

## Application for Subsidized Housing

**Central Housing Registry – Windsor Essex County**  
*Providing co-ordinated access to social housing in our communities*

2470 Dougall Avenue, Unit 6, Windsor, ON N8X 1T2  
Phone : (519) 254-6994 Fax : (519) 254-9166 E-mail: [chrwec@wehc.com](mailto:chrwec@wehc.com)

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### General

There are 4 sections to this Application as follows:

- Section 1** Housing Application including Declaration and Consent and Release
- Section 2** Rent-Geared-to-Income Housing for Native Families
- Section 3** Co-operative Non-Profit Housing
- Section 4** Location Preference Sheet

Additional information is also provided in the Information about Applying for Subsidized Housing attachment.

### Need help filling out the application form.....

You may ask for help by contacting any one of the following agencies:

- 1. Central Housing Registry**
- 2. Windsor Family Services at 519-966-5010 or 1-888-933-1831**  
1770 Langlois Ave, Windsor, ON N8X 4M5
- 3. Housing Information Services at 519-254-4824**  
3450 Ypres Avenue, Suite 200, Windsor, Ontario, N8W 5K9
- 4. ACCESS County Community Support Services**  
Kingsville ACCESS Office 519-733-8983 23 Mill St. W., Kingsville , Ontario N9Y 1W1  
Leamington ACCESS Office 519-324-0990 94 Talbot St. E., Leamington, Ontario N8H 1L
- 5. Any agency you may already be working with.**

### Where to submit your completed Application

Completed applications and supporting documentation can be submitted to:

#### Windsor Office

2470 Dougall Avenue, Unit 6, Windsor, ON N8X 1T2  
Phone: (519) 254-6994 Fax : (519) 254-9166 Email: [chrwec@wehc.com](mailto:chrwec@wehc.com)

#### Essex Office

15C Talbot Street North, Essex, Ontario N8M 1A5  
Ph. 519-776-4631 or 1-800-265-6947 Fax 519-776-5510 Email: [chrwec@wehc.com](mailto:chrwec@wehc.com)

**Disclaimer:** Information contained in this Application and related material is for informational purposes only in order to you assist you in the application process and is not to be relied upon as a comprehensive or precise representation of the program, its terms and conditions or eligibility rules.

## Section 1

### Application for Subsidized Housing

#### Windsor Essex

<b>1. If in abusive situation</b>		
Are you or any member of your household currently in an abusive situation? If <b>YES</b> , please ask your support agency and/or the Central Housing Registry about making a request for <b>Priority I Status</b> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>2. Applicant</b>	Please include copies of verification of status in Canada for ALL persons named in this Application.				
Last Name		First Name		Birth Date	
Status in Canada: <input type="checkbox"/> Native Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other					
Current Street Address			City	Province	Postal Code
How long at this address?	Current Rent \$	Home Phone No.	Cell No.	Email Address	
Present Landlord's Name			Landlord Phone No.		

<b>3. Co-Applicant</b>	Please state relationship to Applicant:				
Last Name		First Name		Birth Date	
Status in Canada: <input type="checkbox"/> Native Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other					
Check here if Current Address is same as Applicant <input type="checkbox"/>			If different from Applicant please provide Current Address information.		
Current Street Address			City	Province	Postal Code
How long at this address?	Current Rent \$	Home Phone No.	Cell No.	Email Address	
If different from Applicant state Present Landlord's Name:			Landlord Phone No.		

<b>4. Alternate Contact</b>	Is there a person you wish the CHR to contact in your absence <b>or</b> on your behalf <b>or</b> to act as an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <b>YES</b> , to Alternate Contact above, please complete the following:					
Alternate Contact Name: _____			Telephone Number: _____		
Do we have your permission to speak to this person about your application and the personal and confidential information in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### 5. All Other Household Members to Reside in the Unit

Only the people listed in this Application may occupy the subsidized unit. List the names and provide the information requested in this section for all the people who will live in the unit in addition to the Applicant and Co-applicant.

For **Status in Canada** choose one of the following for each person listed in this Section 5 as an Other Household Member:  
 Native Status Canadian Citizen Landed Immigrant Refugee Claimant Other

Household Name(s): (Please Print) (Last Name, First Name)	Birth Date: (mm/dd/yy)	Status in Canada	Relationship to Applicant

Please indicate Yes or No to the following questions	Yes/No
Is at least one member of the household 16 years old or older and able to live independently?	
Is each person named in this application one of the following: Canadian Citizen, Landed Immigrant, Indian Status (per Indian Act), Refugee or has made a Refugee Claim with no outstanding enforceable deportation, departure or exclusion order in effect? <b>You must attach proof of legal status in Canada for everyone listed in this Application.</b>	
Is a baby expected? If <b>Yes</b> , when is the baby due?	
Do all persons listed on this application live together now? If <b>No</b> , please explain:	

The current custody/care/visitation arrangements of my above noted children are (*check one below*):

- My children have lived with me full time and have been in my care and custody since birth. There are currently no court orders or documents dealing with the custody of the children named in this Application.
- I have shared custody, visitation, kinship or customary care arrangements for the children named in this Application. There is a court order or other documents verifying the arrangement. **A copy of the court order or verifying document is required must be attached to this Application.**
- I have shared custody, visitation, kinship or customary care arrangements for the children named in this Application. There is no court order or other documents verifying the arrangement. **Applicant must complete and sign a separate Parental/Care Declaration.**

Support Payments	
State amount entitled to per month in support payments from spouse/partner for the children named in this Application.	\$
State amount you are required to pay per month in support payments to another party for the children named in this Application.	\$

5. Type of Accommodation
I/We wish to apply for the following: <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> 4 Bedrooms <input type="checkbox"/> 5 Bedrooms
Do you or any household members have any physical challenges to the extent a partial or fully modified unit is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" please specify.</b> <i>(Documentation may be required)</i>
Do you require support services to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" please specify.</b> Eligibility criteria requires an individual to live independently and can carry out the normal essential activities of day-to-day living, either on his or her own or with the aid of support services that the individual demonstrates will be provided when required. <i>(Documentation may be required)</i>

6. Total Gross Household Income Information
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Please list all gross monthly income from all Foreign and Canadian sources for every member of the household. If additional space is needed please attach the additional information. **Please see examples of income that follows.**

<ul style="list-style-type: none"> <li>• Full-time work, Part-time work</li> <li>• Irregular work</li> <li>• Casual work</li> <li>• Seasonal work</li> <li>• Odd jobs</li> <li>• Seasonal or vacation pay</li> <li>• Yearly bonuses</li> <li>• Cost of living bonuses</li> <li>• Long term disability</li> <li>• Short term disability</li> </ul>	<ul style="list-style-type: none"> <li>• Shift bonuses</li> <li>• Sickness pay</li> <li>• Tips or gratuities</li> <li>• Commissions</li> <li>• Overtime pay</li> <li>• Tutoring</li> <li>• Child care/Babysitting</li> <li>• Farm income</li> <li>• Pension Income</li> <li>• Ontario Works</li> <li>• Ontario Disability Support Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Canada Pension Plan</li> <li>• Old Age Security</li> <li>• Alimony/support payments</li> <li>• Canada Child Benefit</li> <li>• War Veteran's Allowances</li> <li>• Employment Insurance</li> <li>• Training allowances</li> <li>• Annuities</li> <li>• Workers Compensation payments</li> </ul>	<ul style="list-style-type: none"> <li>• Sponsorship payments</li> <li>• Canada Manpower Retraining Allowance</li> <li>• One time lump sum payments (e.g., inheritances, court and out-of-court settlements)</li> <li>• Mortgage income</li> <li>• Pensions or other income from another country</li> </ul>
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Name of Household Member	Source of Income	Gross Monthly Income (before deductions)

Has any member of the household named in this application been convicted of a crime under the <i>Criminal Code</i> (Canada) in relation to the receipt of rent-geared-to-income assistance within the last 2 years?	Yes/No
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## 7. Declaration of Income Producing Assets

Please list all Foreign and Canadian income producing assets held by every member of the household. If additional space is needed please attach the additional information. **Please see Examples of Income Producing Assets that follows.**

### Examples of Income Producing Assets

- Real estate which you rent to someone (example: business, farmland, mobile home)
- A licence which gives you income (example: taxi licence)
- Business assets
- All investments, RRSP, RESP, RDSP, including bank accounts, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes or term deposits, mutual funds, Canada Savings Bonds, etc
- Assets held in another country

Name of Household Member	Name of Asset	Gross Monthly Income (before deductions)

## 8. Ownership of Other Residential Property

Does any member of the household have any ownership interest in any residential property located in or outside Ontario that is suitable for year-round occupancy? **Yes**  **No**

If **YES**, please state the address of the residential property:

**Note: If YES**, the member must divest himself or herself of his or her interest in the property and give written verification of the divestment to the Housing Provider within 180 days of receiving a housing subsidy. Certain exclusions may apply.

## 9. Other Social Housing addresses in Ontario where you have resided

Have you ever lived in social housing?  Yes  No  
If **Yes**, please complete the section below.

Was it:  a unit where the rent was subsidized  a market rent unit

Name of Household Member	Address	Housing Provider Name	Month/Year you moved out	Arrears, if any owing (\$)
				\$
				\$
				\$
				\$

Does any member of the household named in this application owe rent / housing charge arrears to any federally, provincially or municipally funded housing groups in Ontario?

Yes No

If **YES** and any member of the household owes rent/housing charge arrears is a written re-payment agreement in place? *If yes, please attach a copy of the repayment agreement.*

Yes No

If a written re-payment agreement is in place are the payments up to date?

Yes No

## Declarations and Consents

### Definitions

For the purposes of this application the stated terms have the following meanings:

“CHR” means the Central Housing Registry – Windsor Essex County, being operated by the Windsor Essex Community Housing Corporation;

“Housing Program” means a program that provides funds to subsidize the rent for qualifying households;

“Participating Housing Provider” means a landlord that is participating in or will participate in a Housing Program.

“Service Manager” means The Corporation of the City of Windsor.

## Declaration

### The undersigned agree and declare:

1. Everything I have written in this document is true and no information that is required to be given has been withheld or omitted.
2. I understand that the CHR and any Participating Housing Provider, will use my personal information to determine if I am eligible or continue to be eligible for the Housing Program; the size and type of unit I may be eligible to receive; my placement on wait lists; and the amount of Housing Program rent payable by me.
3. I declare that I am in Canada legally.
4. I understand that I must pay back any money I owe to the applicable Participating Housing Provider.
5. I understand that it is an offence for an individual to knowingly obtain or assist a household member to obtain Housing Program assistance for which they are not entitled.
6. I understand that if something in my Application, or any other information that I provide to CHR, a Participating Housing Provider, or the Service manager is missing, incorrect or false, then they (jointly or individually) may request additional information, or may cancel my eligibility for Housing Program assistance and request my household reimburse them for the amount of RGI assistance paid on behalf of my household.
7. I understand that if the CHR, the Service Manager or any Participating Housing Provider, requests a reimbursement from a household, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing.
8. I understand that only the people I have listed on this document may live with me in housing subsidized by the Housing Program.
9. Any occupancy granted as a result of this Application is subject to the present tenant vacating the premises, if and when offered to me. I agree to waive any claim for damages against the CHR, Service Manager and the Participating Housing Provider, or any organization that processes this application and/or offers subsidized housing to me, for any and all losses that accrue to me resulting from the present tenant not vacating the premises offered to me on the date originally indicated by the present tenant.
10. Personal information contained in this form, or in any attachment to it, is collected by the CHR, the Service Manager and the Participating Housing Provider pursuant to the *Freedom of Information & Protection of Privacy Act* or the *Municipal Freedom of Information and Privacy Act*, and will be used only as set out in this form and in accordance with relevant governing legislation.

**Consent and Release**

1. The undersigned consent(s) to the collection, use and disclosure of such information as is required for the purpose of processing the CHR Application Form and as may otherwise be required for the operation of the Housing Program. Uses may include but are not limited to: determining the eligibility of the household for Housing Program assistance; determining the size and type of unit in respect of which the household is eligible to receive Housing Program assistance; determining the placement of the household on wait lists and determining the amount of Housing Program rent payable by the household. Disclosure may include but is not limited to: the Service Manager; Participating Housing Providers; and any relevant support service or community agency or institution assisting the undersigned with obtaining and retaining Housing Program assistance.
2. Without restricting the generality of the consent in paragraph 1, the undersigned specifically consents to the disclosure of information by any third parties to the CHR, the Service Manager, and any Participating Housing for the purpose of obtaining and retaining Housing Program assistance.
3. The undersigned further consent(s) to the exchange of my/our personal information or the personal information of any dependents included in our household with, among, and between the CHR, the Service Manager, and any Participating Housing Provider or its agents under contract, for the purpose of obtaining and retaining Housing Program assistance and/or special needs housing including my placement on any applicable wait lists.
4. The undersigned further consent(s) to the exchange of personal information with, among, and between all or any of: CHR, Participating Housing Provider, any relevant support service or community agency or institution assisting the undersigned with obtaining and retaining Housing Program assistance, the Service Manager, Ontario Works delivery agents, credit bureaus, the government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, housing service corporations and associate housing registries including the Provincial Former Tenant Arrears database or other Access Sites, for the purposes of determining or verifying initial or continued eligibility and/or for the administration of my/our Housing Program assistance.
5. Each of the undersigned release(s) the CHR, Participating Housing Provider, The Corporation of the City of Windsor and the Corporation of the County of Essex from any liability or claim of any nature or kind in connection with the collection, use and disclosure of information provided for the purpose of processing the CHR Application Form and operation of the Housing Program, provided that such organizations comply with the provisions of all relevant governing legislation regarding the release and exchange of information.

**SIGNATURES:** All household members 16 years of age or older must sign the application form. This does not include dependent household members.

	Print Name	Signature	Relationship to Applicant	Date (mm/dd/yy)
Applicant				
Co-Applicant				
Other Household Member				
Other Household Member				
Guardian/ Trustee				

The personal information on this form is collected under the authority of the Housing Services Act Sections 169-176 the *Freedom of Information & Protection of Privacy Act* and/or the *Municipal Freedom of Information and Privacy Act* (R.S.O. 1990,c M.56) and will be used to process your application under and the operation of the Housing Program. Questions about the collection and use of your information should be forwarded to the Chief Executive Officer of the Windsor Essex Community Housing Corporation at 945 McDougall Ave. P.O. Box 1330, Windsor, ON N9A 6R3 or (519) 254-1681 ext 3030.

**Section 2**

**Can-Am Urban Native Homes**  
Provides Subsidized Housing for Native Families

<p><b>Would you like your application forwarded to Can-Am Urban Native Homes?</b></p> <p><input type="checkbox"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b></p>
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If you choose **YES**, proof of Aboriginal Ancestry will be required to verify eligibility for RGI housing. This may include one of the following:

- photocopy of Indian Status card
- photocopy of Metis Membership card
- photocopy of N Number Card for Inuit Ancestry
- letter from the affiliated Band Office stating aboriginal ancestry
- Written confirmation from a representative of a recognized support service agency, lawyer or legal clinic confirming Native Ancestry

**A Can-Am Urban Native Homes brochure providing further details about this housing program can be obtained at the Central Housing Registry office.**

**SIGNATURES:**

(All household members 16 years of age or older or their approved designate must sign the application form. This does not include dependent household members)

<b>Print Name</b>	<b>Signature</b>	<b>Date (mm/dd/yy)</b>
<b>Applicant</b>		
<b>Co-Applicant</b>		
<b>Other Household Member</b>		
<b>Other Household Member</b>		
<b>Other Household Member</b>		



### Section 3

## Co-operative Housing Location Preference Sheet

If you wish to include Co-operative Housing developments on your Location Preference Sheet please *read, and if you agree, sign below:*

1. Residents in Co-operative (Co-op) Housing developments are members and not tenants. The Co-operative is run by the members who live in the Co-op community. There is additional information applicants should be aware of when applying for a home in a housing Co-op.
2. We have read and understand the following which specifically apply to Co-operative Housing developments.
3. We understand that only members of a Co-operative may live in a Co-op and we must apply for membership and occupancy rights directly with the Co-op.
4. We understand we must attend an interview and information exchange meeting with a Co-op committee and can become members only if the Co-op accepts us. Applying does not guarantee that we will be accepted for occupancy.
5. We understand that Co-operative housing developments require additional fees and deposits such as a sector fee and a maintenance deposit.
6. We understand that Co-ops expect members to share responsibility in running the co-op community and perform some duties and tasks and we agree to take part in this responsibility.
7. We understand that Co-ops are governed by the Co-operative Corporations Act of Ontario, the Co-op's specific Bylaws and rules, only parts of the Residential Tenancies Act and in some cases, the Housing Services Act.
8. We understand that each Co-op sets its own pet policy which we agree to follow.
9. I/We understand that all members of the household who are 16 years or older must sign the application and consent, or have it signed on their behalf by an approved designate – parent, guardian, person with power of attorney or authorization to complete an application and provide consent on behalf of an applicant. (Proof of age must accompany the application).

### SIGNATURES

**(All household members 16 years of age or older or their approved designate must sign the application form. This does not include dependent household members.)**

Print Name	Signature	Date (MM/DD/YY)
Applicant		
Co-Applicant		
Other Household Member		
Other Household Member		
Other Household Member		

**SECTION 4: LOCATION: WINDSOR EAST (East of Walker Rd and city limit boundary)**

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Provider you have selected.

**HOUSING TYPE**

APT. – Apartment Building      S.D. – Semi- Detached Home  
T.H. – Attached Townhome      S.F. – Single Family Home

Use checkmark to select site and location preference

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included
	<b>Can-Am Urban Native Homes –</b> **Verification of native ancestry required	Family	180 Tecumseh East (Office) Various Locations				✓	✓			S.F.	40	No
	<b>Drouillard Place Terrace N.P.</b>	Adult / Family	980 St. Luke	✓	✓	✓	✓			<sup>12</sup> 6 - 1 BR 6 - 2 BR	APT.	59	Yes
	<b>Ford / Ferndale - CHC.</b>	Family	Reginald & Lassaline			✓	✓				T.H.	198	Partial
	<b>Ford / Ferndale Apartments - CHC.</b>	Adult	Reginald		✓						APT.	22	Yes
	<b>Fontainebleau Row - CHC.</b>	Family	Clarence & Grandview			✓	✓	✓			T.H.	175	Partial
	<b>Fontainebleau Singles - CHC.</b>	Family	Various Locations				✓	✓	✓		S.F.	40	Partial
	<b>Fontainebleau Towers - CHC.</b>	Senior	2455 Rivard		✓						APT.	386	Yes
	<b>Grachanica N.P. Housing</b>	Family / Senior	2428 Jos St. Louis		✓	✓	✓			<sup>5</sup> 3 - 1 BR 2 - 2 BR	APT.	99	Yes
	<b>Grand Marais Co-operative Homes Inc.</b>	Adult / Family	2800 Pilette Road			✓	✓			<sup>4</sup> 2-1 BR 2-2 BR		70	No
	<b>Heimathof Retirement Home</b>	Senior	5060 Wyandotte East		✓	✓				<sup>2</sup> 1 BR	APT.	50	Yes
	<b>Homeland N.P. Housing Complex</b>	Adult / Family	3120 Meadowbrook		✓	✓	✓			<sup>4</sup> 2 - 1 BR 2 - 2 BR	APT.	79	Yes
	<b>Jefferson / Queen Elizabeth - CHC.</b>	Family	Jefferson / Queen Elizabeth				✓				S.D. S.F.	61	No
	<b>Jos Janisse - CHC.</b>	Family	800 Block Jos Janisse				✓				T.H.	34	No
	<b>La Residence Richelieu</b>	Senior	3140 Meadowbrook		✓	✓				<sup>3</sup> 1 BR	APT.	51	Yes
	<b>Labour Community Service Centre</b>	Family	3380 Ypres			✓	✓	✓		<sup>4</sup> 2 - 2 BR 2 - 3 BR	T.H.	70	No
	<b>Labour Community Service Centre</b>	Senior	3490 Ypres		✓	✓				<sup>4</sup> 1 BR	APT.	50	Yes

**SECTION 4:**


**LOCATION: WINDSOR EAST (east of Walker Rd and city limit boundary)**

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Provider you have selected.

**HOUSING TYPE**

**APT.** – Apartment Building      **S.D.** – Semi- Detached Home  
**T.H.** – Attached Townhome      **S.F.** – Single Family Home

**Use checkmark to select site and location preference**

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included
	Lauzon Road - CHC.	Family	2575 - 2633 Lauzon			✓	✓	✓			T.H.	108	Partial
	Lions Manor – Verification of CNIB registration required	Adult / Senior	230 Strabane		✓					 Adult	APT.	150	Yes
	Little River Acres - CHC.	Family	(formerly Villages of Riverside)				✓				S.F.	14	Yes
	Meadowbrook Lane - CHC.	Family	3100 Block Meadowbrook			✓	✓			<sup>3</sup> 2 BR	T.H.	76	No
	Parkwood NPHC	Senior	3015 Temple		✓	✓				<sup>4</sup> 2 - 1 BR 2 - 2 BR	APT.	61	Yes
	Paul Martin / River Park N.P.	Family	6901 Charlie Brooks			✓	✓	✓		<sup>3</sup> 1 - 2 BR 2 - 3 BR	T.H.	70	No
	Pillette Green Community Housing	Adult / Family	2750 Pillette		✓	✓	✓			<sup>1</sup> 1 BR	APT.	32	Yes
	Rent Supplement - CHC.	Adult	Various Locations		✓	✓	✓	✓			APT.	N / A	Partial
	Rent Supplement - George, Alice & Aubin - CHC.	Senior	1600 Block George, Alice & Aubin	✓	✓						T.H.	52	Yes
	Rent Supplement - Riggs Manor - CHC.	Senior	4365 Wyandotte East		✓						APT.	50	Yes
	Rent Supplement - Wyandotte East - CHC.	Senior	4100 Block Wyandotte East		✓						T.H.	12	Yes
	Riverside - CHC.	Senior	Clairview & Watson	✓	✓						T.H.	20	Yes
	Riverside - CHC.	Family	Watson				✓	✓			T.H.	16	Yes
	Rosewood Court - CHC.	Family	1200 Block Central				✓	✓			T.H.	49	Partial
	Windsor Coalition N.P. Homes	Family	900 Howard (Office) Various Locations				✓				S.F.	1	No

**SECTION 4: LOCATION: WINDSOR CENTRAL** (Area within Walker Rd, Campbell Ave, Riverside Dr. and City Limit to the South)

Your application will be reviewed by the CHR and if eligible you will be placed on the waiting list of the Housing Provider you have selected.

**HOUSING TYPE**

APT. – Apartment Building      S.D. – Semi- Detached Home  
T.H. – Attached Townhome      S.F. – Single Family Home

Use checkmark to select site and location preference

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included
	680 Aylmer	Adult / Family	680 Aylmer		✓	✓	✓			3 2 - 1 BR 1 - 3 BR	APT.	82	Yes
	Can-Am Urban Native Homes verified aboriginal ancestry	Family	180 Tecumseh East (Office) Various Locations			✓	✓	✓		1 2 BR	S.F.	24	No
	Cencourse Apartments	Senior	30 Tuscarora		✓						APT.	294	Yes
	Chateau Masson - CHC.	Adult	415 University East	✓							APT.	79	Yes
	Dr. Roy Perry Apartments - CHC.	Adult / Family	395 University East		✓	✓				6 1 BR	APT.	132	Yes
	Glengarry Court - CHC.	Adult / Family	317 University East		✓	✓	✓	✓	✓		APT. T.H.	57	Partial
	Hallmark - CHC.	Family	1300 Block Hallmark				✓				S.D.	26	No
	John Moynahan Co-Operative	Family	1207 Labour			✓	✓	✓		4 2 - 2 BR 1 - 3 BR 1 - 4 BR	S.D.	66	No
	Ka-Wah Manor	Adult / Family	350 Church		✓	✓	✓	✓		3 2 - 1 BR 1 - 2 BR	APT.	60	Yes
	MacDonell - CHC.	Family	438 Niagara			✓	✓			4 2 BR	APT.	56	Yes
	McPhail Manor - CHC.	Family	860 Mercer			✓	✓			2 2 BR	APT.	50	Yes
	Mrs. Cameron H. Montrose Apartments - CHC.	Adult / Family	445 Glengarry		✓	✓					APT.	132	Yes
	Ouellette Manor - CHC.	Senior	920 Ouellette		✓						APT.	400	Yes
	Raymond Desmarais Manor - CHC.	Senior	255 Riverside East		✓						APT.	300	Yes
	Remington Park - CHC.	Family	South Pacific / Slater / Hawksbury / Marie / Reading / Southdale / Glenbrook / Hartford			✓	✓	✓		6 2 BR	T.H. S.F. S.D.	228	No

**SECTION 4: LOCATION: WINDSOR CENTRAL** (Area within Walker Rd, Campbell Ave, Riverside Dr. and city limit to the South)

Your application will be reviewed by the CHR and if eligible you will be placed on the waiting list of the Housing Provider you have selected.

**HOUSING TYPE**

APT. – Apartment Building      S.D. – Semi- Detached Home  
T.H. – Attached Townhome      S.F. – Single Family Home

Use checkmark to select site and location preference

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities
	Rent Supplement – CHC.	Adult / Family	Various Locations		✓	✓					APT.	N/A	Yes
	Rent Supplement – CHC.	Senior	1100 Campbell Avenue	✓	✓						T.H.	120	Yes
	Rent Supplement – Cherniak Manor- CHC.	Senior	120 Oak Avenue		✓					3 1 BR	APT.	117	Yes
	Rent Supplement – Memorial Drive –CHC.	Senior	700 Block Memorial Drive		✓						T.H.	24	Yes
	St. Angela NPHC/Palazzo Italia	Adult / Family	274 Erie Street, East		✓	✓	✓			4 2 BR	APT.	76	Yes
	St. Angela Senior Citizen	Senior	1037 McDougall Avenue		✓	✓					APT.	41	Yes
	Thompson Towers	Adult / Family	495 Glengarry Avenue		✓	✓		✓		9 4 - 1 BR 4 - 2BR 1 - 4 BR	APT.	69	Yes
	Villa Ciociara /Villa Montecassino	Senior	900 Windsor Avenue		✓	✓				1 1 BR	APT.	27	Yes
	Wheelton Manor - CHC	Adult	333 Glengarry Avenue	✓	✓						APT.	136	Yes
	Windsor Coalition NP Homes	Family	900 Howard Avenue (Offices) Various Locations					✓			S.F.	9	No
	Windsor Homes Coalition	Adult / Family	900 Howard Avenue (Offices) Various Locations			✓	✓	✓		1 2 BR	APT. T.H. S.F. S.D.	92	No
	Windsor Residence Inc.	Adult	455 Dougall Avenue		✓					5 1 BR	APT.	56	Yes
	Windsor Residence Inc.	Adult	1101 McDougall Avenue	✓		✓				6 5 - BACH 1 - 2 BR	APT.	80	Yes
	Woodward – CHC.	Family	Woodward / Chaviva		✓						S.D.	42	No

**SECTION 4: LOCATION: WINDSOR WEST (West of Campbell Ave, and city limit boundary)**

Your application will be reviewed by the CHR and if eligible you will be placed on the waiting list of the Housing Provider you have selected.

**HOUSING TYPE**

**APT.** – Apartment Building      **S.D.** – Semi- Detached Home  
**T.H.** – Attached Townhome      **S.F.** – Single Family Home

Use checkmark to select site and location preference

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included
	Ambassador Huron Apts. N.P.	Adult / Family	1705 - 1725 Northway		✓	✓	✓			5 3 - 1 BR 2 - 2 BR	APT.	92	Yes
	Arthur Reaume Manor - CHC.	Senior	605 Mill	✓						2 1 BR	APT.	129	Yes
	Bloomfield / St Joseph - CHC.	Family	Bloomfield / St Joseph / Baby Area				✓	✓	✓		T.H.	158	Yes
	Bridgeview - CHC.	Family	Bridgeview Area			✓	✓				S.F.	100	Partial
	Can-Am Urban Native Homes verified aboriginal ancestry	Family	180 Tecumseh East (Office) Various Locations				✓	✓			S.F.	20	No
	Curry / McKay - CHC.	Family	Curry / McKay Area			✓	✓	✓			T.H. S.D.	200	Partial
	Essex Court - CHC.	Family	Wells / Millen / South Area				✓	✓			T.H.	207	Yes
	LCSC / Clarence Williams N.P.	Family	2363 Union				✓			5 3 BR	T.H.	98	No
	Rent Supplement - Ash Grove Manor - CHC.	Senior	140 Bridge	✓	✓	✓					APT.	208	Yes
	Rent Supplement - CHC.	Senior	1200 Block Partington		✓						T.H.	16	Yes
	Scattered West - CHC.	Family	Various Locations			✓	✓	✓	✓		T.H. S.F. S.D.	56	Partial
	Ser-Rise / Gloster Apt.	Adult	1950 College		✓					5 1 BR	APT.	50	Yes
	St. John Anglican N.P. / Westgate	Senior	3294 Sandwich		✓	✓				4 1 BR	APT.	62	Yes
	Windsor Homes Coalition	Adult / Family	900 Howard (Office) Various Locations			✓	✓				APT.	6	No

**SECTION 4:**

**LOCATION: ESSEX COUNTY**

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**HOUSING TYPE**

**APT.** – Apartment Building

**S.D.** – Semi- Detached Home

**T.H.** – Attached Townhome

**S F.** – Single Family Home

Use checkmark to select site and location preference

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<b>AMHERSTBURG</b>													
	Frank Long Co-Operative Homes	Family	275 Kempt			✓	✓	✓		2 2 BR	T.H.	45	No
	Rosewood Crescent Co-Operative	Family	168 Richmond			✓	✓	✓		3 2 BR	T.H.	60	No
	Victoria - CHC.	Adult	340 & 346 Victoria South		✓						APT.	67	Yes
	Warren Park - CHC.	Family	Fort and Main			✓	✓				S.F.	24	No
	Wesview Apartments	Senior	160 Pickering		✓	✓				3 1 BR	APT.	50	Yes
<b>BELLE RIVER</b>													
	Belle Court Homes	Family	560 Adelaide			✓	✓	✓		2 1 - 2 BR 1 - 3 BR	T.H.	37	No
	St. Charles - CHC.	Adult	642 St. Charles		✓						APT.	20	Yes
<b>COMBER</b>													
	Tilbury West N.P.	Adult	7112 William		✓	✓				1 1 BR	APT.	20	Yes
<b>ESSEX</b>													
	Maplewood Apartments - CHC.	Adult	109 - 111 Brien East		✓						APT.	137	Yes
	Orchard Park Co-Operative Homes	Adult / Family	33 Maidstone East		✓	✓	✓			4 2 - 2 BR 2 - 3 BR	APT. T.H.	84	Yes 1 & 2 BR APTS.
<b>HARROW</b>													
	Ell-Roy Manor - CHC.	Adult	14 King East		✓						APT.	24	Yes
<b>KINGSVILLE</b>													
	Legion Senior N.P. / Legion Estates	Adult / Family	148 Lansdowne		✓	✓	✓	✓		3 2 BR	APT. T.H.	60	Yes
	Palmer Court - CHC.	Adult	194 Division North		✓						APT.	30	Yes
	Prince Albert - CHC.	Adult	32 Prince Albert South		✓						APT.	22	Yes

**SECTION 4: LOCATION: ESSEX COUNTY**

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**HOUSING TYPE**

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**T.H.** – Attached Townhome      **S F.** – Single Family Home

**Use checkmark to select site and location preference**

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included
<b>LASALLE</b>													
	Delmar - CHC.	Adult	1905 Delmar		✓						APT.	15	Yes
	Trillium Court	Family	1696 Trillium			✓	✓	✓		<sup>3</sup> 2 - 2 BR 1 - 3 BR	T.H.	56	No
<b>LEAMINGTON</b>													
	Emerson Park Non-Profit	Family	10 Emerson			✓	✓	✓		<sup>3</sup> 2 BR	S.D.	50	No
	Lutsch - CHC.	Adult	29 Lutsch		✓						APT.	34	Yes
	Mariner's Co-Operative Homes	Family	282 Sherk			✓	✓	✓		<sup>2</sup> 1 - 2 BR 1 - 3 BR	T.H.	50	No
	Nancy Court - CHC.	Family	Nancy / Pearl			✓	✓				T.H.	16	Partial
	Nancy - CHC.	Adult	17 Nancy	✓	✓						APT.	11	Yes
	Rent Supplement - CHC.	Adult	Various locations		✓	✓					APT.	N / A	Yes
	The Cedars Apartments - CHC.	Adult	165 Talbot East		✓						APT.	41	Yes
<b>TECUMSEH</b>													
	Arbour - CHC.	Adult	11934 Arbour		✓						APT.	38	Yes
	Ryegate Co-Operative Homes	Family	1156 Community			✓	✓	✓		<sup>3</sup> 1 - 2 BR 2 - 3 BR	T.H.	50	No

***I accept all responsibilities to make this selection for the entire household and confirm I / we have received a copy of this sheet. Any changes to this form may be made by contacting the CHR.***

PLEASE PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm / dd / yyyy)

Applicant's Signature: \_\_\_\_\_ Co-applicant's Signature: \_\_\_\_\_

Guardian / Trustee: \_\_\_\_\_ Intake / CHR Representative: \_\_\_\_\_

CHR\_LPS  
2016-10-24 v1