



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 N8X1T2

Phone : (519) 254-6994 Fax : (519) 254-9166 E-mail: chrwec@wechc.com

Website: <https://www.chrwec.com>

This form is to be completed for:

- *All requests for Rent-Geared-to-Income Assistance.*
- *Current market Social Housing households requesting Rent-Geared-to-Income assistance (Priority II (PII) Market to RGI). PII Market to RGI households and Social Housing Provider must fully complete this Application and submit to the CHR. Social Housing Provider must complete Section 5 (page 11 & 12).*

General Overview

There are 6 sections to this Application as follows:

- | | |
|------------------|---|
| Section 1 | Application for Subsidized Housing |
| Section 2 | Rent-Geared-to-Income Housing for Indigenous Families |
| Section 3 | Co-operative Non-Profit Housing |
| Section 4 | Declaration and Consents |
| Section 5 | Market Rent Households Requesting RGI Assistance |
| Section 6 | Location Preference Sheet |

Need help filling out the application form?

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

- 1. Central Housing Registry – Windsor Essex County**
2470 Dougall Avenue, Unit 6, Windsor, ON N8X1T2
Phone: (519) 254-6994 Fax : (519) 254-9166 Email: chrwec@wechc.com
Website: <https://www.chrwec.com>
- 2. Family Services Windsor-Essex 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. Any agency you may already be working with.**

Where to submit your completed Application

Completed applications and supporting documentation can be submitted to:

Central Housing Registry – Windsor Essex County

2470 Dougall Avenue, Unit 6, Windsor, ON N8X 1T2

Phone: (519) 254-6994 Fax : (519) 254-9166

Email: chrwec@wechc.com Website: <https://www.chrwec.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

| | | |
|---|-----|----|
| 1. Are you in abusive situation or a survivor of domestic violence or human trafficking? | | |
| Are you or any member of your household currently in an abusive situation or a survivor of domestic violence or human trafficking? If YES, please ask your support agency and/or the Central Housing Registry about making a request for Priority 1 Status. | Yes | No |

| | | |
|---|-----|----|
| 2. Current living accommodations | | |
| Are you currently a market rent household residing with a Social Housing Provider requesting RGI assistance? <u>Please review Section 5 (page 10) for RGI assistance criteria. If yes, please complete the Central Housing Registry – Windsor Essex County Application for Subsidized Housing form and work in coordination with your designated Social Housing Provider to complete Section 5 (pages 11 & 12).</u> | Yes | No |

| | | | | | |
|---|--|----------------|--------------------|-----------------------|-------------|
| 3. Applicant | Please include copies of verification of status in Canada for ALL persons named in this Application. | | | | |
| Last Name | | First Name | | Birth Date (mm/dd/yy) | |
| Status in Canada: <input type="checkbox"/> Indigenous 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. | | |

| | | | | | |
|---|-----------------|--------------------------|----------------|--------------------|-------------|
| 4.1 Co-Applicant | Last Name | | First Name | | |
| Please state relationship to Applicant: | | Birth Date (mm/dd/yy) | Phone/Cell No. | Email Address | |
| Status in Canada: <input type="checkbox"/> Indigenous 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 please provide Current Address information | | | | | |
| Current Street Address | | City | | Province | Postal Code |
| How long at this address? | Current Rent \$ | Present Landlord's Name: | | Landlord Phone No. | |

| | | | | | |
|---|-----------------|--------------------------|----------------|--------------------|-------------|
| 4.2 Co-Applicant | Last Name | | First Name | | |
| Please state relationship to Applicant: | | Birth Date (mm/dd/yy) | Phone/Cell No. | Email Address | |
| Status in Canada: <input type="checkbox"/> Indigenous 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 please provide Current Address information. | | | | | |
| Current Street Address | | City | | Province | Postal Code |
| How long at this address? | Current Rent \$ | Present Landlord's Name: | | Landlord Phone No. | |

| | |
|---|---|
| 5. Alternate Contact | Is there a person you wish the CHR to contact in your absence or on your behalf or to act as an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES , 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 | |

| 6.1 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 each household member listed below, please identify their Status in Canada as one of the following: Indigenous Status, Canadian Citizen, Landed Immigrant, Refugee Claimant, or Other. | | | | |
| Household Name(s): (Please Print) (Last Name, First Name) | Birth Date: (mm/dd/yy) | Gender | Status in Canada | Relationship to Applicant |
| | | | | |
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| Please indicate Yes or No to ALL the following questions | | | | |
| Is at least one member of the household 16 years old or older and able to live independently? | | | | Yes No |
| Is each person named in this application one of the following: Canadian Citizen, Landed Immigrant, Indigenous Status (per Indigenous Act), Refugee or has made a Refugee Claim with no outstanding enforceable deportation, departure or exclusion order in effect? You must attach proof of legal status in Canada for everyone listed in this Application. | | | | Yes No |
| Do all persons listed on this application live together now? If No , please explain: | | | | Yes No |
| Is a baby expected? Yes No | If Yes , when is the baby due? Month: Year: | | | |

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 and 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.**

| 6.2 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. | \$ |

7. Type of Accommodation

I/We wish to apply for the following:

☐ Bachelor ☐ 1 Bedroom ☐ 2 Bedrooms ☐ 3 Bedrooms ☐ 4 Bedrooms ☐ 5 Bedrooms

Do you or any household members have any physical challenges to the extent a partial or fully modified unit is required?

☐ Yes ☐ No **If “Yes” please specify. (Documentation may be required)**

Do you require support services to live independently? ☐ Yes ☐ No

If “Yes” please specify. Eligibility criteria requires an individual to live independently and be able to 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. (Documentation may be required)

8. Total Gross Household Income Information

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.**

- Full-time work, Part-time work
- Irregular work
- Casual work
- Seasonal work
- Odd jobs
- Seasonal or vacation pay
- Yearly bonuses
- Cost of living bonuses
- Long term disability
- Short term disability

- Shift bonuses
- Sickness pay
- Tips or gratuities
- Commissions
- Overtime pay
- Tutoring
- Childcare/Babysitting
- Farm income
- Pension Income
- Ontario Works
- Ontario Disability Support Plan

- Canada Pension Plan
- Old Age Security
- Alimony/support payments
- Canada Child Benefit
- War Veteran’s Allowances
- Employment Insurance
- Training allowances
- Annuities
- Workers Compensation payments

- Sponsorship payments
- Canada Manpower Retraining Allowance
- One time lump sum payments (e.g., inheritances, court and out-of-court settlements)
- Mortgage income
- Pensions or other income from another country

| Name of Household Member | Source of Income | Gross Monthly Income (before deductions) |
|--------------------------|------------------|--|
| | | |
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Has any member of the household named in this application been convicted of a crime under the *Criminal Code* (Canada) in relation to the receipt of rent-geared-to-income assistance within the last 2 years?

Yes No

Has any member of the household been evicted through the *Landlord and Tenant Board* for illegal or criminal behavior (evicted on an *N6-Notice to End Your Tenancy for Illegal Acts*) in the last 5 years?

Yes No

9. 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 license which gives you income (example: taxi license)
- 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) |
|--------------------------|---------------|---|
| | | |
| | | |
| | | |
| | | |

10. 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.

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

| Name of Household Member | Address | Social Housing Landlord Name | Month/Year you moved out |
|--------------------------|---------|------------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Does any member of the household named in this application owe money to any federally, provincially or municipally funded social housing landlord in Ontario?

Yes No

If **YES** and any member of the household owes money, 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

12. List all addresses where you have resided in the last 3 years

| Name of Household Member | Address | Landlord Name | Month/Year you moved out |
|--------------------------|---------|---------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Section 2

Can-Am Urban Native Homes

Provides Subsidized Housing for Indigenous Families

Would you like your application forwarded to Can-Am Urban Native Homes?

☐

Yes

☐

No

If you choose **YES**, proof of Indigenous Ancestry will be required to verify eligibility for RGI housing. This may include one of the following:

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

A Can-Am Urban Native Homes brochure providing further details about this housing program can be obtained at the Central Housing Registry – Windsor Essex County 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)

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

Section 3

Co-operative Housing

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

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 Provider 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 the following: 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, any 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 Director, Corporate Services of the Windsor Essex Community Housing Corporation by mail at 945 McDougall Ave. P.O. Box 1330, Windsor, ON N9A 6R3 or by phone at (519) 254-1681 ext 3030.

Section 5

MARKET RENT HOUSEHOLDS REQUESTING RGI ASSISTANCE

PLEASE COMPLETE, SIGN AND DATE THE *CHR-WEC APPLICATION FOR SUBSIDIZED HOUSING FORM AND LOCATION PREFERENCE SHEET*.

ONCE COMPLETED, PLEASE SUBMIT THE *CHR-WEC APPLICATION FOR SUBSIDIZED HOUSING FORM AND LOCATION PREFERENCE SHEET* TO YOUR SOCIAL HOUSING PROVIDER.

THE SOCIAL HOUSING PROVIDER WILL COMPLETE PAGES 11 & 12 OF THE *CHR-WEC APPLICATION FOR SUBSIDIZED HOUSING FORM* AND WILL FORWARD THE COMPLETED *CHR-WEC APPLICATION FOR SUBSIDIZED HOUSING FORM AND LOCATION PREFERENCE SHEET* TO THE *CENTRAL HOUSING REGISTRY – WINDSOR ESSEX COUNTY*.

Who does this affect?

A household residing in a designated housing project may apply for rent-geared-to-income assistance after paying market rent for a minimum of 12 consecutive months whether they have moved in at market rent or established an RGI to market rent tenancy after move in.

What are the criteria?

The market rent household residing in a designated social housing project must have experienced a significant or material change resulting in financial hardship after establishing a market rent tenancy (e.g. death of a spouse, loss of employment or support income).

The market rent household must be deemed eligible for RGI assistance and must retain their hardship status in order to remain categorized as Priority II status on their designated housing project's internal waitlist.

The household's request must be specific to the designated social housing project where they reside and the household may indicate a preference to remain in the unit they currently occupy provided the household is eligible for their current unit size in accordance with the occupancy standards.

Eligible households will receive Priority II status based on their original date of application (i.e. the date the household first applied for tenancy with this designated social housing project) and be limited to one offer of accommodation (effective November 30, 2020).

The designated social housing provider **must** complete Section 5, pages 11 and 12, of this Application form and forward the fully completed and signed *Application for Subsidized Housing form and Location Preference Sheet* to the *Central Housing Registry – Windsor Essex County*.

In cases where approving a market household's Application for Subsidized Housing will create a temporary deviation to the social housing provider's legislated target plan, the social housing provider must obtain the prior written consent from the Service Manager. Any approved deviation to the legislated target plan would be on a temporary basis only and the social housing provider must return to the original legislated target plan using unit turnovers at the first opportunity to do so unless otherwise approved by the Service Manager.

“SOCIAL HOUSING PROVIDER USE ONLY”

13. Social Housing Provider

Please complete this section and submit completed *Application for Subsidized Housing form & Location Preference Sheet* to *Central Housing Registry – Windsor Essex County*.

| | | |
|---|-----|----|
| 13.1 Has the household paid market rent for at least the last 12 consecutive months? | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| 13.2 Any member of the household applying for subsidized housing must make reasonable efforts to pursue income if entitled to receive such income under the Ontario Works Act 1997; Divorce Act (Canada); Employment Insurance Act (Canada); financial undertakings given under the Immigration Act (i.e. Sponsorship Canada); and any pension or other benefit entitlement from the Provincial and Federal Government. Has the household made a reasonable effort to pursue such income? EXCEPT: Special Priority RGI Household member(s) are NOT required to pursue the specified document(s)/Income(s) if the pursuit of the document(s)/Income(s) will place member(s) safety at risk. | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| 13.3 If the household is in arrears, are they repaying in a manner satisfactory to the Social Housing Provider? | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| 13.4 Has the household experienced a significant or material change resulting in financial hardship since establishing a market rent tenancy? | Yes | No |
|--|-----|----|

| |
|--|
| 13.5 Please indicate the household's original market application date (mm/dd/yy): |
|--|

| |
|---|
| 13.6 If the household's original market application date is not available, indicate the original market move-in date (mm/dd/yy): |
|---|

Other information, if necessary

Provide any other information you deem relevant in the space below and attach additional information, as required.

14. Social Housing Provider Mandate

| | | |
|--|-----|----|
| 1. Is the occupancy consistent with the provider's mandate? | Yes | No |
| 2. If no, did the Board approve the deviation from the mandate in this case? <i>If yes, state date of Board approval:</i> | Yes | No |
| 3. Is the occupancy in compliance with RGI occupancy standards? | Yes | No |

15. Social Housing Provider Target Plan and Vacancy Information

Please provide target plan and vacancy information as requested below at the time of this Application.

| Item | RGI Units | Market Units |
|---|-----------|--------------|
| Target Plan | | |
| Actual | | |
| Number of Units physically vacant and not re-rented | | |
| Number of Active Notices to Vacate | | |

16. Social Housing Provider Contact Information and Declaration

The undersigned declares that, to the best of their knowledge, the information provided in this form is true and accurate and further verifies that the tenant(s) named above are eligible for RGI assistance. The undersigned understands and agrees that:

1. If this household is approved for RGI assistance and such approval creates a temporary deviation to the target plan, the housing provider is required to obtain the prior written consent of the Service Manager; and,
2. Any approved deviation to the target plan is on a temporary basis only and the housing provider must return to the original target plan using unit turnovers at the first opportunity to do so unless otherwise approved by the Service Manager.

| | |
|--|---|
| Social Housing Provider Location Name: | Social Housing Provider Contact (Name): |
| Social Housing Provider Location Address: | Phone Number: |
| Email Address: | Fax: |
| Social Housing Provider Contact Signature: | Date (mm/dd/yyyy): |

SECTION 6

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 Providers you have selected.

HOUSING TYPE

APT. – Apartment Building










S.D. – Semi- Detached Home

For Office Use:

T.H. – Attached Townhome

S.F. – Single Family Home

Use a 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 W = water E = electricity G = gas |  |
|-------------------------------------|--|---------------------|---|----------|------|------|------|------|------|---------------------------------------|--------------|------------------|---|---|
| | Can-Am Urban Native Homes **Verification of Indigenous ancestry required | Family | 180 Tecumseh E. (Office) Various Locations | | | | ✓ | ✓ | | | S.F. | 40 | No | |
| | Drouillard Place Terrace N.P. | Adult / Family | 980 St. Luke | ✓ | ✓ | ✓ | ✓ | | | ¹² 6 - 1 BR 6 - 2 BR | APT. | 59 | Yes | |
| | Ford / Ferndale - CHC | Family | Reginald & Lassaline | | | ✓ | ✓ | | | | T.H. | 198 | W Yes E No G Yes |  |
| | Ford / Ferndale Apartments - CHC | Adult | 5484 & 5488 Reginald | ✓ | | | | | | | APT. | 22 | Yes |  |
| | Fontainebleau Row - CHC | Family | Clarence & Grandview | | | ✓ | ✓ | ✓ | | | T.H. | 175 | W Yes E No G Yes |  |
| | Fontainebleau Singles - CHC | Family | Armstrong, Haig, Joinville, Rivard | | | | ✓ | ✓ | ✓ | | S.F. | 40 | W Yes E No G Yes |  |
| | Fontainebleau Towers - CHC | Senior | 2455 Rivard | ✓ | | | | | | | APT. | 386 | Yes |  |
| | Grachanica N.P. Housing | Family / Senior | 2428 Jos St. Louis | ✓ | ✓ | ✓ | | | | ⁵ 3 - 1 BR 2 - 2 BR | APT. | 99 | Yes | |
| | Heimathof Retirement Home | Senior | 5060 Wyandotte East | ✓ | ✓ | | | | | ² 1 BR | APT. | 50 | Yes | |
| | Homeland N.P. Housing Complex | Adult / Family | 3120 Meadowbrook | ✓ | ✓ | ✓ | | | | ⁴ 2 - 1 BR 2 - 2 BR | APT. | 79 | Yes |  |
| | Jefferson / Queen Elizabeth - CHC | Family | Jefferson / Queen Elizabeth | | | | ✓ | | | | S.D. S.F. | 61 | No |  |
| | Jos Janisse - CHC | Family | 800 Block Jos Janisse | | | | ✓ | | | | T.H. | 34 | No |  |
| | La Residence Richelieu | Senior | 3140 Meadowbrook | ✓ | ✓ | | | | | ³ 1 BR | APT. | 51 | Yes | |
| | Labour Community Service Centre | Family | 3380 Ypres | | | ✓ | ✓ | ✓ | | ⁴ 2 - 2 BR 2 - 3 BR | T.H. | 70 | No | |
| | Labour Community Service Centre | Senior | 3490 Ypres | ✓ | ✓ | | | | | ⁴ 1 BR | APT. | 50 | Yes | |

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SECTION 6:

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 Providers you have selected.

HOUSING TYPE

APT. – Apartment Building

T.H. – Attached Townhome

S.D. – Semi- Detached Home

S.F. – Single Family Home














***CHC Rent Supplement - Adult - Various Locations**

cannot be the only housing preference selected.

You must select additional housing option(s).

For Office Use:

Use a 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 W = water E = electricity G = gas | | |  |
|-------------------------------------|---|---------------------|---|----------|------|------|------|------|------|---|--------------|------------------|---|-----|-----|---|
| | | | | | | | | | | | | | W | E | G | |
| | Lauzon Road - CHC | Family | 2575 - 2633 Lauzon | | | ✓ | ✓ | ✓ | | | T.H. | 108 | Yes | No | Yes |  |
| | Lions Manor – *Verification of CNIB registration required | Adult / Senior | 230 Strabane | ✓ | | | | | |  | APT. | 150 | Yes | | | |
| | Little River Acres - CHC | Family | (formerly Villages of Riverside) | | | | ✓ | | | | S.F. | 14 | Yes | | |  |
| | Meadowbrook Lane - CHC | Family | 3100 Block Meadowbrook | | | ✓ | ✓ | | | 3 2 BR | T.H. | 76 | No | | |  |
| | Parkwood NPHC | Senior | 3015 Temple | ✓ | ✓ | | | | | 4 2 - 1 BR 2 - 2 BR | APT. | 61 | Yes | | |  |
| | Paul Martin / River Park N.P. | Family | 6901 Charlie Brooks | | | ✓ | ✓ | ✓ | | 3 1 - 2 BR 2 - 3 BR | T.H. | 70 | No | | | |
| | Pillette Green Community Housing | Adult / Family | 2750 Pillette | ✓ | ✓ | ✓ | | | | 1 1 BR | APT. | 32 | Yes | | |  |
| | Rent Supplement - CHC | Adult | *Various Locations (see above - Office Use) | ✓ | | | | | | | APT. | Limited # | No | | | |
| | George, Alice & Aubin – CHC | Senior | 1600 Block George, Alice, Aubin | ✓ | ✓ | | | | | | T.H. | 52 | Yes | | |  |
| | Riggs Manor – CHC | Senior | 4365 Wyandotte East | ✓ | | | | | | | APT. | 50 | Yes | | |  |
| | 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 | W | E | G |  |
| | | | | | | | | | | | | | No | Yes | No | |
| | Windsor Coalition N.P. Homes | Family | 900 Howard (Office) | | | | ✓ | | | | S.F. | 1 | No | | | |

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

SECTION 6:

LOCATION: WINDSOR CENTRAL

(Area within Walker Rd, Campbell Ave, Riverside Dr. and City Limit to the South)

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

HOUSING TYPE

APT. – Apartment Building












T.H. – Attached Townhome

S.D. – Semi- Detached Home

S.F. – Single Family Home

For Office Use:

Use a 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 W = water E = electricity G = gas |  |
|-------------------------------------|---|---------------------|---|----------|------|------|------|------|------|--|----------------------|------------------|---|---|
| | 680 Aylmer | Adult / Family | 680 Aylmer | | ✓ | ✓ | ✓ | ✓ | | ⁵ 2 - 1 BR 1 - 3 BR 2 - 4 BR | APT. | 82 | Yes | |
| | Can-Am Urban Native Homes **Verification of Indigenous ancestry required | Family | 180 Tecumseh E. (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 | 300 Block University E. McDougall, Wyandotte | | ✓ | ✓ | ✓ | ✓ | ✓ | | APT. T.H. | 57 | W No E No G Yes |  |
| | Hallmark - CHC | Family | 1300 - 1600 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 / Hartford Hawksbury / Marie / Reading / Southdale / Glenbrook / | | | ✓ | ✓ | ✓ | | ⁶ 2 BR | T.H. S.F. S.D. | 228 | No |  |

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SECTION 6:

LOCATION: WINDSOR CENTRAL

(Area within Walker Rd, Campbell Ave, Riverside Dr. and City Limit to the South)

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

HOUSING TYPE

APT. – Apartment Building

T.H. – Attached Townhome

S.D. – Semi- Detached Home












S.F. – Single Family Home

***CHC Rent Supplement - Adult / Family / Senior Various Locations**

cannot be the only housing preference selected.
You must select additional housing option(s).

For Office Use:

Use a 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 W = water E = electricity G = gas |  |
|-------------------------------------|--|-------------------------|--|----------|------|------|------|------|------|---|------------------------------|------------------|---|---|
| | Rent Supplement – CHC | Adult / Family / Senior | *Various Locations (see above - Office Use) | | ✓ | ✓ | | | | | APT. | Limited # | Yes | |
| | Campbell Avenue – CHC | Senior | 1100 - 1200 Campbell Avenue | ✓ | ✓ | | | | | | T.H. | 120 | Yes |  |
| | Cherniak Manor – CHC | Senior | 120 Oak Avenue | | ✓ | | | | |  1 BR | APT. | 117 | Yes |  |
| | Memorial Drive – CHC | Senior | 685 - 817 Memorial | | ✓ | | | | | | T.H. | 24 | Yes |  |
| | St. Angela NPHC/Palazzo Italia | Adult / Family | 275 Erie Street East | | ✓ | ✓ | ✓ | | |  2 BR | APT. | 76 | Yes | |
| | Thompson Towers | Adult / Family | 495 Glengarry Avenue | | ✓ | ✓ | | ✓ | |  4 - 1 BR 4 - 2 BR 1 - 4 BR | APT. | 69 | Yes | |
| | Villa Ciociara / Villa Montecassino | Senior | 900 Windsor Avenue | | ✓ | ✓ | | | |  1 BR | APT. | 27 | Yes | |
| | Wheelton Manor - CHC | Adult | 333 Glengarry Avenue | ✓ | ✓ | | | | | | APT. | 136 | Yes |  |
| | Windsor Coalition NP Homes | Family | 900 Howard (Office) | | | | ✓ | | | | S.F. | 9 | No | |
| | Windsor Homes Coalition | Adult / Family | 900 Howard (Office) | | ✓ | ✓ | ✓ | | |  2 BR | APT. T.H. S.F. S.D. | 92 | No | |
| | Windsor Residence Inc. | Adult | 455 Dougall Avenue | | ✓ | | | | | | APT. | 56 | Yes | |
| | Windsor Residence Inc. | Adult | 1101 McDougall Avenue | ✓ | | ✓ | | | | | APT. | 80 | Yes | |
| | Woodward – CHC | Family | 3400 Block Woodward 1800 Block Chaviva | | | ✓ | ✓ | ✓ | | | S.D. | 42 | No |  |

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SECTION 6:

LOCATION: WINDSOR WEST (West of Campbell Ave, 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 Providers you have selected.

HOUSING TYPE

APT. – Apartment Building










T.H. – Attached Townhome

S.D. – Semi- Detached Home

S.F. – Single Family Home

For Office Use:

Use a 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 W = water E = electricity G = gas |  |
|-------------------------------------|---|---------------------|---|----------|------|------|------|------|------|---------------------------|----------------------|------------------|---|---|
| | 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 | Askin, College, Grove, Rankin, Randolph, Tilston, Vercheres | | | ✓ | ✓ | | | | S.F. | 100 | W Yes E Yes G Yes |  |
| | Can-Am Urban Native Homes **Verification of Indigenous ancestry required | Family | 180 Tecumseh E. (Office) Various Locations | | | | ✓ | ✓ | | | S.F. | 20 | No | |
| | Curry / McKay - CHC | Family | 1438 - 1799 Curry 1700 Block McKay | | | ✓ | ✓ | ✓ | | | T.H. S.D. | 200 | W Yes E No G Yes |  |
| | Essex Court - CHC | Family | Brock / Wells / Millen / South Area | | | | ✓ | ✓ | | | T.H. | 207 | Yes |  |
| | LCSC / Clarence Williams N.P. | Family | 2363 Union | | | | ✓ | | | 5 3 BR | T.H. | 98 | No | |
| | Ash Grove Manor – CHC | Senior | 140 Bridge | ✓ | ✓ | ✓ | | | | | APT. | 208 | Yes |  |
| | Partington – CHC | Senior | 1200 Block Partington | ✓ | | | | | | | T.H. | 16 | Yes |  |
| | Scattered West - CHC | Family | Grove, Lena, Wigle Baby, Chippawa | | | ✓ | ✓ | ✓ | ✓ | | T.H. S.F. S.D. | 56 | W No E No G Yes |  |
| | 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) | | ✓ | ✓ | | | | | APT. | 6 | No | |

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SECTION 6:

LOCATION: ESSEX COUNTY

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HOUSING TYPE

APT. – Apartment Building

T.H. – Attached Townhome

S.D. – Semi- Detached Home










S.F. – Single Family Home

***CHC Rent Supplement - Adult / Family / Senior
Various Locations**

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|-------------------------------------|-------------------------------------|-------------------------|--|----------|------|------|------|------|------|---------------------------|--------------|------------------|---|---|
| AMHERSTBURG | | | | | | | | | | | | | | |
| | Frank Long Co-Operative Homes | Family | 275 Kempt | | | ✓ | ✓ | ✓ | | 2 2 BR | T.H. | 45 | No | |
| | Victoria - CHC | Adult | 340 & 346 Victoria South | ✓ | | | | | | | APT. | 67 | Yes |  |
| | Warren Park - CHC | Family | Fort and Main | | | ✓ | ✓ | | | | S.F. | 24 | No |  |
| | Westview Apartments | Senior | 160 Pickering | ✓ | ✓ | | | | | 3 1 BR | APT. | 50 | Yes |  |
| BELLE RIVER | | | | | | | | | | | | | | |
| | 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 |  |
| ESSEX | | | | | | | | | | | | | | |
| | Maplewood Apartments - CHC | Family | 109 - 11 Brien East | ✓ | | | | | | | APT. | 137 | Yes |  |
| | Rent Supplement - CHC | Adult / Family / Senior | *Various Locations (see above - Office Use) | | | ✓ | ✓ | | | | S.D. S.F. | Limited # | No | |
| HARROW | | | | | | | | | | | | | | |
| | Ell-Roy Manor - CHC | Adult | 14 King East | ✓ | | | | | | | APT. | 24 | Yes |  |
| KINGSVILLE | | | | | | | | | | | | | | |
| | 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 |  |

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SECTION 6:

LOCATION: ESSEX COUNTY

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HOUSING TYPE

APT. – Apartment Building








S.D. – Semi- Detached Home

For Office Use:

T.H. – Attached Townhome

S.F. – Single Family Home

Use a 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 W = water E = electricity G = gas |  | | | | | | |
|-------------------------------------|------------------------------|---------------------|-------------------|----------|------|------|------|------|------|--------------------------------------|--------------|------------------|--|---|---|---|-----|----|-----|---|
| LASALLE | | | | | | | | | | | | | | | | | | | | |
| | Delmar - CHC | Adult | 1905 Delmar | | ✓ | | | | | | APT. | 15 | Yes |  | | | | | | |
| | Trillium Court | Family | 1329 Harrison St. | | | ✓ | ✓ | ✓ | | ³ 2 - 2 BR 1 - 3 BR | T.H. | 56 | No | | | | | | | |
| LEAMINGTON | | | | | | | | | | | | | | | | | | | | |
| | Emerson Park Non-Profit | Family | 10 Emerson | | | ✓ | ✓ | ✓ | | ³ 2 BR | S.D. | 50 | No | | | | | | | |
| | Lutsch - CHC | Adult | 29 Lutsch | | ✓ | | | | | | APT. | 34 | Yes |  | | | | | | |
| | Mariner's Co-Operative Homes | Family | 282 Sherk | | | ✓ | ✓ | ✓ | | ² 1 - 2 BR 1 - 3 BR | T.H. | 50 | No | | | | | | | |
| | Nancy Court - CHC | Family | Nancy / Pearl | | | ✓ | ✓ | | | | T.H. | 16 | <table><tr><td>W</td><td>E</td><td>G</td></tr><tr><td>Yes</td><td>No</td><td>Yes</td></tr></table> | W | E | G | Yes | No | Yes |  |
| W | E | G | | | | | | | | | | | | | | | | | | |
| Yes | No | Yes | | | | | | | | | | | | | | | | | | |
| | Nancy - CHC | Adult | 17 Nancy | ✓ | ✓ | | | | | | APT. | 11 | Yes |  | | | | | | |
| | The Cedars Apartments - CHC | Adult | 165 Talbot East | | ✓ | | | | | | APT. | 41 | Yes |  | | | | | | |
| TECUMSEH | | | | | | | | | | | | | | | | | | | | |
| | Arbour - CHC | Adult | 11934 Arbour | | ✓ | | | | | | APT. | 38 | Yes |  | | | | | | |
| | Ryegate Co-Operative Homes | Family | 1156 Community | | | ✓ | ✓ | ✓ | | ³ 1 - 2 BR 2 - 3 BR | T.H. | 50 | No | | | | | | | |

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CHR_LPS
2020_10_01

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:** _____

Applicant's Signature: _____ **Co-applicant's Signature:** _____ (mm / dd / yyyy)

Guardian / Trustee: _____ **Intake / CHR Representative:** _____ 7 of 7