



**ONTARIO ABORIGINAL  
HOUSING SERVICES**  
Housing Application



|  |   |   |
|--|---|---|
| Property Management Group<br>(PMG): <b>504-041</b> | <b>METIS NATION OF ONTARIO</b>          | Address: <b>226 South May Street<br/>Thunder Bay, Ontario P7E 1B4</b> |
| Phone #: <b>(807) 626-9300</b>                     | Toll Free: <b>1(800)891-5882 ext 24</b> | Fax #: <b>(807)626-9030</b>   |

|  |  |       |              |   |  |
|--|--|-------|--------------|---|--|
| <b>SECTION # 1: APPLICANT INFORMATION</b>  |  |       |              |   |  |
| Last Name:   |  |       | First Name:  |   |  |
| Middle Name:   |  |       | Maiden Name: |   |  |
| Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> |  |       |              |   |  |
| Date of Birth:   |  | Sex:  |              | Male <input type="checkbox"/> Female <input type="checkbox"/> |  |
|  |  | _____ |              | MM / DD / YYYY  |  |
| Applicant's Social Insurance Number (SIN)  |  |       | (SIN #):     |   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>APPLICANT MAILING ADDRESS:</b>          |  |  |  |   |  |
| Street Name & Number:                      |  | City / Town:   |  |   |  |
| Post Office Box #:                         |  | Postal Code:   |  |   |  |
| Home Number:                               |  | Office Number:   |  |   |  |
| Applicant's E – Mail Address:              |  |  |  |   |  |
| Can you accept personal calls:             |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Can OAHS / PMG contact you safely at this address & phone number:                               |  |
|  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| If No, where can OAHS / PMG contact you? : |  |  |  |   |  |
| Preferred mode of Communication:           |  | Mail <input type="checkbox"/>                            |  | E – Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> |  |
| Special Notes:                             |  |  |  |   |  |
|  |  |  |  |   |  |

|   |                            |                   |
|---|----------------------------|-------------------|
| <b>OTHER INFORMATION: Person/s to contact in your absence or to act as an Interpreter</b> |                            |                   |
| Name:   | Relationship to Applicant: | Telephone Number: |
|   |                            |                   |
|   |                            |                   |
|   |                            |                   |

|  |       |  |   |
|--|-------|--|---|
| <b>SECTION # 2: CO – APPLICANT</b>   |       | Note: Include only those co – applicants who will be living with you |   |
| Last Name:   |       | First Name:  |   |
| Middle Name:   |       | Maiden Name:   |   |
| Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> |       |  |   |
| Date of Birth:   | _____ | Sex:   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
|  |       | MM / DD / YYYY   |   |
| Applicant's Social Insurance Number (SIN)  |       | (SIN #):   |   |

|  |  |   |  |
|--|--|---|--|
| <b>CO - APPLICANT MAILING ADDRESS:</b>   |  | Leave blank if same as Applicant  |  |
| Street Name & Number:  |  | City / Town:  |  |
| Post Office Box #:   |  | Postal Code:  |  |
| Home Number:   |  | Office Number:  |  |
| Applicant's E – Mail Address:  |  |   |  |
| Can you accept personal calls:   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Can OAHS / PMG contact you safely at this address & phone number:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No, where can OAHS / PMG contact you? :   |  |   |  |
| Preferred mode of Communication: Mail <input type="checkbox"/> E – Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> |  |   |  |
| Special Notes:   |  |   |  |
|  |  |   |  |
|  |  |   |  |
| <b>Your Present Accommodation / Home Information:</b>  |  | Own <input type="checkbox"/> Rent <input type="checkbox"/> Temporary <input type="checkbox"/> Co – Own <input type="checkbox"/> |  |

|  |   |  |   |
|--|---|--|---|
| <b>SECTION # 3: OTHER MEMBERS</b>  |   | Please include any additional Household Member/s |   |
| Relationship to Applicant: Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/>                      |   |  |   |
| Friend <input type="checkbox"/> Other Relative <input type="checkbox"/>  |   |  |   |
| Last Name:   |   | First Name:                                      |   |
| Middle Name:   |   | Maiden Name:                                     |   |
| Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> |   |  |   |
| Date of Birth:   | _____   | Sex:   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
|  |   | MM / DD / YYYY                                   |   |
| Other Member's Social Insurance Number (SIN)   |   | (SIN #):   |   |
| Student:   | Yes <input type="checkbox"/> or No <input type="checkbox"/> | Disabled:  | Yes <input type="checkbox"/> or No <input type="checkbox"/>   |
| Senior: Yes <input type="checkbox"/> or No <input type="checkbox"/>  |   |  |   |
| Special Note:  |   |  |   |
|  |   |  |   |

|  |  |   |              |   |  |
|--|--|---|--------------|---|--|
| <b>OTHER MEMBERS</b>   |  | Please include any additional Household Member/s                      |              |   |  |
| Relationship to Applicant: Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/>                      |  |   |              |   |  |
| Friend <input type="checkbox"/> Other Relative <input type="checkbox"/>  |  |   |              |   |  |
| Last Name:   |  |   | First Name:  |   |  |
| Middle Name:   |  |   | Maiden Name: |   |  |
| Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> |  |   |              |   |  |
| Date of Birth:   |  | Sex:  |              | Male <input type="checkbox"/> Female <input type="checkbox"/>       |  |
|  |  | _____   |              | MM / DD / YYYY  |  |
| Other Member's Social Insurance Number (SIN)   |  |   | (SIN #):     |   |  |
| Student: Yes <input type="checkbox"/> or No <input type="checkbox"/>   |  | Disabled: Yes <input type="checkbox"/> or No <input type="checkbox"/> |              | Senior: Yes <input type="checkbox"/> or No <input type="checkbox"/> |  |
| Special Note:  |  |   |              |   |  |

|  |  |   |              |   |  |
|--|--|---|--------------|---|--|
| <b>OTHER MEMBERS</b>   |  | Please include any additional Household Member/s                      |              |   |  |
| Relationship to Applicant: Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/>                      |  |   |              |   |  |
| Friend <input type="checkbox"/> Other Relative <input type="checkbox"/>  |  |   |              |   |  |
| Last Name:   |  |   | First Name:  |   |  |
| Middle Name:   |  |   | Maiden Name: |   |  |
| Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> |  |   |              |   |  |
| Date of Birth:   |  | Sex:  |              | Male <input type="checkbox"/> Female <input type="checkbox"/>       |  |
|  |  | _____   |              | MM / DD / YYYY  |  |
| Other Member's Social Insurance Number (SIN)   |  |   | (SIN #):     |   |  |
| Student: Yes <input type="checkbox"/> or No <input type="checkbox"/>   |  | Disabled: Yes <input type="checkbox"/> or No <input type="checkbox"/> |              | Senior: Yes <input type="checkbox"/> or No <input type="checkbox"/> |  |
| Special Note:  |  |   |              |   |  |

|  |  |   |              |   |  |
|--|--|---|--------------|---|--|
| <b>OTHER MEMBERS</b>   |  | Please include any additional Household Member/s                      |              |   |  |
| Relationship to Applicant: Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/>                      |  |   |              |   |  |
| Friend <input type="checkbox"/> Other Relative <input type="checkbox"/>  |  |   |              |   |  |
| Last Name:   |  |   | First Name:  |   |  |
| Middle Name:   |  |   | Maiden Name: |   |  |
| Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> |  |   |              |   |  |
| Date of Birth:   |  | Sex:  |              | Male <input type="checkbox"/> Female <input type="checkbox"/>       |  |
|  |  | _____   |              | MM / DD / YYYY  |  |
| Other Member's Social Insurance Number (SIN)   |  |   | (SIN #):     |   |  |
| Student: Yes <input type="checkbox"/> or No <input type="checkbox"/>   |  | Disabled: Yes <input type="checkbox"/> or No <input type="checkbox"/> |              | Senior: Yes <input type="checkbox"/> or No <input type="checkbox"/> |  |
| Special Note:  |  |   |              |   |  |

**SECTION 4: PREVIOUS TENANCY**

Note: Please specify any previous tenancies in Rental accommodation in Ontario

|                   |   |                   |   |
|-------------------|---|-------------------|---|
| Tenants Name:     |   | Tenants Name:     |   |
| Address line 1:   |   | Address line 1:   |   |
| Address line 2:   |   | Address line 2:   |   |
| City / Town:      |   | City / Town:      |   |
| Postal Code:      |   | Postal Code:      |   |
| Occupancy From:   |   | Occupancy From:   |   |
| Occupancy To:     |   | Occupancy To:     |   |
| Landlord Name     |   | Landlord Name     |   |
| Landlord address: |   | Landlord address: |   |
| City / Town:      |   | City / Town:      |   |
| Postal Code:      |   | Postal Code:      |   |
| Landlord Phone #: |   | Landlord Phone #: |   |
| Subsidized:       | Yes <input type="checkbox"/> or No <input type="checkbox"/> | Subsidized:       | Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| Arrears:          | Yes <input type="checkbox"/> or No <input type="checkbox"/> | Arrears:          | Yes <input type="checkbox"/> or No <input type="checkbox"/> |

**GENERAL INFORMATION:**

How long have you or your spouse lived in this community: Years \_\_\_\_\_ or Months \_\_\_\_\_

**DETAILS ON PRESENT RENTAL ACCOMMODATIONS:**What do you rent at present: House  Apartment  Other 

Briefly describe your present accommodations:

What is your Monthly Rent: \$ \_\_\_\_\_ (per month) Includes Heat / Hydro / Water: Yes  No 

|            |  |                |                |
|------------|--|----------------|----------------|
| Utilities: | If utilities are not included in your rent, how much do your utilities cost you a month: |                |                |
|            | Heat \$ _____  | Hydro \$ _____ | Water \$ _____ |

How many bedrooms do you have (present time): # of Bedrooms: \_\_\_\_\_

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| Is it a Government Assisted Rental: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you applied for any other subsidized housing program? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-------------------------------------|--|--|--|

What is the Age and general condition of the Housing Unit:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**SECTION # 5: ELIGIBILITY REQUIREMENTS**Do you owe any money to any Housing Provider: Yes  No If so, Name Housing Provider & Amount owing: Name: \_\_\_\_\_  
Amount Owing: \$ \_\_\_\_\_Are you receiving Social Assistance: Yes  No  Amount: \$ \_\_\_\_\_If Yes, what kind of Assistance: Ontario Works  Ontario Disability Support Program   
Other , indicate from whom \_\_\_\_\_

How did you hear about this program?

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Why do you feel that you require assistance under this program?

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(For Statistical purposes only) Are you or your spouse of Native Ancestry? Yes  No   
(Native ancestry includes Status Indian, Non – Status, Métis, or Inuit) How Many Have you ever rented or owned a home from a Social Housing Provider in Ontario? Yes  No 

If yes, Where &amp; When?

Are there any Arrears Owing: Yes  No  How much Owing in Arrears? \$ \_\_\_\_\_

In which Township are you currently living in? (Township Name): \_\_\_\_\_

**IN CASE OF EMERGENCY**

( Please provide Three (3) family members including their address and telephone numbers)

1)

2)

3)

**SECTION # 6: BANKING INFORMATION**

Name of Bank &amp; Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank &amp; Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Are you aware of any judgments, writs, executions or pending court actions: Yes  No

| <b>ASSETS AND LIABILITIES</b> |                     |
|-------------------------------|---------------------|
| <b>ASSETS:</b>                | (Approximate Value) |
| Cash:                         | \$                  |
| Car:                          | \$                  |
| Furniture:                    | \$                  |
| Investments:                  | \$                  |
| <b>CASH VALUE OF:</b>         |                     |
| Insurance:                    | \$                  |
| Real Estate:                  | \$                  |
| Other:                        | \$                  |
| <b>TOTAL VALUE OF ASSETS:</b> | <b>\$</b>           |

| <b>LIABILITIES:</b>       | (Approximate Value) |                  |
|---------------------------|---------------------|------------------|
|                           | Balance             | Monthly Payments |
| Personal Loans:           | \$                  | \$               |
| Car Loans:                | \$                  | \$               |
| Other Loans:              | \$                  | \$               |
| Credit Cards:             | \$                  | \$               |
|                           |                     |                  |
| Other                     | \$                  | \$               |
| <b>TOTAL LIABILITIES:</b> | <b>\$</b>           | <b>\$</b>        |

**APPLICANT ACKNOWLEDGEMENT**

I understand this application does not constitute a commitment on the part of the Ontario Aboriginal Housing Services (OAHS) or its agents to provide me with housing accommodation. The Personal information provided is collected, retained and disclosed pursuant to OAHS "Private Policy". I acknowledge that this survey is the property of OAHS and the information contained herein is true to the best of my knowledge. I hereby, authorize OAHS or its agent to make inquiries as deemed necessary including a credit investigation to establish my eligibility for assistance under the Rural & Native Housing Program.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date:

|   |  |                               |  |
|---|--|-------------------------------|--|
| <b>SECTION # 7: CLIENT AFFORDABILITY ANALYSIS</b> |  |                               |  |
| <b>“Confidential”</b>                             |  |                               |  |
| Applicants Name:                                  |  | RNH Account #:                |  |
| Co – Applicants Name:                             |  | Designated Area For Delivery: |  |

**A) Fixed Monthly Costs:**

**Current Monthly Expense**

|                              |                 |                |       |
|------------------------------|-----------------|----------------|-------|
| Housing _____                | Rent _____      | Mortgage _____ |       |
| Taxes _____                  |                 |                | _____ |
| Utilities _____              | Telephone _____ |                | _____ |
|                              | Heat _____      |                | _____ |
|                              | Hydro _____     |                | _____ |
|                              | Water _____     |                | _____ |
| Debt Payments Identify _____ |                 |                | _____ |
| _____                        |                 |                | _____ |
| _____                        |                 |                | _____ |
| _____                        |                 |                | _____ |
| Insurance _____              | House _____     |                | _____ |
|                              | Life _____      |                | _____ |
|                              | Auto _____      |                | _____ |
| Maintenance Allowance _____  |                 |                | _____ |

**B) Monthly Living Costs:**

|   |       |
|---|-------|
| Food _____  |       |
| Clothing _____  | _____ |
| Medical & Dental _____                                  | _____ |
| Transportation – Car / Truck _____                      | _____ |
| Other _____   | _____ |
| Incidentals (Books, Gifts, School Supplies etc..) _____ | _____ |
| Cumulative Totals (A + B) =                             | _____ |

**C) Current Monthly Income:** All sources (Take Home) \_\_\_\_\_

**D) Disposable Monthly Income:** C – (A + B) = \_\_\_\_\_

We verify that we have discussed the Affordability Analysis and that all aspects of the Application package are understood by all of the Undersigned.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Co – Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent’s Signature

\_\_\_\_\_  
Agency Full Name

\_\_\_\_\_  
Date

|  |       |
|--|-------|
| <b>VERIFICATION OF INCOME</b><br>(Social Assistance) |       |
| <b>“Confidential”</b>                                |       |
| To:  | Date: |

The following verification is provided to Ontario Aboriginal Housing Services or its agent in strict confidence, as requested by the recipient to support his / her application for housing.

|  |                                      |              |  |
|--|--------------------------------------|--------------|--|
| Recipient's Name:                      |                                      | Address:     |  |
| Type of Benefit / Assistance Provided: |                                      |              |  |
| Financial Assistance Breakdown:        | a) Basic Needs                       | \$           |  |
|  | b) Shelter Component                 | \$           |  |
|  | c) Heating Allowance                 | \$           |  |
|  | d) Other Allowances (Medical etc...) | \$           |  |
| Field Worker's Comments:               |                                      |              |  |
|  |                                      |              |  |
| Field Worker's Signature:              | Office Address:                      | Telephone #: |  |
| _____                                  | _____                                | _____        |  |

|  |       |
|--|-------|
| <b>VERIFICATION OF INCOME</b><br>(To be completed by your Employer & Signed) |       |
| <b>“Confidential”</b>  |       |
| To:  | Date: |

The following salary or wage verification is provided to Ontario Aboriginal Housing Services or its agent in strict confidence as requested by the employee to support his / her application for housing.

|  |            |                     |  |
|--|------------|---------------------|--|
| Name of Employer:                            |            |                     |  |
| Employee's Name:                             |            | Employee's Address: |  |
| City / Town:                                 |            | Postal Code:        |  |
| Phone Number:                                |            | Fax Number:         |  |
| No. of Years Employed:                       |            | Current Position:   |  |
| Gross Earnings / Previous Year.              |            | Employee Bonuses:   |  |
| PRESENT REGULAR SALARY or WAGE RATE          |            |                     |  |
| \$ _____                                     | \$ _____   | \$ _____            |  |
| (per hour wage)                              | (per week) | (per Annum)         |  |
| Employer's Comments:                         |            |                     |  |
|  |            |                     |  |
| Prospects for Continued Employment:          |            |                     |  |
| Other Remarks:                               |            |                     |  |
|  |            |                     |  |
| Signature:                                   | Title:     |                     |  |
| _____  | _____      |                     |  |
| Certified that the above is true and correct |            |                     |  |

## STATUTORY DECLARATION

I / We make the above , the following and all other, whether verbal or written representations, to the Ontario Aboriginal Housing Services (OAHS) knowing that they will be relied upon by OAHS 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 Household 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 section 3 – Other Members” subject to approval.
- 4) I / We will notify the Ontario Aboriginal Housing Services within 10 business days of any changes in my / our circumstances / application while I / we are on the waiting list.
- 5) I / We will notify the appropriate social housing provider within 10 business days of any changes in my / our circumstances once I / we are placed in a housing unit.
- 6) I / We declare that I / we are in Canada legally.
- 7) I / We understand that it is an offence, under the Social Housing Reform 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 \$5,000.00 fine or up to 6 months imprisonment as well as a prohibition from reapplying for assistance for a minimum period of two years. If something on this application is missing, incorrect or false, the OAHS or the housing providers I / we have applied to may request additional information or may cancel my / our application.

## CONSENT TO DISCLOSE AND VERIFY INFORMATION

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 the eligibility of the household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing, determining the placement of the household on waiting lists and determining the amount of geared – to - income rent / housing charge payable to the household. Any information contained on this form or in attachments, is collected by OAHS and associated housing providers, pursuant to the Social Housing Reform Act (2000). Inquiries relating to this collection should be directed to the Property Manager at –

This information will be used to determine the eligibility of housing applied for, the continuation of eligibility geared - to - income housing, and may be used to determine the appropriate geared - to - income rent / housing charge and other purposes allowed by law.

- 1) I / We agree to provide any supporting material required for my / our application.
- 2) I / We further consent to OAHS or 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 rent geared - to - income assistance or administering my / our rent geared to income assistance.
- 3) I / We consent to the release of any information to OAHS 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.
- 4) I / We further consent to the exchange of information with any social housing provider associated with OAHS, 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 rent geared - to - income assistance. Any arrears information will be shared with Access Centers across the province once the lease or occupancy agreement is terminated.

**STATUTORY DECLARATION – cont'd**

- 5) I / We hereby release OAHS, 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,
- 6) 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 OAHS and my / our housing provider, 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.
- 7) I/We understand that any information on this form and any attachment given by OAHS to a body listed above as confidential and will only be given in accordance with the Social Housing Reform Act, 2000.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co – Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co – Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
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)

This information is collected under the legal authority of the Social Housing Reform Act, 2000, S.O. 2000, c. 27 Sections 162, 163, 164, and 166, as amended. The information will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent – geared – to income 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; Province – wide Arrears data base 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. [Social Housing Reform Act, 2000 s. 162. (1)]