

**Notice of UPDATED Information Request
Municipality of Chatham-Kent / Social Housing**

P.O. Box 1296, 435 Grand Avenue West, 1st Floor, Chatham, Ontario N7M 5R9
Phone (519) 351-1228 ext. 2142 or 2147 / Fax # 351-6404

APPLICANT: _____ **S.I.N.** ____/____/____ **D.O.B.** ____/____/____
Address: _____ **City** _____ **Postal Code:** _____
PO Box # _____ **Home Phone #** _____ **Alternate contact #** _____ **Work #** _____

Source(s) of Income (per month): ONTARIO WORKS \$ _____ ODSP \$ _____ GAINS \$ _____ SUPPORT \$ _____
PENSIONS: OAS \$ _____ CPP \$ _____ CP \$ _____ OTHER \$ _____ UIB \$ _____
Interest on Investments: Source: _____ \$ _____ Source: _____ \$ _____
Place of employment _____ **Rate of pay?** \$ _____ per hr. _____ hrs. per wk.
Total Monthly Income: \$ _____ (provide current proof of income – i.e. pay stubs, OW stub, EI stub, etc.)

CO-APPLICANT: _____ **S.I.N.** ____/____/____ **D.O.B.** ____/____/____
Address (if different from above) _____

Source(s) of Income (per month): ONTARIO WORKS \$ _____ ODSP\$ _____ GAINS \$ _____ SUPPORT \$ _____
PENSIONS: OAS \$ _____ CPP \$ _____ CP \$ _____ OTHER \$ _____ UIB \$ _____
Interest on Investments: Source: _____ \$ _____ Source: _____ \$ _____
Place of employment _____ **Rate of pay?** _____ per hr. _____ hrs. per wk.
Total Monthly Income: \$ _____ (provide current proof of income – i.e. pay stubs, OW stub, EI stub, etc.)

List all **other persons** (and ages) to reside in accommodation that you have applied for: _____

Are you expecting to **add anyone to your household in the near future?** _____ Yes _____ No
Name: _____ Date: _____

Amount per month received for other persons residing or expected to be residing in your unit: \$ _____ Source(s) of Income: _____ (provide proof of income)

I/We prefer to live in the following geographic area(s) and project (s). Be specific about the type of unit you will accept.

Please **specify any area/location you will NOT live in:** _____

Please indicate **any geared-to-income housing providers that you owe arrears to:**
Provider: _____ Date: _____ Amount owing: \$ _____

Current Landlords Name: _____ **Phone #** _____ **Total rent & utilities:** \$ _____
Are you **behind on your rent?** Amount: \$ _____. Past due amounts owing to utility companies? \$ _____

I/We can pay **market rent** _____ Yes _____ No How much are you **able to pay?** \$ _____
****Note:** Average market rents/month are \$627 - 2 bed./ \$642 - 3 bed./ \$698.00 – 4 bed.**

I wish to be considered the following housing providers (SEE PAMPHLET OR ASK STAFF IF UNSURE OF WHICH PROVIDERS YOU ARE ELIGIBLE TO APPLY FOR)

Christian Senior Citizens	Chatham-Kent-SocialHousing Division	New Beginnings Non-Profit	Tilbury Co-Operative
Clairvue Housing Co-Operative	Kinsmen Court Non-Profit	Ridge Community Estates	Wallaceburg Housing
Columbus Estates Non-Profit	Labourview Co-Operative	Ridge Marsh Manor	Wedgewood Place
Chatham Hope Non-Profit	Legion Villa (Blenheim)	Riverway Court Non-Profit	

**PLEASE ATTACH MEDICAL FORM IF HEALTH PROBLEMS ARE AGGRAVATED BY YOUR ACCOMMODATION.
Check one or more of the boxes that now apply to you or other persons listed on application (VERIFICATION REQUIRED):**

- ___ I/We currently are in or recently moved from an unsafe or abusive relationship.
___ I/We have no permanent address (live, in hostel, hotel, on the street, etc.) Specify: _____
___ I/We have a medical problem that is aggravated by my current accommodation. Specify: _____

I/We declare that all information given in this application is correct and complete. The application and any supporting documents become the property of the Municipality of Chatham-Kent Social Housing. Copies of, and information pertaining to the application, may be shared with housing providers that I/we have selected for the purposes of processing the application including, but not limited to, determining the eligibility of the household for rent-gearred-to-income assistance, determining the size and type of unit in respect of which the household is eligible to receive rent-gearred-to-income assistance, determining the placement of the household on waiting lists in locations where I/we wish to live and determining the amount of geared-to-income rent payable by the household.

If information on this application is incorrect or not true, the Municipality of Chatham-Kent Social Housing or the housing providers I have applied to may request additional information, may cancel my application or both and I may be prohibited from re-applying for assistance for a minimum of two years under the Social Housing Reform Act, 2000.

Pursuant to the Municipal/Provincial Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.m.56) and the Federal Privacy Act, I/we give my/our consent and authorization to the Chatham-Kent Housing Registry:

- > To make enquiries, to verify the information given on this application, including a landlord and/or credit check and I/we authorize the Minister, the Social Housing Services Corporations, the Municipality of Chatham-Kent, each service manager, each administrator, each housing provider, each lead agency and each person or organization providing services by contract to any of them to share with any of the following persons personal information that is in their possession and was collected under the Social Housing Reform Act, 2000, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act, if the information is necessary for the purposes of making decisions or verifying eligibility for assistance.
- > To share the information on this form and any attachments to any government or body with whom the Municipality of Chatham-Kent has made an agreement under the Social Housing Reform Act, 2000, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent geared-to-income assistance.

Questions regarding the collection, use or disclosure of the information provided can be directed to the Director, Social Housing, Municipality of Chatham-Kent , P.O. Box 1296, 435 Grand Avenue West, Chatham, Ontario N7M 5R9 Phone (519) 351-8573 / Fax (519) 351-6404.

Signatures (of all persons 16 years of age and older)

Witness	Applicant	Date
Witness	Applicant	Date
Witness	Applicant	Date