



Housing Services Department
162 Lochiel Street, Suite 100
Sarnia, ON N7T 7W5

Telephone: 519-344-2062
Toll-free: 1-800-387-2882
Fax: 519-344-2023

Application for Housing Assistance

**Complete and forward to: County of Lambton – Housing Services Department
162 Lochiel Street, Suite 100
Sarnia ON N7T 7W5**

To qualify for social housing in the County of Lambton, applicants must:

- Be 16 years of age or older and be able to live independently
- Each member must be a Canadian Citizen, Landed Immigrant or Refugee Claimant
- No member of the household owes arrears to any social housing provider

Please ensure all 12 sections of the application form are completed by all members that are 16 years of age and older. Also ensure that the building selection pages (Appendix A) have been completed. If you do not fully complete these pages and submit all of the required documentation, your application will be considered incomplete and you will not be placed on the waiting list until all of the information is received and your eligibility can be determined. See page 2 for a complete list of required documentation.

We will place you on the waiting list according to the date your application is declared complete and eligible. You will receive a letter within two weeks from the County of Lambton Housing Services Department acknowledging receipt of your application.

You will receive one (1) offer of housing. Should you decline this offer, your application for rent-geared-to-income assistance may be cancelled and you will be removed from the waitlist. It is important that you carefully consider your building preferences and select only locations that you are willing to accept.

We are unable to tell you exactly when you will be offered housing as each location has a separate waiting list. Some waiting lists are longer than others. Your place on each waiting list will vary since the length of each waiting list varies. However, we can give you an estimate of wait times based on the length of time that previous applicants have waited. Please keep in mind that you will receive one (1) offer of housing.

It is important to notify us of any changes in your household size, address, phone number or income. Your application will be cancelled if we are unable to contact you. You will have six (6) months to reactivate your application, after which time you will be required to reapply and your name will be placed at the bottom of the waiting list.

If you have any difficulty completing this application or have questions, please contact us at 519-344-2062 ext. 2036 or 1-800-387-2882.

This document is available in an alternative format upon request, to accommodate individuals with a disability.

Application Checklist

Use this checklist to make sure you have attached all of the required documents.

- Have you completed all 12 sections of the application in pen (pages 3-8)?
- Have you completed Appendix A of this form and selected your preference(s)?
NOTE: You are entitled to receive one (1) offer of housing as of January 1, 2021. Please select only locations that you are willing to accept. Declining an offer may result in your name being removed from waiting list and cancellation of your file.
- Have all members 16 years and older signed page 8 of this application **in pen**?
- Have you attached photocopies of Canadian birth certificates, Canadian passports, landed immigrant documentation, permanent resident cards or refugee claimant documents for all members of the household?
- Have you provided documentation verifying your custody arrangements for any children listed on the application?
- Have you provided documentation verifying all income and assets of all applicants?
- Have you provided a copy of your most recent Notice of Assessment from the Canada Revenue Agency for all adult members on this application?
- If you have asked for a wheelchair modified unit, additional bedroom because of a disability in your household or require support services to live independently, have you provided a letter from your doctor or health care professional outlining the details of the medical need for the requested accommodation? Also, if you work with any support agencies, have you provided a letter from the support agency?
- If you have asked for an additional bedroom because you have a legal custody agreement or visiting rights involving overnight stays, have you provided this documentation?
- If you have asked for an additional bedroom because someone in the household is expecting a baby, have you provided a note from your doctor or health care professional verifying the pregnancy and expected due date?

If you do not complete all sections of the application form and do not attach all of the required documents, your application will be considered incomplete and you will be advised in writing. You will not be placed on the waiting list until all of the information is received and your eligibility can be determined. Your application would be cancelled if the information is not provided.

New Add Member to Application Move in with Existing Household**Section 1 - Household Members**

Name (list all members who will live in the unit) <i>e.g. Sally Smith</i>	Gender <i>Female</i>	Birthdate <i>Oct. 1, 1970</i>	Social Insurance Number <i>400-900-600</i>	Relationship <i>Applicant</i>
1.				
2.				
3.				
4.				
5.				
6.				

Section 2 - Contact Information

Home Phone Number		Cell Phone Number		Work Phone Number	
Email Address			I prefer correspondence to be: <input type="checkbox"/> Mailed to my mailing address OR <input type="checkbox"/> Emailed		
Current Address					
Unit Number		Street Number		Street Name	
Town/City			Province		Postal Code
Mailing Address, if different from Current Address					
Unit Number		Street Number		Street Name	
Town/City			Province		Postal Code

Section 3 - Alternate Contact Information

Name of person you give us permission to contact in your absence to speak to about this application.	
Phone Number	Relationship to you (family member, friend etc.)

Section 4 - Household Composition

Is any member of the household expecting a baby? Yes No Not Applicable

If yes, please list the expected due date and provide verification:

Do all persons listed on this application live together now? Yes No Not Applicable

If no, please explain:

Do you share custody of the children listed on this application? Yes No Not Applicable

Please provide documentation verifying your custody arrangements.

Section 5 - Income Information

List all money you and the people who will be living with you receive each month. This can include but is not limited to, income such as:

- Employment Income
- Employment Insurance (E.I.)
- Workplace Safety Insurance Board (WSIB)
- Child Support Payments
- Alimony or Spousal Support Payments
- Ontario Works (OW)
- Ontario Disability Support Plan (ODSP)
- Canada Pension Plan (CPP)
- Ontario Student Assistance Program (OSAP)
- Business that gives you income
- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Other Pensions (company, private, foreign, military)
- Investment Income
- Income from foreign countries

Documentation to verify your current income must be attached to your application. If you have employment income, you must provide copies of your last 8 weeks of pay stubs.

You will be required to provide a copy of your most recent Notice of Assessment from the Canada Revenue Agency. If you do not have a copy of this assessment, you can request one by calling the Canada Revenue Agency at 1-800-959-8281.

Name of Person	Type of Income	Gross Monthly Income (\$)
<i>e.g. Sally Smith</i>	<i>Ontario Works</i>	<i>\$656/month</i>

Section 6 - Asset Information

List all Assets owned by you and all other people listed on this application. You do not need to include personal vehicles. Assets include, but are not limited to, things such as:

- Bank Accounts
- Registered Retirement Savings Plans (RRSP)
- Stocks
- Mutual Funds
- Savings Bonds
- Rent money from real estate you own
- Guaranteed Investment Certificates (GIC)
- Real Estate
- Registered Education Savings Plans (RESP)
- Business that gives you income
- Assets in foreign countries

Documentation to verify all of your assets must be attached to your application.

Name of Person who owns the Asset	Details of Asset (type, account number, name of bank)	Value/Account Balance (\$)
<i>e.g. Sally Smith</i>	Chequing Bank Account #123456, CIBC	\$50.00 (30 days bank statement attached)

Section 7 - Additional Asset Information

Does any household member on this application own property? Yes No
(e.g. house, trailer, farm, land)

If yes, please complete the following:

Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)

Documentation to verify the current market value of the asset and the current mortgage balance must be attached to your application.

Section 8 - Current and Previous Residences

Please list the addresses where you have lived for the **past 5 years**. Start with your current address.

Address	Unit	City	Landlord Name	Landlord Telephone Number	Lived here	
					From	To
<i>e.g. 150 Jane St</i>	<i>101</i>	<i>Sarnia</i>	<i>John Doe</i>	<i>519-111-1111</i>	<i>Jan/13</i>	<i>Present</i>

Section 9 - Current or Previous Social Housing Information

Have you or anyone listed on your application ever lived in rent geared-to-income assisted or affordable housing? Yes No

If yes, please provide the following information:

Name of Housing Provider	Address of Residence	Dates you lived there

Is there money owing to any of the above mentioned housing providers? Yes No

If you are currently in social housing, please provide a letter from your Housing Provider verifying you are up to date with your rent.

Section 10 - Application for Special Priority Status

Special Priority Status is reserved for applicants who have been abused by another person residing in their household and/or has been a victim of human trafficking. Special Priority Status assists applicants who need subsidized housing to permanently separate from the abusing individual.

Applicants with Special Priority Status move ahead of other applicants on the waiting list to help them leave an abusive relationship.

To apply for Special Priority Status you must complete the Victim of Domestic Abuse and/or Human Trafficking Verification form. As part of applying for Special Priority Status, a qualified professional must complete specific sections of the Victim of Domestic Abuse and/or Human Trafficking Verification form. Proof of cohabitation with the abuser must also be provided for Victims of Domestic Abuse.

Would you like us to mail the Victim of Domestic Abuse and/or Human Trafficking Verification form to you? Yes No

*If yes, please provide a **safe** mailing address or email below, and telephone number where you can be safely contacted*

Address:		Apartment #
City/Town	Province	Postal Code
Telephone Number:	Is it safe to leave voicemails? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:

Section 11 – Medical or Other Accommodation Requirements

Do you require a building with an elevator? Yes No

Do you require a unit on a certain floor? Yes No If yes, which floor level?

If any of the below accommodation requirements are applicable to you, please provide a detailed note from your doctor or health care professional which clearly specifies why you require the accommodation.

For other medical related inquiries, please contact 519-344-2062, ex 2036 to discuss further.

Does any member of the household have a medical requirement for a wheelchair modified unit?

Yes No

**If yes, please provide a detailed medical note which clearly specifies the reason you require the accommodation.*

Do you require an extra bedroom for any of the following reasons: No

to store medical equipment required by a member of the household because of a disability or medical condition

a spouse requires a separate bedroom because of a disability or medical condition

**If yes, please provide a detailed medical note which clearly specifies the reason you require the accommodation.*

Does any member of the household require support services in order to live independently?

Yes No

If yes, please list the supports you require and provide a letter from your support agency:

Section 12 - Declaration, Release and Consent of Information

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

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

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

I acknowledge that my personal information may be shared with various program participants as contemplated by s. 14(1)(a) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m.56

I understand that the treatment, storage and handling of my personal information is governed by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m.56.

Personal information contained on this form or in attachments is collected by The Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, (R. S. O. 1990, c.M.56). Inquiries relating to this collection should be directed to The Corporation of the County of Lambton, Housing Services Department, 162 Lochiel Street, Suite 100 Sarnia, ON N7T 7W5 or 519-344-2062.

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

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

SIGNATURES: All applicants 16 years of age and older must complete this application and consent.

Name (Please Print Name)	Signature	Date Signed
1.		
2.		
3.		
4.		

Important - Please complete and submit Appendix A - Building Selection with your application.

Appendix A - Building Selection


You will receive **one** (1) offer of housing. If you decline this offer, you may be removed from the waitlist. Please carefully select only options you are willing to accept.

For questions about your preferences, medical accommodations, or additional information about building complexes, please call the Access Coordinator at 519-344-2062, ext. 2036.

The largest unit a household is eligible for is a unit that has one bedroom for any two members of the household who are spouses and one bedroom for each additional member of the household. What size unit do you qualify to move into? Please check all that apply.



Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

Legend

APT	Apartment		Modified units
B	Bachelor	NP	Non Profit Housing Provider
Co-op	Co-operative Housing Provider	RS	Rent Supplement Units
COL	County of Lambton Owned Unit	SEMI	Semi-detached Home
DET	Detached Home	SR	Senior Housing - must be age 65+ unless noted
		TH	Townhouse

A number of properties have a LULA lift in the building rather than an elevator as indicated in the Notes for the property. A LULA Lift is a Limited Use/Limited Application hybrid between a commercial elevator and a wheelchair lift. While it looks and works like a traditional elevator, a LULA's only purpose is to provide accessibility for handicapped residents or visitors to a building.

Please mark an "X" in the box beside the location(s) where you would like to live. If you select locations for which you are not eligible, your name will not be placed on those waiting lists. If no location selections are made, this form will be mailed back to you for completion.

X	Name	Address	Program	Bldg Type	Number of Units by Bedroom Size					Notes
					B	1	2	3	4	
	Portable Housing Benefit - The portable housing benefit offers households an on-going monthly housing allowance similar to what you would receive through traditional subsidized housing however allows the household to secure their own accommodations in the private market anywhere in Lambton County. Please check if interested.									
Sarnia										
	Alexander MacKenzie	1625 Afton Crt.	Co-op RS	TH			6	5		Utilities extra, Pet & security deposit
	Faethorne	1240 Afton Dr.	Co-op NP	TH APT		6 + 5 	16 + 2 	13		Elevator, Utilities extra(TH), Heat extra (Apt), Non-smoking, No dogs, Pet & security deposit
	Canterbury Court	Canterbury Crt.	RS	APT		8	10			Walk-up & Elevator, Hydro extra
	Capel Manor	230 Capel St.	COL	APT		90				Elevator

X	Name	Address	Program	Bldg Type	Number of Units by Size					Notes
					B	1	2	3	4	
	Cardiff Ares	Cardiff Acres	COL	SEMI TH DET				18 + 1	6	Hydro extra, Must provide fridge & stove
	Jubilee Gardens	700 Cathcart Blvd.	COL	APT		37 + 4				Lift
	925 Colborne	925 Colborne Rd.	RS	APT		7	6			Walk-up, No balconies
	Collegeview Apartments	131 College Ave South	RS	APT		12	2			Elevator
	Valley View	914 Confederation	COL	TH			25	15	16	Must provide fridge & stove
	Copland	747 Copland Rd.	RS	TH		10 + 4				10 units are supported
	Eastlawn Gardens	950 Eastlawn Ave.	RS	APT		10	2			Walk-up
	Avondale Apartments	125 Euphemia St.	COL	APT		60	1			Elevator
	Berean	1445 Exmouth St.	NP	APT TH		21 + 4	19 + 2	12	1	Elevator, Utilities extra (TH), 1 pet policy (max 20 lbs/20", spayed/neutered, up-to-date vaccines)
	Nottingham Towers	56 & 64 Finch Dr.	RS	APT		7	1			Elevator, Heat & hydro extra
	Kathleen Family	Kathleen & Walnut Ave.	COL	TH			9 + 1	76	14	Must provide fridge & stove
	Kathleen Semi	Kathleen Ave.	COL	SEMI			8	8	10	Hydro extra, Must provide fridge & stove, Must cut grass
	Kathleen Adult	Kathleen Ave.	COL	APT		19 + 1				
	Bethel Manor	1575 London Li.	NP	APT		28 + 1	0 + 1			SR, Elevator, Non-smoking, 1 pet policy (max 20 lbs/20", spayed/neutered, up-to-date vaccines)
	Maxwell Park Place	993 Maxwell St.	COL	APT		50 + 4	0 + 3			SR, Elevator, Non-smoking, All 2 bedroom units are supported
	Guernsey Gardens	124 Queen St.	COL	APT	16	20 + 12				Elevator, All modified units are supported
	St. Clair Gardens	150 Queen St.	COL	APT		60				Elevator
	Miller Apartment	187 Queen St.	RS	APT	2	8	3			Walk-up, Hydro extra
	Roger St.	Roger St.	COL	TH SEMI			20	28	6	Must provide fridge & stove, Must cut grass

X	Name	Address	Program	Bldg Type	Number of Units by Size					Notes
					B	1	2	3	4	
	7 Vimy Cres.	7 Vimy Cres.	RS	APT		6				Walk-up, Hydro extra, Non-smoking, No dogs
	Ozanam Manor	911 Wellington St.	NP	APT		12 + 14	8 + 2	6		Elevator, Supported units
	Northgate Manor	345 Willowdale Cres.	RS	APT		12				Elevator, No pets

X	Name	Address	Program	Bldg Type	Number of Units by Size					Notes
					1	2	3	4	5	
Alvinston										
	Alvinston Apartments	3247 River St.	COL	APT	15 + 1					Lift
Arkona										
	Orchardview Apartments	7294 Arkona Rd.	NP	APT	10 + 1	1 + 1				SR, Non-smoking, 1 pet policy (max 20lbs/20", spayed or neutered, up-to-date vaccines)
Brigden										
	Brigden Park Place	2444 Jane St.	NP RS	APT	5					SR, Elevator
Corunna										
	Moore Lodge	203 Fane St.	COL	APT	28					Lift
Forest										
	Forestview Villa	41 Morris St.	RS	APT	21					SR, Elevator, Non-smoking
	Sunset Lodge	57 Union St.	COL	APT	14 + 1					Lift
Petrolia										
	Central Apartments	436 Greenfield St.	COL	APT	19 + 1					Lift
	Kings Court	412 King St.	COL	APT	24					Lift, SR
	Lambtonian	3932 Petrolia Li.	RS	APT	22					SR, Elevator, Non-smoking
	Mid Valley	4335 Petrolia Li.	NP RS	APT	7					SR (60+), Elevator, Non-smoking
Point Edward										
	Huronview Apartments	11 Fort St.	COL	APT	10					No patios
Sombra										
	Sombra Apartments	3548 St. Clair Pkwy.	COL	APT	24					Lift

X	Name	Address	Program	Bldg Type	Number of Units by Size					Notes
					1	2	3	4	5	
Thedford										
	Widder Court Seniors	172 Deacon St.	NP	APT	4 + 2 ♿	2				SR, 1 pet policy (max 20 lbs/20", spayed/neutered and up-to-date vaccines)
	Meadowview Townhouses	173 Deacon St.	NP	TH		7	6 + 1 ♿	1	3	Utilities extra, 1 pet policy (spayed/neutered and up-to-date vaccines)
	Mill Street Singles	76 Mill St.	NP	APT	10					Walk-up, 1 pet policy (max 20 lbs/20", spayed/neutered and up-to-date vaccines)
	Golden Villa	47 Royal St.	COL	APT	10					
Watford										
	Watford Apartments	475 Ontario St.	COL	APT	26 + 2 ♿					Lift
	Ambassador Place	356 St. Clair St.	NP	TH APT	3 + 2 ♿	6 + 1 ♿	7	2		Walk-up, Utilities extra
Wyoming										
	Parkside Apartments	587 Ontario St.	COL	APT	15 + 1 ♿					Lift
Other Locations										
	I am interested in being contacted for locations not included on this list if they become available in the municipalities that I have shown an interest in.									

