

If you are interested in applying for an Affordable Market Rent Housing Unit and may be in receipt of the Ontario Disability Support Program, please complete the attached application form.

Tips on filling out your application:

- Please print and fill out all sections of the application form. If your application is incomplete, it will be returned to you. Your name will not be placed on the wait list until your application is complete.
- Applications must be received by the last day of the month, for it to be reviewed in the following month.
- You will receive written and/or telephone notice informing you whether your application is complete or not.
- Read the Release & Consent and Declaration form all persons in the household 16 years of age and older must sign this page.

IMPORTANT: Your completed application can be submitted by:

Mail: PossAbility Community Homes

539A Grey Duck Drive

Desbarats, Ontario

POR 1E0

APPLICANT INFORMATION				
Surname:				
First Name:				
Middle Name:				
Mr	Mrs	Ms	Miss	
List any other names you have been known by:				
Date of Birth:	DD-MM-YY			
Gender:	Male	Male Female		
Preferred Language	e Englis	English French		
Relationship to Co-Applicant, if applicable:				
	ADDRESS / CONTA	CT INFORM	ATTON	
Current Street Add		CI IIII ORIII	AILON	
Mailing Address (RR/Box):				
Town/City/Village:				
Province:		Postal Code:		
Personal Phone:		Alternate Phone:		
Emergency Contact	t Name:	Phone:		
Landlord Name:		Phone:		

PREVIOUS RESIDENCE/LANDLORD INFORMATION				
List your last place of residence along with the landlord information for that				
residence.				
We will be conducti	ng a reference che	ck.		
Street Address:	Street Address:			
Mailing Address (R	R/Box):			
Town/City/Village:				
Province:		Postal Code:		
Landlord Name:	ame: Phone:			
CO-A	PPLICANT INFOR	MATION (if a	applicable)	
Surname:				
First Name:				
Middle Name:				
Mr	Mrs	Ms	Miss	
List any other names you have been known by:				
Date of Birth: DD-MM-YY				
Gender:	Male		Female	
Preferred Language		English French		
	<u> </u>			
Relationship to App	licant:			

CO-APPLICANT - ADDRESS	/ CONTACT INFORMATION	
Current Street Address:		
Mailing Address (RR/Box):		
Town/City/Village:		
Province:	Postal Code:	
Personal Phone:	Alternate Phone:	
Emergency Contact Name:	Phone:	
Landlord Name:	Phone:	
CO-APPLICANT - PREVIOUS RESI	DENCE/LANDLORD INFORMATION	
List your last place of residence along residence.	with the landlord information for that	
We will be conducting a reference check.		
Street Address:		
Mailing Address (RR/Box):		
Town/City/Village:		
Province:	Postal Code:	
Landlord Name:	Phone:	

ADDITIONAL HOUSEHOLD MEMBERS				
Include additional household members who will reside in accommodation applied for. If household member will not be residing in the home full time, place an X in the 'not full time' column.				
First Name	Surname	Date of Birth	Gender	Not Full Time
		DD-MM-YY	M/F	
		DD-MM-YY	M/F	
		DD-MM-YY	M/F	
Are you currentle Program?	y in receipt of th	ne Ontario Dis	ability Su	pport
YES		NO		
Do you have an i Disorder)	intellectual disal		ing Autisi	m Spectrum
YES		NO		
Do you have a pl	hysical disability	ı?		
YES		NO		
Has anyone in you in Ontario? If 'YES', please pro				sing anywhere
YES		NO		

Does anyone in the household owe damages or rental arrears to any Social Housing provider in Ontario?		
If 'YES' please provide the details and the name of the housing provider.		
YES	NO	

Do you require assistance for daily living?

If 'YES' please provide letter showing proof of care.

YES NO

RELEASE AND CONSENT

HERE IS YOUR LEGAL AGREEMENT WITH POSSABILITY COMMUNITY HOMES. PLEASE READ IT CAREFULLY. YOU MUST SIGN IN THE SPACES BELOW.

- 1. I understand that any information on this form and any attachment given to PossAbility Community Homes is confidential, and will be used only for the purposes of PossAbility Community Homes Tenant Selection Committee.
- 2. I understand that I am giving my consent and authorization to PossAbility Community Homes to complete landlord reference checks.

'Personal information contained in this form or in attachments is collected by PossAbility Community Homes pursuant to the Freedom of Information and Protection of Privacy Act |(R.S.O. 1990 c.F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 cM.56). This information may be used to determine eligibility for housing to and continuation of housing.'

DECLARATION

- 1. I give my word that everything I have written in this application form is correct and complete.
- 2. I understand that all information I give to PossAbility Community Homes will belong to them.
- 3. If something on the Application Form is incorrect or not true, PossAbility Community Homes may at its sole discretion; request additional information and or serve notice in writing that I have ceased to be eligible and pursue any other avenues available under Ontario Law.
- 4. I understand that only the people I have listed on this form may live with me.
- 5. I understand that my application will be removed from the waiting list if I refuse an offer of accommodation.
- 6. I understand that any change in the information provided in this application must be reported in writing to PossAbility Community Homes within 10 business days of the change occurring (change of address, phone number of family composition). Failure to report changes may result in the cancellation of my application and removal from the waiting list.
- 7. I give my word that I am in Canada legally.

SIGNATURE OF ALL HOUSEHOLD M OLDER:	EMBERS 16 YEARS OF AGE AND
DATE:	APPLICANT:
DATE:	APPLICANT:
DATE:	APPLICANT:
Family member, Agency or Support this document:	t Person assisting with completing
NAME:	PHONE:

CHECKLIST
Have you answered all questions of the application form?
Have all household members 16 years of age and older signed the application form?
Have you completed the Landlord Reference section?
Are there questions that you did not answer, did you ask for assistance?

Please note: If your application is approved and you qualify for residency, you will be required to complete an income verification form, which will be provided for you.

FREQUENTLY ASKED QUESTIONS

When will I be notified regarding the status of my application?

Completed applications must be received by PossAbility Community Homes on the last day of the month to be considered for review in the following month.

Your application will be reviewed to ensure that it is complete. You will receive written and/or telephone notice informing you whether or not your application is complete or not.

If it has been determined that your application is not complete, you will be informed why it is not complete and what additional information is required to complete this application.

You will also be given the opportunity to re-submit the required information or documentation.

Confirmation about eligibility will be sent in writing to you on the 25th of the following month.

How long will it take for me to get a unit?

Your name must first be on the wait list which is a registry/list of all eligible applicants waiting for PossAbility Community Homes housing. This list is chronological and based on the date your <u>completed</u> application was received by PossAbility Community Homes.

The hardest and most frustrating part when applying for affordable housing is the waiting period. Please be patient, and eventually, if you have met the criteria, you will be offered a suitable unit as soon as one becomes available. Unfortunately, there is no way we can accurately give you a time when you will receive an offer.

You will be offered a unit on a first come first served basis.

The length of time before a unit becomes available will depend on the length of our wait list.

How are people chosen for housing?

The system for selecting households is based primarily on the date of application and meeting the PossAbility Community Homes selection criteria.

How will I be contacted for an offer?

Offers for housing are done by mail and/or telephone and require your immediate response. Applicants are given 5 business days to respond to an offer and it is important that a current and accurate mailing address and contact information is on file. If no response is received, this offer will be treated as a decline.

Once you have been offered a unit, you may accept or refuse the unit. Please note: if you refuse the unit being offered, your application will be cancelled and your name will be removed from the waiting list. In the event of reapplication, you will be considered a new applicant and placed on the waiting list accordingly. If PossAbility Community Homes is unable to contact you, this will be considered as a refusal.

What should I do if information or my situation changes after I submit my application?

It is your responsibility to advise PossAbility Community Homes of any changes in your circumstance/application within 10 business days after the change, such as:

- Address
- Phone number
- Alternate phone number
- Change in household size
- Etc...

Contact information:

PossAbility Community Homes Barb Gjos, President 539A Grey Duck Drive Desbarats, Ontario POR 1E0

Phone: 705-782-6379 Fax: 705-782-0541

E-mail: president@possability.org Website: www.possability.org