and, must maintain ongoing eligibility to be on Social Housing waitlist.
* Do you owe any money to any Housing Provider? [ ]  Yes [ ]  No

If so, name of Housing Provider and the amount:

Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.

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| **TOTAL MONTHLY HOUSEHOLD INCOME** (Gross monthly income before deductions)You must state all sources of income of those in your household and provide proof of each, including last year’s income tax return (if previous years taxes have not been filed, verification is required from Canada Revenue Agency – 1-800-959-8281 |
| **SOURCES OF INCOME Proof** | **Member 1** | **Member 2** |
| Ontario Works Last cheque stub and Drug card |  |  |
| Ont. Disability Support Program Last cheque stub and Drug card |  |  |
| Full Time Employment Last 8 weeks stubs |  |  |
| Self-Employment Audited Financial Statements or income tax return required |  |  |
| Employment Insurance Most recent chequeBenefits (EI)  |   |  |
| WSIB (WCB) Most recent cheque |  |  |
| CPP (Canada Pension Plan) Bank record and last cheque stub |  |  |
| Old Age Security (OAS) Bank record and last cheque stub |  |  |
| Gains – Aged Bank record and last cheque stub |  |  |
| Company Pension Bank record and last cheque stub |  |  |
| Other Pensions Bank record and last cheque stub |  |  |
| Alimony/Support Supporting legal documentation |  |  |
| OSAP/Band Grant Supporting  documentation |  |  |
| Assets Attach description  |  |  |
| Other Income Specify: Bank record and last cheque stub |  |  |
| **Property and/or Assets transferred within past 3 years?** **[ ]  Yes** **[ ]  No** |
| Item and value of item transferred: |
| Transferred to and date of transfer:  |

6.

**STATUTORY DECLARATION**

I/WE make the above, the following and all other, whether verbal or written representations, to the Cochrane District Social Services Administration Board (CDSSAB), knowing that they will be relied upon by the CDSSAB and its member Social Housing Providers, to assess my qualifications for rental accommodation and to establish rent:

1. I/We have read the definitions of Income and Gross Family Income set out on this form and I/we fully understand them. I/We understand the requirements for reporting all household income and assets and I/we agree to comply. I/We have reported all income received and all assets currently owned and any assets transferred within the last three years by every member of the household.
2. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true and no information, required to be given, has been withheld or omitted.
3. I/We understand that if rental accommodation is provided to me/us, that accommodation is to be occupied only by myself, the co-applicant(s) and those persons listed in “HOUSEHOLD COMPOSITION”, subject to approval.
4. I/We will notify the CDSSAB within 30 days of any changes in my/our circumstances/application.
5. I/We declare that I/we am/are in Canada legally.
6. I/We understand that if something on this application is missing, incorrect or false, the CDSSAB may request additional information or may cancel my/our application.

# **CONSENT TO DISCLOSE AND VERIFY INFORMATION**

1. The disclosure of information contained in this application and associated documents and verification is done for the purpose of processing the application including, but not limited to: determining eligibility of the household for the IAH Housing Allowance Component (HAC). Inquires relating to this collection should be directed to the Cochrane District Social Services Administration Board, 500 Algonquin Boulevard East, Timmins, ON P4N 1B7 (705) 268-7722. This information will be used to determine the eligibility of housing applied for, the continuation of eligibility for a housing allowance and the appropriate housing allowance amount.
2. I/We agree to provide any supporting material required for my/our application.
3. I/We further consent to the CDSSAB or to its member social housing providers, disclosing to any party personal information about any member of the household, for the purpose of determining or verifying my/our initial or continued eligibility for a housing allowance or administering my/our housing allowance.
4. I/We consent to the release of any information to the CDSSAB about any bank account, safety deposit box, assets of any nature or kind held by me/us, or on my/our behalf, or by or on behalf of any of my/our dependants or children temporarily in my/our care, alone or jointly with any other person in any financial institution.

7.

1. I/We further consent to the exchange of information with any social housing provider associated with the CDSSAB, an Ontario Works delivery agent, a credit bureau, the Government of Canada, the government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, or any party in order to verify information for the purposes of determining or verifying initial or continued eligibility for and administration of my/our housing allowance.
2. I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for a housing allowance, as well as my/our past receipt of rent-geared-to-income assistance. I/we further understand that the inquiries may take the form of electronic data exchanges.
3. I/We hereby release the CDSSAB, all associated housing providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information. In the event that I/we am/are provided with rental accommodation as a result of my/our application, I/we acknowledge that my/our eligibility shall be reviewed at least every twelve (12) months and that I/we have the same obligation to provide information required by the review. In the event that I/we am/are provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me/us by the CDSSAB, in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me/us.

8.