



Office Use Only:

Date Rec'd:

Administration Office
90 Shuter St., 2nd Floor
Toronto, ON M5B 2K6
Fax: 416-649-7844

Application Form for Alternative Supportive Subsidized Housing

The information being collected in this application is being gathered for the purposes of establishing eligibility for Homes First's alternative supportive housing program. Please note, if you are seeking affordable housing options, please visit myaccesstohousingto.ca or call the Access to Housing Resource Centre at 416-338-8888 for more information.

Please print and fill out all sections of this form. When submitting your application, please also include copies of a document showing your status in Canada.

The following proof of status in Canada documents are accepted:

- Canadian Birth Certificate or documentation from Office of the Registrar General regarding application for replacement of a Canadian Birth Certificate.
- Canadian Notice of Birth Registration Card.
- A Statement of Live Birth for children aged four (4) or under.
- A certified copy of Statement of Live Birth.
- Quebec and Newfoundland Baptismal Certificate.
- Registered Indian Band Status (Native).
- Canadian Passport.
- Canadian Citizenship Card or documentation from Citizenship and Immigration Canada regarding application for replacement of a Citizenship Card or acknowledging application for Canadian Citizenship.
- Canadian National Defense Card.
- Permanent Resident Card.
- Canadian Citizenship Certificate.
- Permanent Resident Document or documentation from Citizenship and Immigration Canada acknowledging application for permanent status in Canada, i.e., on-line application confirming application accepted and being processed.
- Landed Immigrant Status documents including date of landing.
- Immigration documents indicating Convention Refugee, Protected Person Status or Refugee Claimants such as acknowledgement of Convention Refugee Claim, Eligibility Certificate, Notice to Appear, or Notice of Decision.



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Please print and fill out all sections of this form. Incomplete applications will not be accepted.

Section 1 – Applicant Information				
First Name:		Middle Name:		Family (last) Name:
Apartment Number:		Street Address:		
City:	Province:	Postal Code	Home Phone #:	Work Phone #:
Mailing Address (If different from above address):				

Section 2 – Type of Housing Desired:				
<i>Please circle your choice.</i>				
Single rooms in shared accommodation	Bachelors limited #	1 bdrm. limited #	2 bdrm. limited #	3 & 4 bdrm. limited #

Section 3 – Contact	
Please list a person we can contact on your behalf. (i.e. interpreter, agency, relative, friend, community support worker, or case manager.)	
Contact name and daytime number (where we can leave a message if we are unable to contact you directly):	
Name:	Phone Number: Relationship:
Is anyone/agency helping you with your housing search? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Phone Number:



Everyone needs a home

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Section 4.A - Household Information
Please list all people, including yourself, that will be living with you
Table with 3 columns: Name, Date of Birth, Relationship to Main Applicant

Section 4.B - Additional Household Information
Table with 3 columns: 1.Name, Date of Birth (DD/MM/YYYY), Relationship to Main Applicant
Gender, Pronoun, Status in Canada (Citizen, Permanent Resident, Refugee Claimant, etc.)
Are you a member of First Nations, Métis, or Inuit?
Expecting a baby?
2.Name, Date of Birth (DD/MM/YYYY), Relationship to Main Applicant
Gender, Pronoun, Status in Canada (Citizen, Permanent Resident, Refugee Claimant, etc.)
Are you a member of First Nations, Métis, or Inuit?
Expecting a baby?



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Section 4.B – Additional Household Information (Continued)			
3.Name		Date of Birth (DD/MM/YYYY)	Relationship to Main Applicant
Gender	Pronoun	Status in Canada (<i>Citizen, Permanent Resident, Refugee Claimant, etc.</i>)	
Are you a member of First Nations, Métis, or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Expecting a baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expected due date (DD/MM/YY)	
4.Name		Date of Birth (DD/MM/YYYY)	Relationship to Main Applicant
Gender	Pronoun	Status in Canada (<i>Citizen, Permanent Resident, Refugee Claimant, etc.</i>)	
Are you a member of First Nations, Métis, or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Expecting a baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expected due date (DD/MM/YY)	

Section 5 – Accommodation Requirements	
Do you require accessibility accommodations in housing? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone you listed on this application living with someone who threatens your/their safety? Proof will be required as per the Special Priority Program (SPP).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to live independently without support services. If no, please specify below what type of support service(s) you require: see Section 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 6 – Support Needs/Life Skills
 Which of the following support needs would be best suited for you? Please check all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> Spousal Abuse/Personal Safety | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Substance Abuse/Addictions (Harm Reduction Supports) | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family Support/Issues |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Social Isolation | <input type="checkbox"/> Immigration Assistance |
| <input type="checkbox"/> Hoarding Mgmt. | <input type="checkbox"/> Other: _____ |

Life Skills Lessons In:

- | | |
|--|---|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> House Keeping | <input type="checkbox"/> Personal Hygiene |

Section 7.A – Income Information
 List all monies being received by you and **all** persons who will be living with you in subsidized housing.
This section must be completed in full, or your application may be returned to you. (Use extra paper if needed.)

Name	Income Source	Gross Income Per Month (Before Taxes)

Examples of income sources:

- Canadian Pension Plan (CPP)
- Canadian Pension Plan Disability
- Ontario Disability Support Program (ODSP)
- Ontario Works
- Employment
- Employment Insurance (EI)
- Guaranteed Income Supplement (GIS)
- Old Age Security (OAS)
- Workplace Safety and Insurance Board (WSIB)



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Section 7.B – Income Information	
Have all members of the household filed their previous year’s income taxes with the Canada Revenue Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please submit a copy of all household members’ previous year’s Notice of Assessment with this application.	

Section 8 – Assets Information		
If any member of the household owns a residential property that can be lived in year-round, they must sell the property or their share in it within six months of moving into an RGI unit, otherwise they lose their eligibility.		
List all assets owned by you and all persons who will be living with you. Use extra paper if needed.		
Name	Type of Asset	Value
		\$
		\$
		\$
		\$

Section 9 – Housing History					
List all previous addresses for the past 3 years. Use extra paper if needed.					
Apartment Number:		Street Address:			City:
Landlord’s name/agency:				Phone Number:	
Landlord’s address:			City:		Postal Code:
Date you moved in:	Date you moved out:		Reason for moving:		
Apartment Number:		Street Address:			City:
Landlord’s name/agency:				Phone Number:	
Landlord’s address:			City:		Postal Code:
Date you moved in:	Date you moved out:		Reason for moving:		



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Section 10.A – Previous Subsidized Housing History

Have you, or anyone you have listed in Section 3, ever lived in subsidized housing anywhere in Ontario? Yes No

Name and address of housing provider:	City:	Postal Code:
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Do you, or anyone you have listed in Section 3, owe money to any other subsidized housing provider in Ontario?
 Yes No

If yes, indicate amount owing: \$	Last payment due date:
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Do you have an active repayment plan in place with the housing provider? Yes No

Section 10.B – Previous Subsidized Housing History

Do you have an active MyAccessToHousingTO application Yes No

If yes, please provide the file #: _____

Section 11 – Consent to Release

This information is collected, under the legal authority of the City of Toronto Act and the Housing Services Act, to permit Homes First Society and housing providers to determine initial and ongoing eligibility for Homes First’s alternative subsidized housing, special needs housing, geared-to-income rent payable, and for statistical reporting.

I give Homes First Society and housing providers permission to verify the accuracy of the that the information provided in this application is true and correct with any individuals/agencies referenced above.

1. Main Applicant (print name)	Main Applicant Signature	Date (MM/DD/YYYY)
2. Co-Applicant/Spouse (print name)	Signature	Date (MM/DD/YYYY)

Household members above the age of 16 years:

3. Household member (print name)	Signature	Date (MM/DD/YYYY)
4. Household member (print name)	Signature	Date (MM/DD/YYYY)
5. Household member (print name)	Signature	Date (MM/DD/YYYY)



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Section 12 – Declaration

I hereby declare that the information provided in this application is true and correct to the best of my knowledge. If information is determined to be inaccurate or false, Homes First Society or the housing provider may cancel this application and disqualify the household from accessing services.

Homes First Society considers your personal privacy to be of great importance, and to protect your privacy, Homes First will only share the provided information with your permission.

I understand that only the people I have listed here may live with me in the subsidized housing unit.

I declare the following is true:

- There are no outstanding deportation, departure, or exclusion orders against household members.
- Within the past two years, no household member has been found guilty in a court of law or at the Ontario Rent Tribunal of an offence related to RGI assistance.
- No household member owes money to a Social Housing Provider in Ontario without a current repayment agreement that is in 'good standing'.

1. Main Applicant (Print Name)	Main Applicant Signature	Date (MM/DD/YYYY)
2. Co-Applicant/Spouse (Print Name)	Signature	Date (MM/DD/YYYY)

Household members above the age of 16 years:

3. Household Member (Print Name)	Signature	Date (MM/DD/YYYY)
4. Household Member (Print Name)	Signature	Date (MM/DD/YYYY)
5. Household Member (Print Name)	Signature	Date (MM/DD/YYYY)