

### **Application Form for Alternative Supportive Rent-Geared-to-Income (RGI) Housing**

The information collected in this application is used to establish eligibility for Homes First Society's (Homes First) alternative supportive housing programs and will be kept confidential.

The completion and submission of this application does not guarantee housing. If you are seeking affordable housing options, please visit [myaccesstohousing.ca](http://myaccesstohousing.ca) or call the *Access to Housing Resource Centre* at (416) 338-8888 for more information.

To be eligible for Homes First RGI Housing, the following documents are required:

- ✓ **Photo ID** (i.e. OHIP, Driver's License, Passport, Photo Card)
- ✓ **Proof of income for all applicants aged 16 or older** (i.e. paystubs, employment letter, OW or ODSP benefit statement, T4 and other income tax slips)
- ✓ **Most recent Notice(s) of Assessment, for all household members 16 years of age and older**
- ✓ **Proof of Status in Canada document(s)** (i.e. Birth Certificate, Permanent Resident Card, Record of Landing, Statement of Live Birth, Refugee Protection Claimant Document)

For further information on acceptable forms of identification, including proof of status documentation, please visit: <https://www.toronto.ca/community-people/employment-social-support/housing-support/rent-geared-to-income-subsidy/applying-for-rent-geared-to-income-housing/acceptable-id/number>

\*Please note that, as part of this application, you are required to provide access to Line 23600 from the most recent Notice of Assessment for all household members aged 16 and older. \*

#### **Main Applicant Information**

First Name:	Middle Name(s):	Last Name:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other, please specify:		
Pronoun(s):		
Date of Birth (dd/mm/yyyy):		
Status in Canada:		

Phone Number (if applicable)	
E-mail Address (if applicable)	
Preferred Method of Contact	

Is anyone helping you with your housing search and/or application? (i.e. case worker, housing worker, friend, family member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are we able to contact them to discuss your application further?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Agency:	Contact Information (phone number/e-mail):

<b>Household Information</b>
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How many people are within your household and would be living in the unit (please include all individuals, including children):	
Are you expecting any changes in your household or family composition in the near future?	
Is anyone in the household currently pregnant or expecting a child (including adoption or surrogacy)?	
If yes, what is the expected due date?	

Please list all people, including yourself, that will be living with you:

Name	Date of Birth (dd/mm/yyyy)	Relationship to Main Applicant	Status in Canada (i.e citizen, permanent resident)
1.			
2.			
3.			
4.			
5.			

<b>Type of Housing Desired:</b>		<i>Please check off your preference</i>		
<input type="checkbox"/> Single Room in Shared Accommodation	<input type="checkbox"/> Bachelor Unit	<input type="checkbox"/> 1-Bedroom (limited availability)	<input type="checkbox"/> 2-Bedroom (limited availability)	<input type="checkbox"/> 3 & 4 Bedroom (limited availability)

## Background Information

Homes First is committed to equity and inclusion. The following questions are optional and help us better understand and serve our community.

1. Which racial identity best describes you? (Check all that apply)

☐ Arab, Middle Eastern or West Indian (i.e. Afghan, Armenian, Iranian, Lebanese, Persian, Turkish)

☐ Black (i.e. African, African-Canadian, Afro-Caribbean)

☐ East Asian (i.e. Chinese, Japanese, Korean)

☐ Indigenous (i.e. Status, Non-Status, Treaty or Non-Treaty, Inuit or Metis)

☐ Indo Caribbean (i.e. Indo-Trinidadian, Indo-Guyanese)

☐ Latin American (i.e. Brazilian, Colombian, Cuban, Mexican, Peruvian)

☐ Middle Eastern

☐ Mixed Race

☐ More than one race category

☐ South Asian (i.e. Indian, Pakistani, Sri Lankan)

☐ Southeast Asian (i.e. Filipino, Malaysian, Singaporean, Thai, Vietnamese)

☐ West Asian

☐ White (i.e. English, Greek, Italian, Portuguese, Russian, Slovakian)

☐ Unknown

☐ Not listed, please describe: \_\_\_\_\_

☐ Prefer not to answer

2. In Canada, the term "Indigenous" includes First Nations, Metis, or Inuit. Do you identify with any of these three groups? (Check One)

☐ No    ☐ First Nations    ☐ Inuit (Status, Non-Status, Treaty, Non-Treaty)

☐ Metis    ☐ Unknown    ☐ Prefer not to answer

Other, please specify:

\_\_\_\_\_

3. Do you identify as part of the LGBTQ+ community?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

4. Have you ever served in the Canadian Armed Forces or RCMP?

☐ No ☐ Canadian Military (Navy, Army, Air Force) ☐ RCMP

☐ Both Canadian Military and RCMP ☐ Military experience outside of Canada

☐ Unknown ☐ Prefer not to answer

5. Do you identify as an individual living with mental health challenges or a mental health disability?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

6. Do you identify as an individual living with a physical disability?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

7. Do you identify as an individual living with a gambling disorder or addiction?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

8. Do you identify as an individual living with a substance use disorder, addiction or other drug challenges?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

9. Do you have any medical illnesses and/or conditions?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

➤ If yes, please list any relevant medical conditions or illnesses:

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## Support Needs and Accommodation

1. Do you require access to an interpreter?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

➤ *Note:* For any housing interviews or lease signings, interpreter services will need to be arranged by the applicant or referring worker or agency.

2. Are you or anyone listed on this application living with someone who threatens your/their safety? Proof will be required as per the Special Priority Program.

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

3. Clients requiring an accessible housing unit are individuals with physical or other disabilities who need specific modifications, such as lowered counters/countertops, grab bars, wide doorways, etc. Eligibility is based on a demonstrated need for the unit's accessibility features, supported by medical documentation.

Based on the above, do you or anyone in your household require an accessible unit?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

- If yes, please provide details on what accessibility features are needed in housing:

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4. Do you require any other accessibility accommodations in housing, if yes, please describe:

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5. Are you able to live independently without support services? If not, please specify what regular supports are needed:

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6. How frequently do you think you will be looking for support from staff onsite in a given week?

☐ 0-1 times ☐ 2-3 times ☐ 4-5 times ☐ 5+ times

**Are there any support needs listed below that you would need support with? (check all that apply)**

Health & Wellness	Accessibility	Other Supports
<input type="checkbox"/> Allergies or dietary restrictions	<input type="checkbox"/> Cannot use stairs	<input type="checkbox"/> Pet owner
<input type="checkbox"/> Harm reduction/substance use support	<input type="checkbox"/> Limited mobility	<input type="checkbox"/> Legal
<input type="checkbox"/> Medication support	<input type="checkbox"/> Wheelchair accessibility	<input type="checkbox"/> Immigration
<input type="checkbox"/> Pregnancy support	<input type="checkbox"/> Vision /Hearing/Speech	<input type="checkbox"/> Religious/cultural supports
<input type="checkbox"/> Mental health support	<input type="checkbox"/> Translation/Interpretation Services	<input type="checkbox"/> Safety Concerns (at risk of violence or self-harm)
<input type="checkbox"/> Physical health support	<input type="checkbox"/> Reading/completing paperwork	<input type="checkbox"/> Intimate Partner Violence (IPV) Supports
<input type="checkbox"/> Support for daily activities (e.g. bathing, eating)	<input type="checkbox"/> Other accessibility supports	<input type="checkbox"/> Supports for survivors of human trafficking
<input type="checkbox"/> Hoarding Supports		<input type="checkbox"/> Other urgent support needs
<input type="checkbox"/> Other health support		

## Housing History

1. What is your current living situation?

- ☐ Housing
- ☐ Encampment (i.e. a park, abandoned building etc.)
- ☐ Independently living rough (i.e. sidewalk, park, abandoned building etc.)
- ☐ ARC Respite
- ☐ Homes First Shelter
- ☐ Non-Homes First Shelter
- ☐ Living with Family/Friends
- ☐ Detox/Treatment
- ☐ Incarcerated (i.e. detention centre, jail, prison etc.)
- ☐ Long Term Care Facility
- ☐ Transportation (i.e. vehicle, bus, airplane etc.)
- ☐ Prefer not to answer
- ☐ Unknown/Information not available
- ☐ Other (please specify): \_\_\_\_\_

2. If you are currently housed, please provide information about why your housing may be at risk. (i.e. landlord has issued an eviction notice):

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3. Have you ever experienced homelessness before?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

➤ If yes, how many months have you experienced homelessness for?:

- Number of months: \_\_\_\_\_

4. Do you have an active MyAccessToHousingTO application?

☐ Yes ☐ No ☐ Unknown ☐ Prefer not to answer

➤ If yes, please provide the file (P) number: \_\_\_\_\_

5. Have you, or anyone who will be living with you ever lived in subsidized housing anywhere in Ontario?

☐Yes ☐No ☐Unknown ☐Prefer not to answer

➤ If yes, please provide the name and address of the housing provider:

Name of Housing Provider:	
Address of Building:	
Do you or anyone in your household owe money to this subsidized housing provider?	
➤ If yes, do you have an active repayment plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. Do you have any previous landlord references you are willing or able to provide? If so, please provide details below.

➤ Please note that landlord references provided may be contacted.

Name of Landlord:	
Contact Information:	
Address:	
Date Moved In (dd/mm/yyyy):	
Date Moved Out (dd/mm/yyyy):	
Reason for Moving Out:	

Name of Landlord	
Contact Information:	
Address:	
Date Moved In (dd/mm/yyyy):	
Date Moved Out (dd/mm/yyyy):	
Reason for Moving Out:	



## Income and Asset Information

1. Homes First Housing Programs are subsidized, in order to ensure eligibility, we require information on your current financial situation.

Please provide details on the income sources for all individuals who will be living with you, including yourself in the chart below. Examples of income sources, include:

- 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)

Name of Household Member	Income Source	Gross Income Per Month (Before Taxes)

2. To be eligible for RGI housing, all members of your household must have filed their Taxes for the most recent year and have access to their most recent Notice(s) of Assessment, for all household members 16 years of age and older.

To determine eligibility, please provide us with Line 23600 from your most recent NOA for all individuals in your household:

Name of Household Member	Line 23600 from most recent taxation year NOA

3. Asset Information. For information on what assets are required to be declared, visit: <https://www.toronto.ca/community-people/employment-social-support/housing-support/rent-geared-to-income-subsidy/rent-geared-to-income-housing-eligibility/>

Please list all assets owned by you and all people who will be living with you:

Type of Asset	Value
	\$
	\$
	\$
	\$
	\$

*Note:* 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.

<b>Additional Information</b>
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Please provide any other additional information that you are willing to share to help determine your eligibility for supportive housing:

### Confidentiality and Privacy

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 information provided in this application is true and correct with any individuals/agencies referenced above.

1. Main Applicant (print name)	Main Applicant Signature	Date (dd/mm/yyyy)
2. Co-Applicant/Spouse (print name). <i>If applicable.</i>	Signature	Date (dd/mm/yyyy)

Members of the household 16 years of age and older. *If Applicable:*

3. Household member (print name)	Signature	Date (dd/mm/yyyy)
4. Household member (print name)	Signature	Date (dd/mm/yyyy)
5. Household member (print name)	Signature	Date (dd/mm/yyyy)

### 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 any 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.
- Any household member with a previous balance from another housing provider has a current repayment plan in place.

1. Main Applicant (Print Name)	Main Applicant Signature	Date (dd/mm/yyyy)
2. Co-Applicant/Spouse (Print Name). <i>If applicable.</i>	Signature	Date (dd/mm/yyyy)

Members of the household 16 years of age and older. *If Applicable:*

3. Household Member (Print Name)	Signature	Date (dd/mm/yyyy)
4. Household Member (Print Name)	Signature	Date (dd/mm/yyyy)
5. Household Member (Print Name)	Signature	Date (dd/mm/yyyy)