



Department of Human Services
 P.O. Box 1614, 21 Reeve Street,
 Woodstock, Ontario N4S 7Y3
 Phone: 519-539-9800 □ Fax: 519-421-4710
 Website: www.oxfordcounty.ca

Application for Rent-Geared-to-Income Housing

Please complete the information below and the attached Housing Location and Provider Selection form and submit to the Department of Human Services.

You will be added to the Oxford County Centralized Waitlist for Rent-Geared-to-Income-Housing. Additional information and verification of your income and assets will be requested prior to you being offered a Rent-Geared-to-Income Housing unit.

Name: _____

Date of Birth: _____

Address: _____

Social Insurance: _____

City: _____

Postal Code: _____

Phone #: _____

Email: _____

Other Occupants

Last Name	First Name	Age	Birth date (M-D-YYYY)	Sex (M/F)	Relationship (Son, Daughter, Niece, etc.)

Note: If you are a victim of family violence and are requesting Special Priority Status, please submit the “Verification Declaration” to the Department of Human Services.

If there are any changes in your circumstances (example: you move), please contact the Department of Human Services at 519-539-9800.

All members over the age of 16 years must sign the application form and the Consent form.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____



Department of Social Services & Housing Consent to Disclosure & Verify Information

1. I/We, _____
Full name of applicant

Name of spouse/ same-sex partner/ Co-Applicant #1

Name of Dependent adult/ Co-Applicant #2

consent to the collection of information by, and the release of information to, an authorized representative of:

- Ontario Works Program
 Rent Geared to Income Housing
 Child Care Subsidy
 Domiciliary Hostel Program
 Consolidated Homelessness Prevention Initiative

- 2. Without restricting the generality of the consent in section 1, I specifically consent to the release of information relating to any bank account, safety deposit, assets of any nature or kind whatsoever held by me/us or on my/our behalf or by or on behalf of any of my/our dependent children or children temporarily in my/our care, alone or jointly with any other person, in any financial institution.
3. I/We further consent to an authorized representative of the Department of Social Services & Housing to disclose personal information/documentation about me/us, any of my/our dependent children or children temporarily in my/our care, for the purpose of determining or verifying my/our initial and ongoing eligibility for Ontario Works, Rent Geared to Income Housing, Subsidized Child Care and/or Domiciliary Hostels.
4. Information received by Ontario Works directly from a third party agency is excluded from this consent. Specific exclusions include Equifax, MTO Online, NCBS on the Net, CRA-FTP, EI Online, OSAP and MECA.

I have read or had read to me and understand the consent set out above.

Signature/mark of applicant/recipient or person applying on behalf of applicant/recipient

Witness

Date

I have read or had read to me and understand the consent set out above and I join in this consent.

Signature /mark of spouse or same-sex partner of applicant/recipient

Witness

Date




Signature of dependent adult Witness Date

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)



This information is collected under the legal authority of the Ontario Disability Support Program Act, 1997, or the Ontario Works Act, 1997, or the Social Housing Reform Act, 2000, or Day Nurseries Act, R.S.O. 1990, or the Ministry of Community and Social Services Act, for the purpose of administering Government of Ontario social assistance programs and/or County of Oxford social programs. For more information contact the Department of Social Services & Housing at (519) 539-9800.

Housing Location and Provider Selection

Please select all the locations or providers that you would like to live in.

	Location & Housing Provider	Types of Units Available – For Office Use Only				
		Adults	Seniors Only	Family	Integrated Family & Adults	
DRUMBO						
	Drumbo & District Housing Corporation 43 Oxford Street East, Maple Grove Apartments	1 & 2 BR				1-2 BR
EMBRO						
	Embro & Area Seniors Housing Corporation R.R. #4, Cambrocourt Manor	1 & 2 BR				1-2 BR
INGERSOLL						
	Adam Oliver Housing Co-operative  220 Ingersoll Street North			2,3,4 BR		3-3 BR
	Oxford County Housing					
	235 Thames Street North			2,3,4 BR		
	329 Tunis/272 Harris Street			2,3,4 BR		
	221 Thames Street North	1 BR				
	135 Carroll Street	1 BR				
	178 Earl Street	1 BR				3-1 BR
NORWICH						
	Oxford County Housing 16 George Street	B & 1 BR				2-1 BR
PRINCETON						
	Princeton and District Housing Association 65 Cowan Street	1 & 2 BR				1-1BR
TAVISTOCK						
	Oxford County Housing 70 Maria Street	1 BR				
THAMESFORD						
	Oxford County Housing 111 Brock Street	1 BR				2-1 BR
TILLSONBURG						
	Dereham Forge Housing Co-operative  390 Quarterline Road			2,3,4 BR		2-3 BR
	Oxford County Housing					
	47 – 61 Earle Street			2,3,4 BR		
	1A – 16A, 1B – 16B Verna Drive			2,3,4 BR		
	174 Lisgar Avenue	1 BR				
	215 Lisgar Avenue	1 BR				
	57 Rolph Street	B & 1 BR				
	Town of Tillsonburg Non Profit Housing Corp.					
	31 Maple Lane (65 yrs & over)		1 & 2 BR			3-1 BR
	53 Queen Street (65 yrs & over)		1 & 2 BR			2-1 BR 2-2 BR

Continued on next page

	Location & Housing Provider	Types of Units Available – For Office Use Only				
		Adults	Seniors Only	Family	Integrated Family & Adults	
WOODSTOCK						
	Anchorage Homes Services & Initiatives Inc.					
	744/746 Rathbourne Avenue				1 & 2 BR	
	40 Stafford Street				B, 1 & 2 BR	
	36/38 Stafford Street			2 & 3 BR		
	1132 Cree Avenue			3 BR		
	8-1060 Canfield Crescent			3 BR		
	140 Winnett Street	B & 1 BR				
	Daystar Community Homes					
	414 Ontario Street			2,3,4 BR		3-2 BR
	Oxford County Housing					
	901 – 951 James Street			2,3,4,5 BR		
	Karn Avenue/Cross Place/Alice Street/Pavey Street			3 & 4 BR		
	816 Alice Street	1 BR				
	82 Finkle Street	B & 1 BR				
	161 Fyfe Avenue	1 BR				
	738 Parkinson Road	1 BR				2-1 BR
	742 Pavey Street	1 BR				6-1 & 1-2 BR
	Percy Heights Housing Co-operative 					
	360 Springbank Avenue North			2,3,4 BR		1-3 BR
	Woodstock Non-Profit Housing Corporation					
	83 Kent Street (65 yrs & over)		1 & 2 BR			2-1BR & 1-2BR
	675 Canterbury Street (65 yrs & over)		1 & 2 BR			2-1BR & 1-2BR

I/We the Applicant(s) do hereby request that above checked (✓) Housing Providers (pages 3 & 4) are where we wish our application to be forwarded to, if eligible. I/We understand that the Housing Providers indicated with a (Co) are Co-operative Housing projects and that their by-laws require household members to participate in the management and operation of that development.

APPLICANT NO. 1 (Please Print): _____ Signature: _____

APPLICANT NO. 2 (Please Print): _____ Signature: _____

Date: _____