



Instructions

1. Use this application if you are applying for rent-geared-to income (RGI) or modified housing in the Region of Durham in social housing properties. Housing may also be offered with some private landlords in the region.
2. You must fill out all sections of the application form. You will find information at the beginning of each section that explains what is needed.
3. Please have all people listed on the application who are **18 years of age and over**:
 - **read and sign the Consent form on the next page**
 - **read and sign the Declaration on the final page of this application.**
4. You can complete the application form online, but you must print and sign the form and return it to:

Durham Access to Social Housing (DASH)
Region of Durham, Housing Services Division
PO Box 623, 605 Rossland Rd E, Whitby L1N 6A3
Email: housingservices@durham.ca
Phone: 905-668-7711
Toll free: 1-800-372-1102

Applications may also be returned to any social housing provider who uses the DASH wait list, as well as any Region of Durham Social Services location including Ontario Works or Employment Supports offices, Regional Child Care Centres, Family Services offices, and Regional Long-Term Care Homes.

5. You may be asked for proof of any information you give in your application.
6. If you need any assistance or have any questions about completing the application, please contact DASH at the address or telephone number above.

Tell us right away if you move or if your telephone number or email address changes.

If we cannot contact you, we will be unable to offer you housing
and you will be removed from the wait list.

For more information about social housing, go to www.durham.ca.

**If this information is required in an accessible format, please contact
1-800-372-1102 ext. 2463.**

Please tear off and keep this page for your records.



Housing Services Act, 2011
Consent to Disclosure of Information and Documents

1. I consent to the release of information to an authorized representative of the Region of Durham and Durham Access to Social Housing (DASH) for the purpose of determining past, initial or continuing eligibility for rent-geared-to-income (RGI) assistance and/or special needs housing including my placement on any applicable wait lists.
2. Without restricting the generality of the consent in section 1, I specifically consent to the release of information relating to any assets held in any financial institution by or on behalf of me, my spouse or same-sex partner, and any dependants in my household.
3. I further consent to an authorized representative of the Region of Durham or any of its agents under contract disclosing to any party personal information about me, my spouse or same-sex partner, and any dependants included in my household for the purpose of determining initial or continuing eligibility for RGI assistance and/or special needs housing including my placement on any applicable wait lists.
4. I further consent to the exchange of information with any agency, Ministry or department of the Region of Durham, the Government of Ontario, the Government of Canada, the government of any other province or territory, or any other party for the purpose of determining initial or continuing eligibility for RGI assistance and/or special needs housing including my placement on any applicable wait lists.

Applicant's Name _____

Signature _____ Date _____

Spouse's Name _____

Signature _____ Date _____

Dependant(s) (18 years and older)

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____



Contact Information

Please provide your name and current contact information.

Tell us right away if you move or if your telephone number or email address changes. If we cannot contact you, we will be unable to offer you housing and you will be removed from the wait list.

Last Name _____ First Name _____

Date of Birth (day/month/year) _____

Gender Male Female Social Insurance Number _____

Apt/Unit Number _____ Street Number _____ Street Name _____

Town/City _____ Province _____ Postal Code _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email address _____

Alternate Person to Contact _____

Phone number of Alternate Contact (where we can leave a message) _____

I give permission for DASH to speak with my Alternate Person to Contact about my application and offers of RGI or modified housing.

Details about where you are living now

I rent my own place I split rent with a roommate I rent a room only

How much is your share of the monthly rent? \$ _____

Is this rent amount subsidized (e.g. RGI, rent supplement, housing benefit)? Yes No

I own my own home

I am staying temporarily with friends or family (no place of my own)

I am staying in an emergency shelter (e.g. Cornerstone, Muslim Welfare Home, etc.)

I am staying in a shelter for abused women (e.g. Denise House, Herizon House, etc.)

I live on the street or outside

Other (explain) _____

Household Information

Please provide information about all adults and children who will live with you.

Last Name	First Name	Relationship	Date of Birth Day/Month/Year	Gender (Male/Female)	Social Insurance Number

Do all of the people listed currently live with you? Yes No

If No, please give the name of the person, the date they will start living with you, and the reason they are not living with you now.

Is any member of your household expecting a baby? Yes No

Expected due date (day/month/year) _____

Status in Canada

Were all the people in your household born in Canada? Yes No

Please provide information for all people in your household born outside of Canada.

Name	Date moved to Canada	Status in Canada	Is there a sponsorship agreement in place?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Information

List ALL money you and the people who will be living with you receive. This may include:

- Employment (full time, part time, casual)
- Self-employment or business income
(Please include the name of your business and the nature of your work)
- Ontario Works (OW) and Ontario Disability Support Plan (ODSP)
- Child support payments and alimony/spousal support payments
- Employment Insurance (EI)
- Workplace Safety Insurance Board (WSIB)
- Old Age Security and Guaranteed Income Supplements (OAS/GIS/GAINS)
- Canada Pension Plan (CPP) and other pensions (e.g. company, private, foreign, military)
- Retirement Income Fund (RIF) or Life Income Fund (LIF) draws or payments
- Investment income (e.g. interest/dividends)

I receive a Portable Housing Benefit or Housing Allowance paid directly to me.

I do not have any income.

Name and nature of business (if self-employed) _____

Name of person receiving income	Type of Income	Gross monthly income (before deductions)
		\$
		\$
		\$
		\$
		\$

Asset Information

List ALL assets owned by you and all other people who will be living with you.

Assets are things that you own, and may include:

- Bank accounts
- Term deposits, guaranteed investment certificates (GIC), savings bonds
- Registered Retirement Savings Plans (RRSP)
- Registered Education Plans (RESP)
- Stocks, shares, mutual funds
- Life Insurance (cash surrender value)
- Collections or valuables, cash (over \$1,000)
- Business assets (if you own your own business or are self-employed)

Asset Information (continued)

I do not have any assets.

Person who owns the asset	Details of Asset (type, account number, name of bank)	Value/Account Balance
		\$
		\$
		\$
		\$

Does any person on this application own property (e.g. house, cottage, farm, land, mobile home, trailer, etc.)? Yes No

If Yes, please give the following information

Type of property _____ Assessed value \$ _____

Location _____ Mortgage owing \$ _____

Application for Special Priority Status – Human Trafficking or Abuse

Complete this section only if you are applying for priority because of human trafficking or because someone that you live with, or have lived with in the last 3 months, is abusing you or your children.
DASH will send you a Special Priority Application package to complete.

I want to apply for special priority due to human trafficking by (name) _____

I want to apply for special priority due to abuse by (name) _____

How are you related to this person? _____

Select one of the three living arrangements below:

- I am currently living with this person and intend to permanently live apart from them
- I stopped living with this person on (day/month/year) _____
- I have never lived with this person

Select one of the two contact options below:

- It is safe to contact me using the information given in the **Contact Information** section
- I want to be contacted **only** at the following address, telephone number(s) and/or email address _____

Application for Modified Housing

Do you require a modified unit (e.g. unit that is wheelchair accessible)? Yes No

If you answered yes, **you must provide details of the medical need for the modified unit from a health care professional.** Please tell us about the modifications that you need.

Declaration

1. I declare that all information given for this application is true to the best of my knowledge and that I have not withheld or left out any required information.
2. I declare that no member of my household is currently under a removal order to leave Canada.
3. I agree to inform the Director of Housing Services for the Regional Municipality of Durham, or his or her designate, of any changes in my income, assets, contact information or household composition.
4. I understand that the information given for this application may be used for the purpose of making decisions or verifying eligibility for assistance under the *Housing Services Act, 2011*, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997*, or the *Child Care and Early Years Act, 2014*.

Applicant's Name _____

Signature _____ Date _____

Spouse's Name _____

Signature _____ Date _____

Dependant(s) (18 years and older)

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____