

GENESIS PLACE
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Application Form for Subsidized Housing

Please print and fill out all sections of this form. Incomplete applications may be returned.

Section 1- APPLICANT INFORMATION				
First name:	Middle name:	Family name:		
Apartment number:	Street Address:			
City:	Province:	Postal code:	Home phone Number: ()	Work phone Number: ()
Mailing Address (if different from above address):				

Section 2- CONTACT INFORMATION	
Please list a person we can contact on your behalf. For example, interpreter, agency, relative, friend, community support worker or case manager.	
Alternate contact name and daytime number (where we can leave a message).	
Name:	Phone Number: Relationship:
	()
Is anyone/agency helping you with your housing search? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Interpreter/Agency	
Name:	Daytime phone number:
	()
Would you like additional information to help you find housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3- HOUSEHOLD INFORMATION

List all people that will be living with you. Use extra paper, if needed.

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH			SEX M/F	STATUS IN CANADA (Citizen, Landed Immigrant, Refugee Claimant)
		M	D	Y		

Section 4- ACCOMMODATION REQUIREMENTS

We provide some supportive services for tenants. Do you require help in any of the following areas? (Check all that apply)

- Senior Citizen
 Frail Elderly
 HIV/AIDS
 Developmentally Disabled
 Physically Disabled
 Substance Recovery
 Acquired Brain Injuries
 Consumer Survivor of Mental Health Services
 Financial Management
 Attendant Care Services- Please give details: _____
 Other _____
 None of the Above

Are you or anyone you listed on this application living with someone who threatens your/their safety? (Proof will be required). Yes No

Is there a personal situation that makes your need for housing urgent? Yes No

If yes, please specify: _____

Special consideration may be given to the following groups. Are you:

16 or 17 years old? Yes Homeless/in temporary housing? Yes

A person who has been in Canada for less than one year? Proof will be required Yes

If yes, please give date of arrival in Canada: _____

Are you able to live independently without support services? Yes No

If no, please specify what type of support service(s) you require: _____

Are you a member of First Nations, Metis or Inuit? Yes No

Would you prefer to live in housing serving a particular ethno-cultural or religious community? Yes No

If yes, please specify: _____

Section 5- INCOME INFORMATION

List all monies being received by you and ALL persons who will be living with you in subsidized housing. Please see Instruction Page for examples of types of income. Use extra paper, if needed. This section must be completed in full or your application may be returned to you.

NAME	INCOME SOURCE	GROSS INCOME PER MONTH (before taxes)
		\$
		\$
		\$
		\$
		\$

Section 6- ASSEST INFORMATION

List all assets owned by you ad all persons who will be living with you. Please see Instruction Page for examples of types of assets. Use extra paper, if needed.

NAME	TYPE OF ASSET	VALUE
		\$
		\$
		\$
		\$
		\$

Section 7- HOUSING HISTORY		
List all previous addresses for the past 3 years. Use extra paper, if needed.		
Apartment number:	Street Address:	City:
Landlord's name/Agency:		Phone Number: ()
Landlord's Address		City: Postal Code:
Date You Moved In:	Date You Moved Out:	Why did you move out:
Apartment number:	Street Address:	City:
Landlord's Name/Agency:		Phone Number: ()
Landlord's Address:		City: Postal Code:
Date You Moved In:	Date You Moved Out:	Why did you move out:

Section 8- PREVIOUS SUBSIDIZED HOUSING INFORMATION		
Use extra paper, if needed.		
Have you or anyone you have listed in—Section 3, ever lived in subsidized housing any where in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details.		
Name of person who lived in subsidized housing:		
Name and address of housing provider:	City:	Postal Code:
Date Moved In:	Date Moved Out:	Reason(s) for moving out:
Does this person owe money to the above or to any other subsidized housing provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate amount owing: \$		Last payment due date:

Section 9- REFERENCES		
<u>Personal</u> Please give the names and contact phone numbers of people who will be willing and able to tell us about why you will make a good tenant and be a reasonable member of this community		
Name	Phone No.	Relationship
<u>Credit</u> Please give credit references; a bank if possible, or any other organization with knowledge of your willingness to pay money owing		
Name of Bank		Phone Number:
Branch Address		Account No.
Other		

Section 10- KIND OF ACCOMMODATION WANTED
Are you interested in shared accommodation? Shared accommodation involves sharing living space and housekeeping activities with others. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you want a separate unit, identify the size of unit wanted: <input type="checkbox"/> Bachelor <input type="checkbox"/> 1-Bedroom <input type="checkbox"/> 2-Bedroom
Living at Genesis Place requires residents to participate in some way in decision-making regarding community issues, and management of the building. The level of participation will vary according to the interests of tenants but we do expect some effort to be made by each tenant according to her/his interests and abilities. Are you willing to take part to some degree? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 11- CONSENT TO RELEASE

Here is your legal agreement with us. Please read it carefully and sign in the spaces below..

I understand that there are laws that allow Genesis Place to collect personal information about me. I understand that Genesis Place will use the information I give them to see if I qualify for subsidized housing.

I give Genesis Place and housing providers permission to check the information I have given them with the person or agency that can confirm the information.

I understand that by providing this information, it does not necessarily mean that I will be offered housing by Genesis Place.

Please Sign Here.	Signature of household members over the age of 16 years.
x _____ Applicant's Signature	x _____
x _____ Spouse's/Co-Applicant's Signature	x _____
x _____	x _____
_____	_____
Date	Date

Section 12- DECLARATION

Here is your legal agreement with us. Please read it carefully and sign in the spaces below..

I give my word that everything I have written in this application is correct and complete. I understand that all information I give to Genesis Place will belong to them and they will disclose my information only when necessary to obtain housing.

If something on this application is incorrect or not true, Genesis Place may cancel my application, take legal action or both.

I understand that only the people I have listed here may live with me in subsidized housing.

I give my word that I am in Canada legally. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing agency.

Please Sign Here.	Signature of household members over the age of 16 years.
x _____ Applicant's Signature	x _____
x _____ Spouse's/Co-Applicant's Signature	x _____
x _____	x _____
_____	_____
Date	Date

Personal information contained on this form is collected under the authority of the City of Toronto Act, 1997 (no. 2) and the Social Housing Reform Act, S.O. 2000, c.27, s. 62(2) and 68(2). The information will be used to determine current ongoing eligibility for rent-geared-to-income assistance, special needs housing, and geared-to-income rent payable and for statistical reporting. Questions about this collection may be directed to the Housing Connections Supervisor in the appropriate Housing Connections office at the addresses and telephone numbers listed on the first page of this form.