

*Central Frontenac Housing Corporation
1096B Clement Road, Unit 6
Sharbot Lake, ON, KOH 2P0
Phone: 613-279-3322*

A P P L I C A T I O N
FOR
MATURE LIVING COMPLEX
1096B CLEMENT ROAD
SHARBOT LAKE, ON KOH 2PO

General Eligibility Rules:

All applicants must be 60 years of age or older and at least one applicant must be able to live independently. Please attach a copy of a birth certificate for each applicant.

Both applicants must agree to comply with conditions of your lease that state this is a non smoking building

If you owe money to any federally, provincially or municipally funded housing provider in Ontario you must pay the money owing to the housing provider or have a repayment agreement in place with the housing provider to whom you owe the money. The repayment agreement must be in good standing and you must supply a copy of the Repayment Agreement to the Property Manager, Central Frontenac Housing Corporation.

Your total household income must be under the established income limit of \$30,000.00. You must provide a copy of your Notice of Assessment from your previous year's income tax return to verify your income.

If you own residential property, you will be required to sign an "Agreement to Sell Residential Property" form.

How to Complete this Application Form:

Complete all sections of the application form.

Please read and understand the declaration and consent section before signing the form. This application form and consent must be signed by each member of your household.

This application is for the Mature Living Complex on Clement Road **ONLY**.

Please return the completed application form to:

The Property Manager
Central Frontenac Housing Corporation
1096B Clement Road, Unit 6
Sharbot Lake, ON KOH 2PO

In order to remain on the active waiting list, you must inform the Property Manager regarding changes to any information provided on this form including your address, phone number, source and amount of income and family composition within ten business days or your application may become inactive.

Your name, current address/telephone

Applicant(s)

Last Name	First Name	Phone Number
Street Number	R.R. #	P.O. Box
City	Province	Postal Code
E-mail Address		

Name, relationship to applicant, and telephone number of other people not listed on this application, to contact if unable to reach you (Please provide at least one). Please note that these individuals may be contacted about your application if the Housing Provider is unable to contact you at the above information.

Contact Person

Last Name	First Name	Relationship
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Household Income

Total household income is the total amount of all payments from any source. That could include: Gross salary, self employment, employment insurance, worker's compensation, pensions (i.e. Private, OAS, CPP), annuities, inheritance, social assistance (Ontario Works Benefits/ODSP), alimony/support payments, interest income from savings and/or chequing account, interest from investments, term deposits, grants, scholarships, etc.

What is your **TOTAL GROSS** (Prior to deductions) monthly household income?

To further verify this amount, please provide your most recent Income Tax Assessment.

Do you or any member of your household listed on this application, own residential property? (i.e. house, farm, land, mobile home, etc.)

Yes No

If Yes, you must sign an Agreement to Sell Residential Property Form available from The Property Manager at Central Frontenac Housing Corporation.

Have you or any member of your household listed on this application previously lived or do you currently live with a housing provider administering a federally, provincially or municipally funded housing program in Ontario (i.e. market or subsidized housing)?

Yes

No

If Yes, List all tenancies including date, name of tenant, address of tenancy, housing provider's name and address

Tenant Name	Address of Tenancy	Date of Tenancy	Housing Provider Name & Address
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If Yes, do any member of your household listed on this application owe any money /former tenant arrears to any federally, provincially or municipally funded housing provider (for market or subsidized housing)

Yes

No

If Yes, List: name of tenant, address and date of tenancy, housing provider's name and address.

Tenant Name	Address of Tenancy	Date of Tenancy	Housing Provider Name & Address
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If Yes, do you, or any member of your household listed on this application, have a repayment agreement for the debt?

Yes

No

If Yes, please attach a copy of your repayment agreement.

Have you, or any household member listed on this application been convicted under the Criminal Code (Canada), Ontario Rental Housing Tribunal or Court of Law as having misrepresented income while living in subsidized housing within the last five years?

Yes

No

If Yes, List name of tenant, address and date of tenancy, housing providers name and address

Tenant Name	Address of Tenancy	Date of Tenancy	Housing Provider Name & Address
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Eligibility requirements state that at least one member of your household listed on this application must be able to live independently. Please confirm that at least one member can live independently.

Yes No

Do you have any additional comments regarding your household circumstances?

Declaration and Consent

I/We declare that all information given in this application is correct and complete. I agree that the application and any supporting documents become the property of Central Frontenac Housing Corporation.

I agree to provide any supporting material as may be required.

I understand and agree that if accommodation is provided to me, the unit will be occupied by me and the person listed on this application.

Personal information collected by Central Frontenac Housing Corporation pursuant to the Social Housing Reform Act, 2000, will be used to determine eligibility for housing applied for and placement on the waiting list.

Pursuant to the Protection of Privacy Act, I give my consent:

- To verify information given in this application, I authorize any person, corporation or any social agency having knowledge of such required information to release the information to the Property Manager, Central Frontenac Housing Corporation.
- To verify any supporting documents as required for my application.
- To disclose the information given on this form to Social Housing Services Corporation Service Managers and other service managers in the province participating in the Provincial Former Tenant Arrears database, municipal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed in this application.

