



Application Package for

Rent Geared to Income (RGI) Housing

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FOR OFFICE USE ONLY			
<input type="checkbox"/> APP COMPLETE <input type="checkbox"/> APP INCOMPLETE			
<input type="checkbox"/> LETTER RE ABOVE SENT <input type="checkbox"/> IMPORTANT CONTACT INFO (SP)			
APP CATEGORY ASSIGNED	APP'D	LETTER SENT	REVIEWED BY
<input type="checkbox"/> SPP <input type="checkbox"/> SN <input type="checkbox"/> HMLS <input type="checkbox"/> XORD <input type="checkbox"/> CHRON			
SIZE <input type="checkbox"/> BACH <input type="checkbox"/> 1 BDRM <input type="checkbox"/> 2 BDRM <input type="checkbox"/> 3 BDRM <input type="checkbox"/> 4 BDRM <input type="checkbox"/> 5 BDRM			
TRANSLATOR REQ'D Y N	SIG.		

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE
FILLING OUT YOUR APPLICATION**

This application must be signed by all household members 16 years of age and older

- Incomplete applications will be returned—please fill out all sections of the application form;
- You may be requested to provide documents to verify any information you have included in your application
- Carefully read the “Release and Consent” and “Declaration” on page 10.
- Mail, fax, or deliver your application to:

***The City of Brantford Housing Department
220 Colborne Street, P. O. Box 845,
Brantford, ON N3T 5R7, or fax to (519) 759-1932***

***You can also apply for subsidized housing on line at
www.brantford.ca, go to “Quick Links” at the bottom of the page and
click on “Apply for Housing On Line”***

If you have questions please call (519) 759-3330 ext. 6250

IMPORTANT: KEEP YOUR INFORMATION UP-TO-DATE

If there are changes in the information in this application, you must report it to the Housing Department within 30 days or you will lose your eligibility and your place on the waiting list (Housing Services Act 2011). Please call the Housing Department with any changes at 759-3330 ext 6250.

Your personal information contained on this form or in attachments is collected, pursuant to the Housing Services Act 2011, Sections 169 to 176 or the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56).

This information will be used to determine your eligibility for rent-geared-to-income assistance and the type of unit you are eligible for. This information will be shared with housing providers you have applied to, other government departments that assist with providing housing, and social agencies providing social assistance.

All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material.

ARE YOU ELIGIBLE FOR SUBSIDIZED HOUSING?

- you must be a Canadian citizen, or have made an application for permanent residency or made a claim for refugee protection
- at least one member of your household must be 16 years of age or older, and be able to live independently
- you must not owe rent, housing charge arrears, or damages to any housing project under any transferred housing program. If you owe arrears or damages, you must have a repayment schedule in place that is active and current
- no member of your household has been convicted of misrepresentation of income for the purposes of receiving rent-geared-to-income housing
- if you own a home, you must agree to sell it
- if you require support services you may be eligible for a modified unit. You will need to pursue the support services you require to live independently.

Section 1 – APPLICANT INFORMATION

Calls to offer housing are normally made during the day. Please ensure that you provide us with a daytime telephone number where you can be reached.

APPLICANT

First name:	Middle name:	Last name:
Date of Birth: ___(m) ___(d) ___(y)	Social Insurance Number:	Phone Number:
Street address:		Apartment number:
City:	Province:	Postal Code:
E-mail:		
Mailing address (if different from above address):		
Alternate contact names and daytime numbers (where we can leave a message):		
Name: _____		Phone Number _____
Reason for alternate contact: <input type="checkbox"/> In Absence <input type="checkbox"/> Safety <input type="checkbox"/> Other _____		
Spoken language(s): <input type="checkbox"/> English <input type="checkbox"/> Other _____		
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Interpreter _____ Phone Number _____		
Status in Canada: (Check the one that applies and attach proof to the application)		
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Native		
Would you like your application forwarded to Brantford Native Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", proof of Native Ancestry will be required.		

CO-APPLICANT

First name:	Middle name:	Last name:
Date of Birth: ___ / ___ / ___ (M) (D) (Y)	Social Insurance Number:	Phone Number:
Street address:		Apartment number:
City:	Province:	Postal Code:
E-mail:		
Mailing address (if different from above address):		
Relationship to Applicant:		
Alternate contact names and daytime numbers (where we can leave a message):		
Name: _____		Phone Number: _____
Reason for alternate contact: <input type="checkbox"/> Safety <input type="checkbox"/> Other _____		
Spoken language(s): <input type="checkbox"/> English <input type="checkbox"/> Other _____		
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Interpreter _____ Phone Number _____		
Status in Canada: (Check the one that applies and attach proof to the application)		
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Native		

Section 2 - WHO WILL LIVE WITH YOU?

Please provide information about all adults and children who will live in the unit. You must provide documentation proving legal status in Canada. If you have listed children that do not live with you full-time, please provide copy of custody and/or visitation agreement.

Name (first and last)	Date of Birth (M) (D) (Y)	Sex M/F	Relationship to Applicant and/or Co-Applicant	Social Insurance Number

Is a baby expected? Yes No If yes, date expected:

PLEASE NOTE: Proof of Pregnancy is required if you are requesting an additional bedroom.

Section 3 - WHERE HAVE YOU LIVED BEFORE?

Are you currently living in a motel or emergency shelter, or institution? Yes No If yes, please explain: _____



If you intend to apply as a Homeless applicant, please request a "Homeless Priority" package from the Housing Department.

Do you or any other persons on this application own property? Yes No

Is agreement to sell attached to application? Yes No

What is your monthly rent? \$ _____ What is your monthly mortgage? \$ _____

Have you or anyone you have listed in Section 1 and 2 ever lived in subsidized housing anywhere in Canada?
 Yes No If yes, please give details below

Address:

Does this person owe rental arrears or damages to the above or to any other housing provider? Yes No
 If yes, amount owing is \$ _____

Name of Housing Provider monies are owed to: _____

Have you entered into a repayment schedule? Yes No

LIST ALL PREVIOUS ADDRESSES, including subsidized housing (attach another sheet if necessary)

Address	Move out date	Landlord name/phone #

Section 4 – YOUR INCOME and ASSETS

INCOME means all money you receive, from all places before deductions. You are required to report on all sources of income you and members of your household receive.

Name	Type of Income	Amount of Gross Income per month (before deductions)

ASSETS are valuable things that you own. There are some assets that give you income and there are others that do not. List all assets owned by you and all persons who will be living with you. Please see below for a list of examples.

Name	Type of Asset	Value (\$)

Have your or anyone in the household transferred, sold or given away any property, investments or other funds to family or friends? Yes No If yes, please provide details:

EXAMPLES OF SOURCES OF INCOME	EXAMPLES OF INCOME PRODUCING ASSETS
Employment (full time, part time, irregular, casual)	Farm property which produces income
Self Employment (child care, taxi)	Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
Pensions and Allowances (OAS, GIS, GAINS, CPP, DVA, other pensions)	Savings Account (bank, trust company, credit union), annuities, G.I.C.'
Worker's Compensation Payments	License which produces income (i.e. Taxi license)
Student Grants	Business interest
Unemployment Insurance	EXAMPLES OF NON INCOME PRODUCING ASSETS
Lump sum payments from an inheritance, court settlement	Life Insurance (with a cash surrender value)
Mortgage Income	Registered Retirement Savings Plan
Payments from Official Guardian or Public Trustee	Real Estate (house, condo, summer cottage, farmland, commercial or vacant land)
Separation/Alimony/Child or Spousal Payments	Collection of, or investments, in other valuable non income producing assets
	Business interest which does not produce income

Section 5 – APPLYING FOR SPECIAL PRIORITY STATUS

The Housing Services Act allows priority access to housing for applicants whose personal safety, or whose family's safety is at risk because of abuse by someone with whom they live, or have lived. This can include a sponsor, if you are a sponsored immigrant.

Applicants in this situation receive priority access to affordable housing so they can live safely away from the abuser.

Special Priority status DOES NOT apply to applicants who want to separate from a partner or spouse because their relationship is not working.

You may qualify for Special Priority Status if you meet the following three conditions:

- the applicant or a member of their household was subject to abuse,
- the abusing individual is, or was LIVING WITH the member, or is sponsoring the member as an immigrant (within the past three months unless there are extenuating circumstances), and
 - the abused member intends to LIVE PERMANENTLY APART from the abusing individual.

If you intend to apply as a Special Priority applicant, please request a Special Priority Package from the Housing Department.

Please check here if you are now living with the abuser.



Section 6 – APPLYING FOR SPECIAL NEEDS HOUSING

Complete this section only if a member of your household requires a “modified unit”. This is a unit that is accessible for an individual with a physical disability who wants to live independently.

I wish to apply for a modified unit, as a member of my household requires “special needs housing”.

On another sheet of paper, please state the full reasons why a modified unit is required, and what modifications are required in the unit for the person(s) to live independently.

You will be required to provide documentation from a physician regarding the household member's physical limitations and what modifications are required to allow this person to live independently.

If this individual requires supports to daily living to assist them to live independently, it will be the responsibility of the individual to obtain and retain these supports in order to maintain their housing.

Further questions regarding “special needs housing” may be addressed to the Applicant Services Coordinator at (519) 759-3330 ext 6250.



Section 7- THE TYPE OF HOUSING YOU NEED

What type of housing are you willing to accept? (Check all that interest you)

- Low-rise apartment (walk-up) Low-rise apartment (with elevator)
 High-rise apartment House / townhouse

Co-operative housing requires residents to participate in the operation and management of the building. Are you interested in living in a Co-operative? Yes No

Do you require parking? Yes No

The size of unit (number of bedrooms) that you ask to move into must fall within the occupancy standards for rent-geared-to-income assistance. The occupancy standards are:

Largest Unit is: - one bedroom for any 2 members who are spouses or same sex partners
 - one bedroom for each additional member of the household

Smallest Unit is: - one bedroom for every two members of the household
 - an additional bedroom if there is an odd number of household members
 - where there is one individual or two spouses or same sex partners, the smallest unit may be a bachelor apartment

The Applicant Services Coordinator will be able to advise you on other circumstances i.e. medical situations, custody and visitation arrangements, etc.

If you believe you are eligible for more than one unit size, what unit size(s) are you willing to accept?

(Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Bachelor
<input type="checkbox"/> One bedroom
<input type="checkbox"/> Two bedroom | <input type="checkbox"/> Three bedroom
<input type="checkbox"/> Four bedroom
<input type="checkbox"/> Five bedroom |
|---|--|

Do you require a housing unit that provides appliances (i.e. fridge and stove); doesn't matter, yes, no

If you are offered housing where you are responsible to pay the utilities (i.e. heat, hydro, water), are you willing to accept it?

doesn't matter, yes, no









(Please keep in mind that if you have outstanding arrears with any utility companies, then you are required to pay a deposit.)

SECTION 8 – WHERE YOU WANT TO LIVE







Please review and check off the unit(s) below that you are willing to take.

PLEASE NOTE: You are only allowed to refuse three offers from the choices you have made before you lose your eligibility for RGI housing, and your place on the waiting list.




CENTRAL BRANTFORD

City Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check <input type="checkbox"/>	Type	Target
22	City of Brantford (utilities and appliances included)	Albion Towers 45 Albion Street	1	65 units		Apt. Elevator	Senior age 60 +
			1 	4 units			
21	City of Brantford (utilities and appliances included)	Beckett Building 7 Bain Street	Bach	6 units		Apt. Elevator	Senior age 60 +
			1	52 units			
			2	5 units			
9	Rent Supplement Program (utilities not included; appliances included)	Cahaigue Co-op 76 Craig Street	3	2 units		Town house	Family
20	Brant Native Housing (utilities and appliances included) (tenant pays hydro and water; heat and appliances included)	312-314 Colborne Street	1	4 units		Apt. Walk up	Adult
		309 Campbell Street	2	4 units		Apt. Walk up	Mix
9	Rent Supplement Program (utilities and appliances included)	Centennial Towers 150 Darling Street	1	8 units		Apt. Elevator	Adult
9	Rent Supplement Program (tenant pays hydro; heat and appliances included)	109 Chatham Street	1	1 unit		Apt. Walk up	Mix
			2	1 unit			
	Rent Supplement Program (tenant pays hydro; heat and appliances included)	City Centre Apartments 24 Harris Avenue	1	17 units		Apt. Elevator	Adult
			1 	4 units			
19	City of Brantford (utilities included; appliances not included)	Eastdale Gardens 359 Darling Street	3	25 units		Town house	Family
			4	20 units			
			5	5 units			
18	Jaycee Homes (utilities and appliances not included) **NON-SMOKING	Various locations	2	14 units		Semi-& Single homes	Family
			3	57 units			
			4	12 units			
	Rent Supplement Program (utilities not included; appliances included)	7 Joseph Street	1	2 units		Duplex One floor	Adult
			2	1 unit			Family
	City of Brantford (utilities and appliances included)	Heritage House 40 Queen Street	1	11 units		Apt. Elevator	Adult
			1 	3 units			
	Rent Supplement Program (utilities and appliances included)	Phoenix Place 175 Dalhousie Street	1 	8 units		Apt. Elevator	Adult
			2 	2 units			
18	Saorsie Co-op (tenant pays hydro; heat and appliances included)	183-185 Pearl Street	1	2 units		Apt. & Town House Walk up	Mix
			2	40 units			
			3	28 units			
			3 	4 units			
17	St. Basil's Community Homes (utilities and appliances included) **NON-SMOKING	73-77 Pearl Street	1	1 units		Apt. Walk up – Lift for modified units.	Mix
			2	8 units			
			2 	2 units			
			3	17 units			
			3 	2 units			
			4	2 units			



CENTRAL BRANTFORD continued

City Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check ✓	Type	Target
16	Brant Community Place Homes (Apartments: tenant pays heat only; Townhouses: tenant pays heat and hydro; appliances included in both)	Terraces of Charing Cross 228-236 Charing Cross Street	2	30 units		Apt. & Town House	Family
			2 	4 units			
			3	39 units		Walk up	
9	Rent Supplement Program (tenant pays hydro; appliances included)	255 Colborne Street	1 	18 units		Apt. Elevator	Adult
15	Westglen Co-op (utilities not included; appliances included)	47 Galileo Boulevard	2	21 units		Apt. & Town House	Family
			2 	1 unit			
			3	23 units		Walk up	
			3 	2 units			
			4	3 units			
14	Nelson Heights (utilities and appliances included)	104 Nelson Street	1	16 units		Apt. Elevator	Mix
			1 	2 units			
			2	29 units			
			2 	1 unit			
			3	12 units			


EAST BRANTFORD

City Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check ✓	Type	Target
9	Rent Supplement Program (utilities not included; appliances included)	994 Colborne Street East	1	2 units		Apt. Walk up – No Elevator	Mix
			2	1 unit			
6	City of Brantford (utilities included; appliances not included)	Daleview Gardens 676 Grey Street	2	14 units		Town house	Family
			3	16 units			
7	Victoria Park Community Homes (utilities not included; appliances included)	Grey Winds 458-470 Grey Street	2	20 units		Town house	Family
			2 	2 units			
			3	40 units			
			3 	2 units			
9	Rent Supplement Program (utilities not included; appliances included)	Greystone Heights 474-496 Grey Street	2	10 units		Town house	Family
			2 	1 unit			
			3	6 units			

NORTH BRANTFORD




City Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check ✓	Type	Target
	Applegate Co-op (utilities not included; appliances included)	104 Tollgate Road	3	4 Units		Town house	Family
1	City of Brantford (utilities not included; appliances included)	Branlyn Meadows 2-10 Buchanan Crescent	2	17 units		Town house	Family
	2 		2 units				
	3		5 units				
2	Jaycee Homes (utilities and appliances not included) **NON-SMOKING	Various locations	2	14 units		Homes	Family
	3		57 units				
	4		12 units				
9	Rent Supplement Program (utilities not included; appliances included)	241 Dunsdon Street	1	10 units		Apt. Walk up – No Elevator	Adult
3	City of Brantford (utilities included; appliances not included)	Northland Gardens 56-68 Memorial Drive 332 North Park Street 50 Hayhurst Road	2	12 units		Town house	Family
	3		28 units				
	4		21 units				
	5		9 units				
4	Victoria Park Community Homes (utilities not included; appliances included)	Silver Pines 401-427 Dunsdon Street	2	16 units		Town house	Family
	3 		4 units				
	3		61 units				
9	Rent Supplement Program (utilities and appliances included)	Southwick Apartments 47 Memorial Drive	1	27 units		Apt. Elevator	Adult
9	Rent Supplement Program (utilities and appliances included)	Westgate Apartments 661 West Street	1	5 units		Apt. Elevator	Adult
5	City of Brantford (utilities and appliances not included)	Woodlawn Meadows Various locations	3	22 units		Semi & detached homes	Family
	4		6 units				

WEST BRANTFORD



City Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check ✓	Type	Target
25	City of Brantford (utilities and appliances included)	Brant Towers 5 Fordview Court	1	200 units		Apt. Elevator	Senior age 60 +
9	Rent Supplement Program (utilities and appliances included)	Graham Bell Estates 24-26-28 Helen Avenue	1	17 units		Apt. Elevator	Mix
24	Harmony Homes (utilities not included; appliances included)	4-22 D'Aubigny Rd.	3	77 units		Town house	Family
2	Jaycee Homes (utilities and appliances not included) **NON-SMOKING	Various locations	2	14 units		Semi-& Single homes	Family
	3		57 units				
	4		12 units				
23	City of Brantford (utilities and appliances included)	Lorne Towers 24 Colborne Street West	1	158 units		Apt. Elevator	Senior age 60 +
	Brant Native Housing (heat included; hydro and appliances not included)	5-7 Walnut Street	2	1 unit		Town house	Family
9	Rent Supplement Program (utilities and appliances included)	Bell Lane Terrace 6 Bell Lane ** See Below	Bachelor	1 unit		Apt. Elevator	Senior age 60 +
	1		11 units				
	1 		6 units				

**** For Bell Lane Terrace:** Do you have a spouse who is currently in Long Term Care at the John Noble Home? Yes___ / No___

SOUTH BRANTFORD

City Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check ✓	Type	Target
10	Brant Native Housing (tenant pays hydro and water; heat and appliances included)	19-43 Harriett Street 26-40 Mintern Ave.	2	4 units		Semi	Family
			2 	1 units			
			3	14 units			
2	Jaycee Homes (utilities and appliances not included) **NON-SMOKING	Various locations	2	14 units		Semi- & Single homes	Family
			3	57 units			
			4	12 units			
	Rent Supplement Program (utilities not included; appliances included)	54 River Road	2	3 units		Apt. Walk up	Family
11	City of Brantford (utilities included; appliances not included)	Riverside Gardens 46,48 Pontiac Street 43,45 Tecumseh Street 50,52 Pontiac Street 17 Marie Street	3	45 units		Town house	Family
			4	5 units			
9	Rent Supplement Program (utilities not included; appliances included)	111 Sixth Avenue	2	3 units		Apt. Walk up	Family
12	Slovak Village Non Profit (utilities and appliances included, extra charge for air conditioning)	Slovak Village 144 Fifth Avenue	1	31 units		Apt. Elevator	Mix
			1 	2 units			
			2	81 units			
			2 	3 units			
			3	33 units			
13	City of Brantford (utilities and appliances included)	Winston Court 124 Ontario Street 22 Gladstone Ave. 18 Aberdeen Ave.	Bach	80 units		Apt. Walk up	Adult
			1	44 units			

COUNTY OF BRANT – BURFORD, PARIS AND ST. GEORGE

County Map No.	Social Housing Provider	Project Name & Address	Size of Unit	Number of Units	Check ✓	Type	Target
30	South Dumfries Non Profit (utilities and appliances included)	Russell Heights 50 High Street, St. George	1	19 units		Apt. Elevator	Senior age 60 +
31	City of Brantford (utilities and appliances included)	Sunrise Villa 11 Park Avenue, Burford	Bach	10 units		Apt. One floor building	Senior age 60 +
			1	2 units			
28	City of Brantford (utilities and appliances included)	Trillium Way 170 Trillium Way, Paris	1	46 units		Apt. Elevator	Senior age 60 +
			1 	3 units			
27	City of Brantford (utilities and appliances included)	Walker's Green 33 Main Street, Paris	1	24 units		Apt. Elevator	Senior age 60 +
28	Rent Supplement Program (utilities not included, appliances included)	Meadows Court Properties 120 West River Street, Paris	1	7 units		Apt. Walk up	Adult
			1 	1 unit			
29	City of Brantford (heat, hot water and water included; hydro and appliances not included)	Willow Street, Paris 40-50 Willow Street, Paris	2	2 units		Town house	Family
			3	2 units			
			4	2 units			

Section 9 – RELEASE, CONSENT & DECLARATION

This is your legal agreement with us. Please read it carefully, and sign in the spaces below. All people 16 years of age and older who are going to live with you must sign this.

- 1 **I understand** that there are laws that allow the Housing Department of the City of Brantford to collect personal information about me.
- 2 **I understand** that the Housing Department will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for RGI (rent-geared-to-income) assistance and to see how much assistance I am eligible for.
- 3 **I understand** that I am allowing the Housing Department to share the information on this form, and attachments, without further notice to me to:
 - social services offices, other service managers or district social services administration boards, private and non-profit housing providers, Ontario Works, ODSP, the Government of Canada or the Province of Ontario, a department, ministry, or agency of the federal or provincial governments, and the province-wide arrears database operated by the Housing Services Corporation, for the purpose of verifying my initial and continuing eligibility for rent-geared-to-income subsidy and status under the *Housing Services Act, 2011*;
 - any government or body with whom the Housing Department of the City of Brantford has made an agreement under the *Housing Services Act, 2011*, for the purpose of conducting research related to a social benefit program or subsidized housing or RGI assistance program.
- 4 **I understand** that any information on this form and any attachment given by the Housing Department of the City of Brantford to a body listed above is confidential and will only be given in accordance with the *Housing Services Act, 2011* and associated regulations.
- 5 **I give my word that everything I have written in this application is correct and complete.**
- 6 **I understand** that all information I give to the Housing Department will belong to them and they will give my information to the housing providers I have chosen.
- 7 If something on this application is incorrect or not true, the Housing Department of the City of Brantford or the housing providers I have applied to may request additional information, may cancel my application, or both. I may also be prohibited from re-applying for assistance for a minimum period of two years under the *Housing Services Act, 2011*.
- 8 **I understand** that only the people I have listed on this application form may live with me in subsidized housing.
- 9 **I understand** that the Housing Department of the City of Brantford will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
- 10 **I understand** that I must pay back or make arrangements to pay any money I owe to any subsidized housing project before I can receive housing.
- 11 **I give** my word that I am in Canada legally.
- 12 **I understand** that this consent remains in effect until it is revoked by the undersigned in writing.

Please sign below

(include signature of **all** household members over the age of 16 years).

Please check here if you have supplied proof of Canadian citizenship for ALL household members.

Print Name _____	ACCEPTABLE PROOF OF CANADIAN CITIZENSHIP OR LEGAL STATUS IN CANADA.
Sign _____	Canadian Birth Certificate , if not available then one of the following: <ul style="list-style-type: none"> • Confirmation by Registrar General of Notice of Birth Registration. • Statement of Live Birth.
Sign _____	Aboriginal Status document (i.e. Native status card).
Sign _____	Canadian Passport
Sign _____	Citizenship card
Sign _____	Record of application for landed immigrant or permanent resident status.
Sign _____	Convention Refugee status document
Sign _____	Landing record
Sign _____	Lawyers letter indicating status under appeal and the section of the Immigration Act under which the appeal falls.
Sign _____	Letter from the appropriate department of the Government of Canada stating status of application or date of hearing.
Today's date: _____	

NOTE: If you are applying for “Special Priority” status as a victim of abuse or for “Homeless Priority” status as a homeless individual or family you must complete a Special Priority or Homeless Priority application and verification form in addition to this package. If you have any questions please contact the Housing Department at 519-759-3330 ext. 6250.