



## HOUSING SERVICES DEPARTMENT

150 N. Christina Street  
Sarnia, ON N7T 8H3  
Telephone: 519 344-2057  
Fax: 519 344-2066  
www.lambtononline.ca

### **Application for Rent Geared-to-Income Assistance**

- 1. Complete and forward to: County of Lambton – Housing Services Department  
150 N. Christina Street – 2<sup>nd</sup> Floor  
Sarnia, ON N7T 8H3**
- 2. Verification of Canadian citizenship or immigration status must accompany this application form. If the verification is not attached, your application will not be processed.**
- 3. Please ensure that all applicants 16 years and older sign the *Declaration, Release and Consent* on Page 4. If the application is not signed, it will be returned to you.**
- 4. If you are requesting special priority status because you are the victim of domestic violence, proof is required from someone in a professional position on organization letterhead.**
- 5. If you require a wheelchair accessible unit, please attach a letter from your doctor or support agency which outlines your disability and need for a wheelchair accessible unit.**
- 6. Do you require supportive housing? Supportive housing means that you require ongoing services from a community based agency (i.e. Ontario March of Dimes, Developmental Services) to ensure that you may be successful in independent living. If yes, please provide a letter from your support agency.**
- 7. If you have difficulty completing this application, please contact the Housing Services Department at 519 344-2062 extension 2036 or 1-800-387-2882**

Name List all members of the household	Male/ Female	Birthdate mm/dd/yy	Social Insurance Number	Source of Income & Gross monthly amount	Relationship to applicant #1
<i>e.g. Sally Smith</i>	<i>Female</i>	<i>06/11/53</i>	<i>e.g. 400-900-600</i>	<i>e.g. C.P.P. \$1,000.00</i>	<i>Spouse</i>
1.					
2.					
3.					
4.					
5.					
6.					

Is anyone in the household expecting a baby? No \_\_\_\_\_ Yes \_\_\_\_\_ Due Date: \_\_\_\_\_

**Current Address:**

\_\_\_\_\_ Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_ Address/P.O. Box # \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Telephone Numbers where I can be reached:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

Person to contact in your absence: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Have you ever lived in rent geared-to-income assisted housing?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, \_\_\_\_\_  
Name of Authority/Co-op/Non-Profit \_\_\_\_\_ City \_\_\_\_\_ When? \_\_\_\_\_

**Please list your addresses for the past 5 years. Start with your current address.**

Address	Unit	City	Landlord's Name	Telephone Number	Lived here	
					From	To

**Request for Special Needs Status**

1. Do you need a wheelchair accessible unit? No\_\_\_\_\_ Yes\_\_\_\_\_
2. Do you require support services in order to live independently (i.e. Ontario March of Dimes, Developmental Services) No\_\_\_\_\_ Yes\_\_\_\_\_

If yes to 1 or 2, please attach a letter from your doctor or support agency.

**Request for Special Priority Status**

1. Is a member of your household subject to abuse from another household member or your sponsor? No\_\_\_\_\_ Yes\_\_\_\_\_
2. I am currently residing with the person who is abusing me or a member of the household. No\_\_\_\_\_ Yes\_\_\_\_\_
3. I have lived apart from the abuser for less than three months. No\_\_\_\_\_ Yes\_\_\_\_\_
4. If yes to any of the above, do you intend to live permanently apart from the abusing individual? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes to any of the above, please provide your signature for this section and attach supporting documentation of the abuse.

\_\_\_\_\_

Signature

If you are applying for special priority status, please provide a safe mailing address and telephone number where the Housing Services Department will be able to contact you.

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Where would you like to live? Check appropriate box(es).**

- |           |                          |          |                          |              |                          |          |                          |
|-----------|--------------------------|----------|--------------------------|--------------|--------------------------|----------|--------------------------|
| Alvinston | <input type="checkbox"/> | Corunna  | <input type="checkbox"/> | Point Edward | <input type="checkbox"/> | Thedford | <input type="checkbox"/> |
| Arkona    | <input type="checkbox"/> | Forest   | <input type="checkbox"/> | Sarnia       | <input type="checkbox"/> | Watford  | <input type="checkbox"/> |
| Brigden   | <input type="checkbox"/> | Petrolia | <input type="checkbox"/> | Sombra       | <input type="checkbox"/> | Wyoming  | <input type="checkbox"/> |

**DECLARATION, RELEASE AND CONSENT OF INFORMATION**

I declare that all information given in this application is correct and complete. I understand that falsifying information may result in the cancellation of my application, tenancy or occupancy.

Any changes to the information on this application must be reported in writing within 30 days to the Housing Services Department. Failure to do so will result in the cancellation of my application or the loss of position on the waiting list.

This application and any requested supporting documents become the property of The Corporation of the County of Lambton, Housing Services Department. This information will be used to determine eligibility of rent geared-to-income assistance and housing applied for, ongoing eligibility of rent geared-to-income assistance and housing and may be used for the appropriate rent geared-to-income charge.

Personal information contained on this form or in attachments is collected by The Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, (R. S. O. 1990, c.M.56)*. Inquiries relating to this collection should be directed to The Corporation of the County of Lambton, Housing Services Department, 150 N. Christina Street, Sarnia, ON N7T 8H3 519 344-2057.

Pursuant to the *Municipal/Provincial Freedom of Information and Protection of Privacy Act* and the *Federal Privacy Act*, I give my consent and authorization to The Corporation of the County of Lambton, Housing Services Department to:

- Make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to The Corporation of the County of Lambton, Housing Services Department. I agree to provide any supporting material required for my application.
- Disclose the information given on this form to non-profit housing corporations, co-operatives, and other municipal, provincial and federal departments and agencies providing social assistance to me and persons listed on this application.
- I/We understand that my/our rent and damage arrears information will be shared with the Social Housing Services Corporation and among other Service Managers through the Social Housing Services Corporation’s Provincial Arrears Database for the purpose of verifying eligibility for assistance under the *Social Housing Reform Act*.

**SIGNATURES: All applicants over the age of 16 years must sign this application and Consent to Disclose.**

Applicant: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_