



County of Simcoe
Social and Community Services
Social Housing Department
1110 Highway 26,
Midhurst, Ontario L9X 1N6

Main Line (705) 725-7215
Fax (705) 798-1007
simcoe.ca



Applying for Subsidized Housing

ELIGIBILITY REQUIREMENTS

1. At least one member of the household must be 16 years of age or older.
2. You must be a Canadian citizen, landed immigrant or have refugee claimant status and have no deportation order under the Immigration Act, Canada against any member of the household or no departure order or exclusion order under the Immigration Act, Canada has become effective with respect to any member of the household.
3. You must not owe arrears to any social housing provider or have misrepresented your household income.
4. If you own a house, you must agree to sell it within six months of being housed.
5. To be eligible to receive rent-geared-to-income (RGI), Applicants may not have assets worth more than \$50,000. You will be placed on the waiting list for housing, however, you will be ineligible if you have more than \$50,000 in assets at the time of offer.
6. Household gross income is within allowable limits. You can be on the waiting list, but you may be ineligible if the calculation of your household income meets or exceeds the annual market rent.

COMPLETING THE APPLICATION

An application is considered complete when it includes ALL of the following:

1. Please PRINT or TYPE all information on the application
2. Legible copies of Canadian birth certificate or proof of Canadian citizenship or landed immigrant or refugee status for each person listed on the application must be included. Do not include health card information with your application as this is not an acceptable form of proof of citizenship
3. Before signing the application, each person (16 years of age or older who is not in school full time) should read and understand the Declaration, Release and Consent to Information statement.
4. Complete all sections of the application, ensure the application is properly signed and submit it by mail to:

County of Simcoe, Social Housing Department
1110 Highway 26
Midhurst ON L9X 1N6

OR Applications can also be emailed to: cwl@simcoe.ca

OR Applications can be dropped off to any Ontario Works office in Simcoe County

5. Applicants 57 years of age and older, are eligible to add their name to seniors housing, however, an applicant will not receive a call regarding a designated seniors building until they have reached 60 years of age

The County of Simcoe also offers additional housing applications for set affordable rents and for households with Indigenous status. If you would like more information, or to obtain these applications please contact us by phone 705-725-7215- or email cwl@simcoe.ca

Frequently Asked Questions

How do I know that my application was received?

You will receive written notice confirming receipt of your application. If your application is incomplete, we will return it to you with a letter detailing the reasons your application is not accepted.

Do you offer emergency housing?

We do not offer emergency housing.

Can I choose where I want to live?

Yes. All applicants can choose one or more locations listed on the application. Your name will be added to the waiting list for each location where you are eligible. It is important to select only areas where you would like to live as you will only receive one offer of housing before your application is cancelled.

Do I get to choose the unit size I want?

Households are placed in available units based on the occupancy standards that apply to the household's maximum allowable unit size.

How long will it take to get housed?

The length of time varies depending on the chosen locations and the size of unit. In some instances it can take longer due to a limited number of vacancies. In most cases it is multiple years.

Do I have to update my application?

Yes, once a year you will be formally asked to update your application. However any time you change your contact information, such as your address, email or phone, you must update our office immediately to ensure your application remains active on the waiting list.

Can I make changes to my application?

Yes. Changes can be made by calling our office at 705-725-7215 and selecting option 3 or via email at cwl@simcoe.ca and a Housing Clerk will assist you with any changes.

How are people chosen for housing?

When your name gets to the top of the waiting list. The list is kept in order of the date we received your completed application. Due to the large volume of applications, we cannot tell you where you are on the list.

How do you contact me when my name is next?

You will be contacted during regular business hours via phone or email. Unless you have indicated you can only receive an offer by postal mail. If you do not have a telephone with voice mail, we strongly recommend that you provide an alternate contact number for someone who can accept messages on your behalf. Providing a regularly used email address is highly recommended to ensure you can be reached. Applicants have **THREE DAYS** to respond to an offer of housing before the provider making the offer moves on to the next household.

How much rent can I expect to pay?

Rent-g geared-to-income (RGI) is based on 30% of your monthly income, or if you are receiving a financial benefit such as Ontario Works or Ontario Disability, the rent is calculated using a legislated social assistance rent scale. Additional charges such as parking and utilities may also apply. This is subject to change with any updated RGI rules.



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APPLICATION FOR SUBSIDIZED HOUSING

Applicant #1

First Name:	Last Name:	Date of Birth: mm/dd/yy
Social Insurance # (optional)	Phone#	Email:
Street Address:		Unit#
City	Province	Postal Code

Applicant #2

First Name:	Last Name:	Date of Birth: mm/dd/yy
Social Insurance # (optional)	Phone#	Email:

Household Information:	
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Other persons including dependents who are to live in accommodation you applied for. If you are expecting a baby, please indicate “baby” and note the approximate date of birth. *you will be asked to provide a legible copy of the statement of live birth or birth registration or birth certificate upon the birth of the child.

Full Name:	Date of Birth: mm/dd/yy	Relationship to Applicant(s)
Full Name:	Date of Birth: mm/dd/yy	Relationship to Applicant(s)

Full Name:	Date of Birth: mm/dd/yy	Relationship to Applicant(s)
Full Name:	Date of Birth: mm/dd/yy	Relationship to Applicant(s)

Does everyone listed above live with you currently? Please circle Yes or NO

If NO, please provide information on where others reside. If a child, indicate custody/visitation agreement.

Alternate contact:

This person/agency may be someone who you consent to act as an interpreter on your behalf or to inquire about your application. OR we can contact in the event we are unable to reach you directly.

Alternate Contact(s) Information:

Full Name:	Relationship/Agency	Phone# Email for contact
Full Name:	Relationship/Agency	Phone# Email for contact

Yes, I give permission for the person(s), or agency, listed above to request information on my behalf throughout the application process.

NO, the alternate contact is only to be used when I cannot be reached directly.

Previous rental history for the past 5 years (must be completed)

ADDRESS	FROM	TO	REASON FOR LEAVING
1.			
2.			
3.			
4.			

Have you, or any other persons listed on the application, lived in a non-profit, co-operative housing or any address that offered subsidized housing in Ontario?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes, please indicate Name of Tenant, Address / City / From (mm/yy) – To (mm/yy)</p> <hr/>
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<u>Additional Requirements</u>		
Circle one or more of the boxes that apply to you or other persons on this application. This will ensure that you are only offered a unit that meets your requirements		
I/We require a ground floor unit or elevator access for health-related reasons	Yes	No
I/We require a parking space, please exclude me from offers where parking is unavailable	Yes	No
I/We require a pet friendly building	Yes	No

Type/number of pets
I/We require a unit that offers accessible modifications Yes No
If Yes, please outline the modifications that you need to live independently. (ie: roll in shower, wheelchair accessible kitchen)

Simcoe County Housing Corporation reserves the right to request verification from a physician, to support the request for a modified unit

HOUSEHOLD INCOME

List monthly income AMOUNT , before deductions, received by all persons on the application. *Child tax and hst is not included as a source of income. All sources of income must be reported.

List of Income Sources	Applicant	Co-Applicant	Others
Ontario Works	\$	\$	\$
Ontario Disability Support Program	\$	\$	\$
Employment	\$	\$	\$
Old Age Security	\$	\$	\$
Canada Pension Plan	\$	\$	\$
Workplace Safety Insurance Benefits	\$	\$	\$
Private Pension	\$	\$	\$
Ontario Student Assistance Program	\$	\$	\$
Other Income	\$	\$	\$

DETAILED STATEMENTS OF ASSETS FOR EVERYONE			
Bank Accounts: Savings/Chequing/other	\$	\$	\$
RRSP	\$	\$	\$
Rent Revenue	\$	\$	\$
Business Assets	\$	\$	\$
Stocks, Bonds, GICS, similar	\$	\$	\$
Other assets (specify)	\$	\$	\$

Do you or any other persons listed on the application own property ie: house, farm, land, mobile cottage, etc,? Circle Yes or NO
Yes No If Yes, indicate type of property and estimated valued _____

Have you or any person listed on this application transferred assets? Yes No

If Yes, please explain

Information Regarding Housing Selections

Smoking/Non-Smoking

The majority of addresses on the application are now smoke-free buildings. Tenants moving into these addresses are required to sign a non-smoking lease agreement and are not permitted to smoke inside their unit or on their balcony or patio. Smoking would only be permitted in designated smoking areas. The only exceptions are for tenants residing in the building prior to the change to smoke-free status.

To assist you in making your housing selections, addresses that currently allow smoking are listed separately from the non-smoking locations.


Unit Size

Occupancy standards apply. The maximum number of bedrooms allowed is one per couple and one additional bedroom for each family member. You may choose units with only the maximum number of bedrooms for your family size.

Seniors

Housing for seniors is not limited to senior properties only. The minimum age to be placed on the waiting list for a designated seniors housing locations is 57. However, you will not receive an offer in seniors housing until you have reached the age of 60.

Barrier free/Accessible Requirements

 This symbol indicates the addresses that offer modified or barrier free units. Please ensure you have completed the section requiring modified or barrier free needs if you require special accommodations within a unit. This will ensure that we can better understand your housing requirements. We reserve the right to request supporting documentation as needed.

Number of Offers

You will be given ONE offer of housing only. Refusal will result in your application being cancelled from the waiting list.

Information Regarding Housing Selections:

PROVIDER:

NP = NON PROFIT CO-OP = CO-OPERATIVE HOUSING SCH = SIMCOE COUNTY HOUSING

If you select CO-OP HOUSING please be aware that:

- 1) You must be willing to volunteer your time and/or services.
- 2) They can refuse to house any applicant with a pet

OF UNITS INDICATES THE SIZE OF THE BUILDING, NOT HOW MANY UNITS ARE AVAILABLE TO OUR WAITING LIST. The number of units available varies by address, with the exception of units owned by Simcoe County Housing Corporation.

A shaded box indicates the unit size or feature is NOT available at that address.

Housing Selections: Non Smoking

The following addresses require ALL new applicants to sign a non smoking lease agreement.

ALLISTON	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
109 Wellington ST W	SCH	Adult	Apts	16							
111 Nelson St	SCH	Senior	Apts	30							
219 King ST N	CO-OP	Adult/ Family	Apts	53						YES	YES

ANGUS	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
257 Centre ST	NP	Senior	Apts	45						YES	YES

BARRIE	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
1 Blake ST	SCH	Senior	Apts	91						Yes	
10/20 Golfdale RD	NP	Adult/ Family	Apts	50							Yes
101/111 D'Ambrosio DR	NP	Adult/ Family	Apts	50							Yes
108 Anne ST N	NP	Adult/ Family	Apts	50							Yes
108 Burton AVE	SCH	Adult	Apts	30							
131 Berczy ST	NP	Adult/ Family	Apts	24							
18 Sophia ST E	SCH	Adult	Apts	30							
186 Grove ST E	NP	Adult/ Family	Apts	27						Yes	
191/193 Edgehill DR	NP	Adult/ Family	Apts	70							Yes
205 Kozlov ST	NP	Adult/ Family	TH	64							
225 Kozlov ST	NP	Adult/ Family	Apts	53							Yes
31 Penetang ST	NP	Adult/ Family	Apts	56							
33 Brooks ST	SCH	Senior	Apts	53						Yes	
339 Essa RD	NP	Adult/ Family	Apts	50							
380 Duckworth ST	NP	Adult/ Family	Apts	99						Yes	Yes
393 Blake ST	SCH	Adult/ Family	TH	15							
49 Coulter ST	NP	Adult/ Family	Apts	125						Yes	Yes
549 Yonge ST	NP	Adult/ Family	TH	118							
75 Amelia ST	NP	Senior	Apts	60						Yes	Yes
80-100 Little AVE	NP	Adult/ Family	Apts	100						Yes	Yes

Carol RD	NP	Adult/ Family	Apts	67							
Cook ST	SCH	Adult/ Family	TH	24							

BEETON	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
50 Tecumseth ST N	SCH	Senior	Apts	24							

BRADFORD	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
100 Miller Park Ave	SCH	Senior	Apts	76						Yes	Yes

COLLINGWOOD	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
150 Albert ST	SCH	Adult	Apts	16							
201 Matthew Way	SCH	Adult/ Family	Apts	16							Yes
201 Matthew Way	SCH	Adult/ Family	Houses	64							
233 St Paul ST	SCH	Adult	Apts	33							
25 Napier ST	SCH	Senior	Apts	53							
250 Erie ST	NP	Adult/ Family	Apts	45						Yes	Yes
475 Second ST	SCH	Adult/ Family	Apts	55						Yes	Yes
485 Second ST	SCH	Senior	Apts	92						Yes	Yes
Eighth ST	SCH	Adult/ Family	Houses	6							
Seventh ST	SCH	Adult/ Family	Houses	6							
Walnut ST	SCH	Adults	Apts	4							
Walnut ST	SCH	Adult/ Family	Houses	4							

ELMVALE	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
8 Flos CRES	SCH	Adult	Apts	14							
32 Yonge ST N	SCH	Senior	Apts	20							

INNISFIL	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
2049 Victoria ST	SCH	Senior	Apts	40							

MIDLAND	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrie Free
407 Midland AVE	SCH	Adult	Apts	22							

551 Hugel AVE	NP	Senior	Apts	20								Yes
559 King ST	SCH	Adult	Apts	49								
810 Bay ST	SCH	Senior	Apts	40								
854-860 Hartman DR	NP	Adult/ Family	Apts	106						Yes		Yes
946 Yonge ST	SCH	Senior	Apts	22								
Beauchamp CRT	SCH	Adult/ Family	Houses	6								
Borden ST	SCH	Adult/ Family	Houses	10								
Dominion/Seventh ST	SCH	Adult/ Family	Houses	10								
Donalda ST	SCH	Adult/ Family	Houses	30								
Fitton ST	SCH	Adult/ Family	Houses	10								
William ST	SCH	Adult/ Family	Houses	2								
Yonge ST	SCH	Adult/ Family	Houses	6								

ORILLIA	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
125 Fitton's RD	NP	Adult/ Family	Apts	88						Yes	
18 Peter ST N	NP	Adult/ Family	Apts	37						Yes	Yes
246 Oxford ST	SCH	Adult/ Family	TH	32							
250/252 Barrie RD	NP	Adult/ Family	Apts	106						Yes	Yes
335 Peter ST	SCH	Adult	Apts	16							
397 Regent ST	SCH	Adult	Apts	11							
401 Regent ST	SCH	Senior	Apts	70							
472 High ST	NP	Adult/ Family	Apts	24							
5 Rosemary RD	NP	Adult/ Family	Apts	52						Yes	Yes
70/80 Fitton's RD	NP	Senior	Apts	70						Yes	
Simcoe/High ST	SCH	Family	Houses	14							

PENETANGUISHENE	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
26 Gignac DR	SCH	Adult	Apts	15							
46 Maria ST	SCH	Senior	Apts	40							
69 Harriet ST	SCH	Adult	Apts	20							
Chatham ST	SCH	Family	Houses	2							
Gignac Dr	SCH	Family	Houses	22							
John ST	SCH	Family	Houses	4							
Sheridan ST	SCH	Family	Houses	4							

STAYNER	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
239 Brock ST	SCH	Adult	Apts	15							

WASAGA BEACH	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
30 Seventh LANE	SCH	Adult	Apts	41							

Please note:

Properties that permit new tenants to smoke cigarettes inside their unit are found below.

Housing Selections: Smoking Units *this list is subject to change

Tenants are permitted to smoke cigarettes inside their units/balconies/patios at these addresses

BARRIE	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
14 Worsley ST	NP	Adult/ Family	Apts	115						Yes	Yes
54 & 58 Peel ST	NP	Adult/ Family	TH	16							
56 Peel ST	NP	Adult/ Family	Apts	14						Yes	Yes
90 Edgehill DR	CO-OP	Adult/ Family	Apts	217						Yes	Yes

BRADFORD	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
220 Holland ST	CO-OP	Adult/ Family	Apts	46						Yes	Yes

COLDWATER	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
11 Mill ST	NP	Senior	Apts	62						Yes	Yes

MIDLAND	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	Bach	1	2	3	4	Elevator	Barrier Free
615 William ST	CO-OP	Adult/ Family	Apts	72						Yes	Yes

ORILLIA	PROVIDER	TENANT TYPE	BLDG TYPE	#OF UNITS	BACH	1	2	3	4	Elevator	Barrier Free
26 Fitton's RD	NP	Adult/ Family	Apts	55						Yes	Yes
75/80 Walker AVE	NP	Adult/ Family	TH	76							



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Applying for Special Priority Status

Any member of a household who is 16 years of age or older may request special priority status for the household on the subsidized waiting list. Special priority status is given to household who have a member who has been abused by someone who is, or was, living with her/him within the past 3 months, or who is sponsoring her/him as an immigrant. Or is a victim of Human Trafficking within 90 days of application.

In order to qualify for special priority status the following information and verification is required.

Mandatory Requirements:

1. A written statement by the applicant outlining The nature of the abuse
 - Time frame of when the abuse occurred
 - Time frames of when you co-resided together, or indication of you still reside together
 - Your plans of reconciliation or permanent separation

2. Proof of co-residency* to show both you and the abuser resided at the same address within the last 90 days. Items that are accepted as verification such as, but not limited to:
 - Utility bills (electric, water, gas)
 - Social Assistance Statement
 - Notice of recent tax assessment
 - Police report

3. Written verification of the abuse, on letterhead, from a professional such as:
 - a doctor
 - a lawyer
 - a law enforcement officer
 - a social worker
 - a community health-care worker
 - or similar

To ensure your application remains active on our waiting list, and for offers of housing you will be contacted by mail, phone or email.

Please circle YES or NO if the contact information you provided is safe and can be used to contact you:

Yes No

If no, please explain, and provide safe contact details.



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Consent, Release and Declaration

RELEASE

Please read this release and consent section carefully, and sign in the spaces below. All people 16 years of age and older who are not full-time students and who are going to live with you must sign this.

1. I understand that the Simcoe County Housing Corporation, the County of Simcoe and the housing providers to whom I will be applying are authorized to collect personal information on this form in accordance with sections 65 or 71 of the Housing Services Act, 2011 S.O. 2011, c.6 and that the information will be used to determine eligibility for rent-gear-to income and/or Special Needs Housing.
Any questions about the collection of my personal information should be directed to the Supervisor, Tenant and Applicant Services, County of Simcoe, Social and Community Services Division 1110 Highway 26, Midhurst, Ontario, L9X 1N6, or call (705) 725-7215.
2. I understand and agree that the County of Simcoe will use the information I give them for the following specific purposes:
 - * to find out if I qualify for the housing I have applied for
 - * to find out if I continue to qualify for rent-gear-to-income assistance and/or special needs housing
 - * to find out how much assistance I am eligible for
 - * for statistical reporting and policy research
3. I consent to the release of any information to the County of Simcoe 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 dependants or children temporarily in my care, alone or jointly with any other person in any financial institution.
4. For the purpose of eligibility assessment I allow the County of Simcoe and the housing providers to whom I will be applying to obtain any credit information about me from any credit agency or any other source.
5. I allow the County of Simcoe and the housing providers to whom I will be applying to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Housing Services Act (HSA) 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 HSA, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act.
6. I consent to the County of Simcoe giving my personal information to the government of enforcing the Income Tax Act (Canada) or the Immigration act.
7. I understand that any of my personal information given by the County of Simcoe to a government or body mentioned above in paragraph 5 and 6 will only be given in accordance with the Housing Services Act and its regulations.
8. I understand and agree that the County of Simcoe may cross-reference my personal information related to this housing application with other municipal data pertaining to my household.
9. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.



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Declaration

1. I understand that all information I give to The County of Simcoe will belong to them and that they will give my information to the housing providers I will apply to.
2. I understand that only the people I have listed on this application form may live with me in subsidized housing.
3. I understand that The County of Simcoe and/or the housing provider I will apply to will use my personal information to determine if I am eligible or continue to be eligible for RGI assistance and/or Special Needs housing; 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.
4. I declare that I am in Canada legally.
5. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing provider before I can be offered a subsidized unit.
6. I understand that it is an offence, under the Housing Services Act, for an applicant or any individual to knowingly obtain or assist a household member to obtain rent-geared-to-income assistance for which they are not entitled. Such an offence carries up to a \$5,000 fine or to up to 6 month's imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this application is missing, incorrect or false, The County of Simcoe or the housing providers I have applied to may request additional information or may cancel my application.
7. I understand that if The County of Simcoe and/or the Housing Providers representing the County of Simcoe request a household to reimburse The County of Simcoe, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to The County of Simcoe.

All people on this application who are 16 years of age and older who are not full-time students must sign below to indicate they have read and accept all the terms and conditions of Release and consent section.

Please do not submit this form to the County of Simcoe without all required signatures.

Name (print) _____ Signature: _____

Name (print) _____ Signature: _____

Name (print) _____ Signature: _____

Name (print) _____ Signature: _____

Date: _____