

APPLICATION FOR A YOUTH TRANSITIONAL HOUSING UNIT

Youth Transitional Housing Program General Information:

- The District Municipality of Muskoka (the District) operates 12 youth transitional housing units in Bracebridge.
- You may apply if you are 16 to 24 years of age.
- Home for Good is a non-smoking building. Residents are not permitted to smoke in rental units or in any public spaces.
- The maximum rent is currently set at \$550 per month, however rents may be lower depending on individual situation and income levels. The amount of rent payable will be confirmed in any offer of accommodation you receive. Additionally, you may have to pay utilities directly to a supplier.
- Rents will increase once a year at the rate set annually by the Province of Ontario.
- All applicants must have residential status in Canada.
- Income and asset level testing is done at time of application and at time of offer of accommodation.
- A chronological waitlist will be maintained. Applications will be date and time stamped when they are deemed to be complete and it has been determined that the applicant meets all of the eligibility criteria.
- If there is a change in any of the information that you provide in your application, you are required to notify our office, in writing, within **30 days of the change**. You will be notified if additional documents or information is required.
- The District may require applicants to have their health care provider complete a Request for Accessibility Accommodation form SH-908-2019-01 if they require an accessible unit. Modified Units provide varying degrees of accessibility features.
- The District requires that all tenants carry Tenant Insurance, and proof of this insurance must be provided before keys for the unit are released. Proof of tenant insurance will be required on an annual basis or when upon request by the Landlord or their agent.
- It is a requirement that residents are able to live independently. If support services are required, the resident will be responsible for arranging and paying for those services.
- If mail sent to the applicant's address is returned, or phone numbers provided are not in service, this application will no longer be considered valid. Please be sure to notify the District if your information changes, or if you no longer wish to be considered for housing.
- An individual that has been removed from the program in the past must demonstrate that the situation has been resolved and that they are able to adhere to the program rules and guidelines, prior to being approved for re-entry into the program.

Applicant Checklist:

Please provide the following documents:

- Completed all sections of the form.
- Sign page 8.
- Transitional Housing Referral Form.

Proof of Household Income and Assets

- Most recent Notice of Assessment (NOA) from Canada Revenue Agency.
- If you don't have an NOA or if your income has changed significantly since the last taxation year, please provide documents which detail your income.
- Current investment statements, property assessment / tax bill.

Proof of Citizenship

- Birth Certificate or Passport for Canadian Citizens or Landed Immigrant documentation.

Proof of Need for Unit Modifications (if applicable)

- Request for Accessibility Accommodation form SH-908-2019-01 completed by Doctor or other health care provider detailing the need for modifications.

Please return your completed application to The District Municipality of Muskoka:

Fax: 705-645-4272

Email: communityhousing@muskoka.on.ca

Mail: 70 Pine Street, Bracebridge, Ontario P1L 1N3

Drop Box:

70 Pine Street, Bracebridge, Ontario

141 Main Street, Gravenhurst, Ontario

1 King William Street, Unit 5, Huntsville, Ontario

For further information, please contact us at (705) 645-2412, ext. 4960.

Personal information contained on this form or in attachments is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. 56 ("MFFIPA").

This information may be used to determine suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of housing and social agencies providing social assistance to the applicant.

All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities, and you are required to provide supporting material.

Section 1 – PRIMARY CONTACT INFORMATION

Calls to offer housing are normally made during regular business hours. Please ensure that you provide us with a daytime number where you can be reached.

First Name	Middle Name	Family Name
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Street Address	Apartment Number
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City	Province	Postal Code
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Home Phone Number	Cell Number
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Work number (if you wish us to contact you there):

E-Mail (if you wish us to contact you by email):

Mailing address (if different from above address):

Alternate contact names and daytime numbers (where we can leave a message):

Name:	Relationship:	Phone Number:
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Do you need help reading documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did someone assist with this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide their information:
Name:
Phone Number:
Relationship:

May we contact them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Permission to discuss your application:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Emergency Contact Information (Name, Address, Phone Number)

Section 2 - APPLICANT INFORMATION

Please provide information about the individual who will live in the unit. You must provide documentation proving your legal status in Canada. *This section must be completed.*

NAME	DATE OF BIRTH	STATUS IN CANADA (CANADIAN CITIZEN, LANDED IMMIGRANT, OR REFUGEE CLAIMANT)	SOCIAL INSURANCE NUMBER

GENDER

Gender Pronouns: _____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Trans	<input type="checkbox"/> Two-Spirited	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Other: _____
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Are you Indigenous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have any children that you are or will be responsible for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide further detail:

Is a baby expected? If yes, date expected: _____ (Further documentation may be required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What best describes your current living situation?

<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Outside / Squatting	<input type="checkbox"/> Couchsurfing	<input type="checkbox"/> Incarcerated
<input type="checkbox"/> Motel	<input type="checkbox"/> Hospital	<input type="checkbox"/> Group Home	<input type="checkbox"/> Living with friends/family
<input type="checkbox"/> At risk of losing housing	<input type="checkbox"/> Evicted from housing	<input type="checkbox"/> Foster Care	<input type="checkbox"/> No Fixed Address
<input type="checkbox"/> Rent – no risk of losing housing	<input type="checkbox"/> Sharing housing	<input type="checkbox"/> Transitional Program	<input type="checkbox"/> Other: _____

If Homeless, how many months has it been? _____

Released from a Public Institution in the past 90 days? (Hospital, Jail, Child Welfare System) Yes No

Please provide further detail on your current living situation:

SECTION 3: INCOME AND ASSETS

Please indicate the following information according to the Notice of Assessment from Canada Revenue Agency (CRA):

INCOME

Name of Applicant	Line 15000	Line 23600	Year
Current Source of Income			
<input type="checkbox"/> Ontario Works	<input type="checkbox"/> ODSP	<input type="checkbox"/> Employment	<input type="checkbox"/> Other: _____

ASSETS

To be eligible for Affordable Housing, you cannot have assets of more than \$50,000 if you are a single person.

Some assets are not considered. These include personal items such as clothing and furniture, vehicles, a Registered Retirement Savings Plan (RRSP), and income from a Registered Disability Savings Plan (RDSP).

Applicants who own property, must provide a written appraisal of the property and / or the tax bill.

STATEMENT OF ASSETS

Bank, Trust Company, Credit Union and Any Other Accounts	
Stocks, Bonds, GICs, Debentures and Other Securities/ Certificates	
RRSPs, Annuities	
Rent Revenue	
Business Assets (e.g. partnership, franchise, self-employment, etc.)	
Monies Owed to You (over \$500.00)	
Assets Transferred	
Value of Real Estate Owned (e.g. Building, Trailer, Farm, Land)	
Other Assets (Specify)	
Total Assets	\$

Section 4 - PREVIOUS SOCIAL HOUSING INFORMATION

Have you ever lived in social housing anywhere in Ontario? If yes, please give details below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name used while living in social housing:			
Name of Housing Provider or Landlords name and contact information:			
Complete Street name, Apartment number and Town where you lived:			
Date moved in:	Date moved out:	Reason(s) for moving out:	
Do you owe rental arrears to the above or to any other social housing provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate amount owing: \$ _____			
Have you entered into a repayment schedule?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach additional sheets if necessary			

Section 5 - ACCOMMODATION REQUIREMENTS

Do you require parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need modifications for accessibility? If yes, a health care provider must complete a Request for Accessibility Accommodation form SH-908-2019-01.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicants must be able to live independently (including bathing, dressing, eating, mobility, toileting, housekeeping, finances, etc.) either with or without support services. Do you require support services in order to live independently? If yes, please specify what type of support service(s) are required and how they are provided. Support services must be arranged and paid for privately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require a unit that is on the ground floor because you cannot climb stairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you currently on any Housing Waiting Lists? If yes, please indicate which ones below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Rent-Geared-To-Income	<input type="checkbox"/> Market Rent	<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Rent Supplement
If no, do you want to apply for any Housing programs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please be advised that this building has a no pet policy.			
Do you have a pet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have alternate accommodations available for your pet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you make arrangements for alternate accommodations for your pet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can we help make arrangements for alternate accommodations for your pet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving support from any community agencies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:			
1) _____			
2) _____			
3) _____			
4) _____			
We will be contacting these agencies to discuss your situation and application.			
Please provide name of contact and phone number:			
1) Name: _____ Number: _____			
2) Name: _____ Number: _____			
3) Name: _____ Number: _____			
4) Name: _____ Number: _____			
OFFICE USE ONLY			
Date Received:		Arrears:	
Referral Received:		Confirmation Sent:	

RELEASE AND CONSENT

This is your legal agreement with us. Please read it carefully, and sign in the spaces below. All applicants must sign this release and consent.

1. I understand that there are laws that allow the District of Muskoka to collect personal information about me.
2. I understand that the District of Muskoka will use the information I give them to see if I qualify for the housing I have applied for.
3. I allow the District of Muskoka to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, the *Day Nurseries Act* or any other applicable legislation.
4. I allow the District of Muskoka to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow the District of Muskoka to give the information on this form and any attachments to any government or body with whom the District of Muskoka has made an agreement, without further notice to me, for the purpose of conducting research related to a social benefit program or housing program.
6. I understand that any information on this form and any attachment given by the District of Muskoka to a body listed above is confidential and will only be given in accordance with associated regulations.
7. I give my word that everything I have written in this application is correct and complete.
8. I understand that all information I give to the District of Muskoka will belong to them and they will give my information to the agency involved in the delivery of this housing program.
9. If something on this application is incorrect or not true, the District of Muskoka or the agency involved in the delivery of this housing program may request additional information, may cancel my application or both.
10. I give my word that I am in Canada legally.
11. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing project.
12. I understand that this application does not constitute an agreement on the part of the District of Muskoka, or the agency involved in the delivery of this housing program to provide me with rental accommodation.

If you have any questions about the collection and use of personal information, please contact:

DISTRICT MUNICIPALITY OF MUSKOKA, COMMUNITY SERVICES - HOUSING

70 PINE STREET, BRACEBRIDGE, ONTARIO, P1L 1N3

705 645-2412 EXT. 4960

“Personal information contained in this form or in attachments is collected by the District of Muskoka 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 c.M.56). This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate monthly rental charge.”

I/We hereby authorize The District Municipality of Muskoka, to whom this application is submitted, to obtain credit information or other information as may be deemed necessary in connection with this application for housing. *All information will be kept strictly confidential*

Signature of applicant.

X _____

Date: _____