

APPLICATION LYONS STREET RENT SUBSIDY

Please complete all Sections of the Form, attach all supporting documents and return to:

Frontenac Community Mental Health Services
Property Operations Department
552 Princess Street, Kingston, ON K7L 1C7

| | | | |
|---|------------------------|-------|---------------|
| First Name (s): | Last Name | | |
| Address - Street Number and Street Name | Unit/Apt. No. | City: | Postal Code: |
| Daytime Phone Number | Alternate Phone Number | | Bedroom Size: |

Household Members - Please list all of the people who live with you

| First Name | Last Name | Date of Birth Day/Month/Year | Sex M/F | Relationship to you |
|------------|-----------|---------------------------------|------------|---------------------|
| | | | | Self |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has the Citizenship or Immigration status of any household member changed in the last 12 months? ___ No ___ Yes (explain): _____

Household Members Attending School

| |
|---|
| Are any members of your household attending school full time? Yes** <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please indicate which household member(s): _____ |
| <small>**Please attach proof of full time attendance for individuals 16 years of age and older.</small> |

Emergency Contact Person

| | | |
|--|---------------|---------------|
| Please indicate who we may contact in case of an emergency | | |
| 1. Name: | Phone Number: | Relationship: |
| 2. Name: | Phone Number: | Relationship: |

APPLICATION LYONS STREET RENT SUBSIDY

On the attached forms, all income must be converted to monthly amounts. If your income or assets information is not in monthly amounts, please use this table to convert to monthly amounts.

| If your income or assets are: | Use this formula to obtain the monthly amount: |
|--------------------------------------|---|
| Annual | Divide by 12 |
| Weekly | Multiply by 4.333 |
| Every two weeks (bi-weekly) | Divide by 2, and then multiply by 4.333 |
| Daily | Multiply by 21.66 |

Form A - Income for _____ (name of household member)

All persons in the household 16 years of age and older must complete individual Forms A, B, & C and also supply the supporting documents.

1. Please read the following information carefully. Do not put any information in the shaded area.
2. Please answer YES or NO to indicate if you are receiving any income from the sources listed below or ANY OTHER SOURCE. Please attach an additional sheet of paper if necessary.
3. Indicate the GROSS (before deductions) monthly income from that source. **Attach all supporting documents for all your income sources.**

| Income Source | Circle Yes or No | Contacts | Monthly Income | Office use only: Excluded \$\$ |
|---|-------------------------|--|-----------------------|---|
| Employment Income * * Indicate Employer name and phone number | Yes No | Employer: Phone: Employer: Phone: | | |
| Self-Employed Income * Indicate type of business | Yes No | Business: Phone: | | |
| Tips/Gratuities/Commissions * Indicate business | Yes No | Business: Phone: | | |
| Strike Pay * Lockouts require verification from the employer | Yes No | Employer: Phone: | | |
| Employment Insurance (EI) | Yes No | | | |
| Support Payments Received | Yes No | | | |
| Support Payments Paid | Yes No | | (*exclude) | |
| Workplace Safety and Insurance Board (WSIB) | Yes No | | | |

**APPLICATION
LYONS STREET RENT SUBSIDY**

| | | | |
|---|-------------------|--|-----------------|
| Pension Income(s) (include all): Yes No <ul style="list-style-type: none"> • Canada Pension Plan (CPP) • Old Age Security (OAS) • Guaranteed Income Supplement (GIS) • Veterans Pension / Allowance • Disability Pension(s) • Survivor Pensions(s) • Foreign Pension(s) including U.S. Social Security Other (please specify) Do not include Lump Sum Payments (if the money is invested, include the interest only) | | | |
| Annuity Income Yes No (includes life and fixed term annuity) | | | |
| Registered Retirement Income Fund (RRIF) payments Yes No | | | |
| OSAP (Loan or Grant) Yes No | | | |
| Student Income Yes No | | | |
| ANY other income not listed* Yes No (annual bonuses, shift bonuses, self-employment, etc.) *Please indicate source of income | | | |
| Are you receiving income from any government grant or compensation program Yes No (e.g. Canada Extraordinary Assistance Plan) | Name of Recipient | | |
| Total Income | | | |
| Social Assistance: Yes No <ul style="list-style-type: none"> • Ontario Works (OW) How many family members on Drug Card - _____ | Worker: Phone: | | Threshold Limit |
| Social Assistance: Yes No <ul style="list-style-type: none"> • Ontario Disability Support Program (ODSP) How many family members on drug card - _____ | Worker: Phone: | | Threshold Limit |
| (Office Use Only) Total Income for _____ (Name of household member) | | | |

APPLICATION LYONS STREET RENT SUBSIDY

Form B - Assets for _____ (name of household member)

All persons in the household 16 years of age and older must complete an individual Form A, B, and C and supply the supporting documents.

1. Please read the following information carefully. Do not put any information in the shaded area.
2. Please answer YES or NO to indicate if you own or are the part owner of any asset(s). Attach an additional sheet of paper if necessary.
3. Indicate the current VALUE or BALANCE of the asset(s). **Attach all supporting documents for all your assets.**
4. If you are unsure about what may be an asset, please contact **FCMHS C/O: Property Operations Department @ 613-544-1356**

| Income Producing Assets (Yes or No) | Information regarding Asset or Imputed Income | Monthly Income (\$\$) | (Office use only) Excluded \$\$ |
|---|---|-----------------------|---------------------------------|
| Bank Account(s) * Yes No <small>* Please indicate the bank name and account number</small> | Bank: Account #: Value: \$ | | |
| | Bank: Account #: Value: | | |
| Term Deposits/Bonds/Debentures Yes No <small>* Please indicate bank name and account number</small> | Bank: Account #: Value: | | |
| Stocks, Shares, Mutual Funds Yes No | Value: | | |
| Mortgages and Loans held Yes No | Value: | | |
| Total Income-Producing Assets | | | |
| Non-Income Producing Assets (Yes or No) | Information regarding Asset or Imputed Income | Value/Balance (\$\$) | (Office use only) Excluded \$\$ |
| Cash or non-interest-bearing Chequing Account Yes No | | | |
| Registered Retirement and/or Education Savings Plans (RRSPs and/or RESPs) | | | |
| Equity in a business/investment Yes No <small>(Non income-generating only)</small> | | | |
| Cab Plates / Taxi Licenses Yes No <small>(only if the owner of the cab plate allows someone else to use the plate - if the owner uses the plate, the income must be shown in Self-Employed Income)</small> | | | |
| Life Insurance (with cash surrender value) Yes No | | | |

**APPLICATION
LYONS STREET RENT SUBSIDY**

| | | | | |
|--|--------|--|--|--|
| Non-Income Producing Stocks, Shares, Mutual Funds | Yes No | | | |
| Real Estate (House, Land) | Yes No | | | |
| Art, Antiques, Valuables | Yes No | | | |
| Any assets held in trust | Yes No | | | |
| Transferred Assets (includes any asset that is given away or transferred by the applicant or tenant) | Yes No | | | |
| Total Non-Income Producing Assets | | | | |
| (Office Use Only) | | | | |
| Total Assets for _____ (Name of household member) | | | | |

| | | | |
|--|--------|-------------------|----------------------------|
| Are you receiving income from any government grant or compensation program (e.g. Canada Extraordinary Assistance Plan) | Yes No | Name of Recipient | Name of Government Program |
|--|--------|-------------------|----------------------------|

APPLICATION LYONS STREET RENT SUBSIDY

Form C – Collection, Use, and Disclosure of Personal Information

Please have all household members 16 years of age read this declaration.

What is Personal Information?

Personal Information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- age, name, ID numbers, income, assets, household composition, residency status, rent payment record, etc;
- opinions, evaluations, comments, social status, or disciplinary actions; and
- employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (for example, to acquire goods or services, or change jobs).

Collection and Use of Your Personal Information

Frontenac Community Mental Health Services will collect, retain, and use the personal information provided by you in this form and its attachments for the following purposes:

- considering your application for tenancy;
- verifying the information that you have provided in your application for tenancy, and its attachments;
- calculating your rent;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the use of Frontenac Community Mental Health Services' auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;

Disclosure of Your Personal Information

Frontenac Community Mental Health Services will disclose the personal information provided by you in this form to the following parties for the purposes described above;

- To any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Social Housing Reform Act*, or Frontenac Community Mental Health Services' housing service agreement with the Ministry of Health and Long Term Care;
- To the Government of Canada, a department, ministry or agency of it, without further notice to you if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To relevant agencies or next of kin in case of emergency;
- To credit bureaus and other businesses that provide credit or rental history information about you;
- To a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of Frontenac Community Mental Health Services and;
- To provide rental information to the City of Kingston for the purpose of rent subsidy.

APPLICATION LYONS STREET RENT SUBSIDY

Form C – Consent and Declaration

Please have all household members 16 years of age and older sign this form.

We make the following pledge knowing that it will be relied upon by FCMHS to assess our qualifications for continued rent subsidy and to establish the rent:

1. I have read over the Definitions of Gross Family Income and Assets attached to this form, and I fully understand them. I have also read and understand the information about Collection, Use, and Disclosure of Personal Information.
2. The information we put on this form as to the occupants of the unit and the gross household income is accurate and complete. No household assets or income have been concealed or omitted from this form.
3. I authorize FCMHS to make any inquiries that it deems necessary to verify information given on this form. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to FCMHS.
4. I am responsible to provide any supporting documents required by _____ (date) to complete this Review. This form and all supporting documents provided become the property of FCMHS.
5. I understand that failure to supply the landlord with accurate and complete information on this form by the date specified disqualifies me/us for rent-geared-to-income assistance and may result in the termination of my/our rent subsidy and/or tenancy or other legal action.
6. I authorize and agree that FCMHS may collect, use, and disclose the personal information that I have provided on this form and its attachments as described on the previous page. I understand and acknowledge that FCMHS will also collect, use, and disclose my personal information as required or permitted by law.
7. Signatures of all household members that are 16 years of age and over are included below.

Signatures must be witnessed

| | | |
|-----------------------------------|--------------------------------|---------------|
| X _____ Signature Resident # 1 | X _____ Witness's Signature | _____ Date |
| X _____ Signature Resident # 1 | X _____ Witness's Signature | _____ Date |
| X _____ Signature Resident # 1 | X _____ Witness's Signature | _____ Date |

Office Use Only - Please do not write in the shaded area

| | Yes | No |
|------------------------------------|-----|----|
| Required documents received | | |
| File audit | | |
| Eligible for subsidy | | |

Missing documentation: _____

Notes: _____

APPLICATION LYONS STREET RENT SUBSIDY

Gross Family Income and Assets Definitions

“Income” means all gross income, benefits and gains of every kind and from every source. "Gross household income” means the income of every household member who is expected to live in the housing applied for, or who now lives in the unit if you have already moved in. Some income may be excluded for Rent-Geared-to-Income Assistance purposes, but it still must be reported.

The following lists provide some of the possible sources of income as well as the usual documentation required by _____ to verify the income. If you are unable to provide the documentation or have questions, please contact **FCMHS C/O: Property Operations Department @ 613-544-1356**.

| Income or Assets | Proof Required (for all Tenants not paying Full Market Rent) |
|---|---|
| Employment | |
| <ul style="list-style-type: none"> • Full-time, part-time, casual, seasonal, overtime • Commissions, tips, bonuses • Illness and disability pay | <ul style="list-style-type: none"> • Letter from employer or agency indicating gross income or average earnings and length of employment; or • Pay stubs (for at least two months) provided they have some identifiable information on them, or copy of cheque; or • <i>[Name of Organization]</i> can provide you with a "Proof of Employment Income" form for your employer to fill out |
| Self-Employment | |
| <ul style="list-style-type: none"> • Tutoring • Babysitting/Child Care • Taxi • Business • Contractor • Other | <ul style="list-style-type: none"> • Self-employed <i>less than one year</i>: <ul style="list-style-type: none"> – Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths. • Self-employed <i>over one year</i>: <ul style="list-style-type: none"> – Financial statements prepared by a public accountant; or – Certified income tax return, and CRA notice of assessment, from the previous year |
| Pensions and Allowances | |
| <ul style="list-style-type: none"> • Old Age Security (OAS) • Canada/Provincial Pension - CPP, QPP • Pensions - Widow's, Retirement, War Disability, other Country • War Veteran's Allowance (DVA) • Training Allowances | <ul style="list-style-type: none"> • Cheque stubs or copy of cheque (OAS); or • Direct bank deposit <ul style="list-style-type: none"> – copy of pass book entries for previous 3 months or monthly bank statements; or – letter from government agency issuing cheque • Statement from Canada Employment and Immigration or employer |

**APPLICATION
LYONS STREET RENT SUBSIDY**

| Assets | |
|--|---|
| <ul style="list-style-type: none"> • Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities) • Registered Retirement and/or Education Savings Plan (RRSP and/or RESP) • Real Estate (house, land, cottage) • Guaranteed Income Certificates (GIC's) • Life Insurance (with a cash surrender value) | <ul style="list-style-type: none"> • Completed "Proof of Assets" form or copies of bank passbook(s) for the last two months for bank accounts only • Copy of RRSP and/or RESP Statement • Copy of Real Estate Appraisal(s) • Copy of Certificate(s) • Copy of Insurance Policy(ies) • Copy of T3 or T5 tax form |
| Support Income/Payments | |
| <ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) • Employment Insurance (EI) • Compensation for Victims of Crime Act • Alimony, child support, separation • Ontario Student Award Program (OSAP) | <ul style="list-style-type: none"> • Cheque stub or letter from government agency • Sworn affidavit with both the applicant and ex-spouse's signatures or legal document or letter from lawyer • Copy of assessment form and confirmation of other earnings |
| Social Assistance | |
| <ul style="list-style-type: none"> • Ontario Works (OW) • Ontario Disability Support Program (ODSP) | <ul style="list-style-type: none"> • Drug card and cheque stub |

APPLICATION LYONS STREET RENT SUBSIDY

Referral Form

Client/Applicant Information

| | |
|-----------------|------------|
| Name of client | Telephone: |
| Current Address | Date: |

| | |
|---|---|
| Address you are moving to: | Desired move date |
| Names of people moving with you if applicable | Desired Unit size: Bachelor 1 bed Rm: 2 bed Rm |

Referral Information

| |
|--|
| Referring Agency (if applicable) |
| Current Follow up Services for client: |
| Case manager contact information: |

Personal Information

| |
|------------------------------------|
| Name of Next of Kin: |
| Telephone or contact instructions: |
| Address: |

Status of Referral. To be completed by FCMHS

| | | |
|---|--|---|
| <input type="checkbox"/> Accepted into program <input type="checkbox"/> Not accepted at this time: Reason: | <input type="checkbox"/> Services can begin immediately. <input type="checkbox"/> Waitlisted for future services. Expected start date: | Date referring agency notified of status: |
|---|--|---|