



# Application for Subsidized Housing

## SECTION 1 – ELIGIBILITY REQUIREMENTS

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- 1:** At least one member in your household must be 16 years or older. The application must be signed by all members of the household 16 years and older.
  - 2:** You must be a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status and have no deportation order under the Immigration Act (Canada) against any member of the household or no departure order or exclusion order under the Immigration Act (Canada) has become effective with respect to any member of the household.
  - 3:** You must not owe arrears to any social housing provider or have misrepresented your household income.
  - 4:** If you own a house, you must agree to sell it within six months of being housed.
  - 5:** You may not have assets worth more than \$50,000. You can be placed on a waiting list for housing but you will be ineligible if you have more than \$50,000 at the time of being offered a unit.
  - 6. DO NOT SEND ORIGINAL DOCUMENTS.** Only send legible copies
  - 7.** Do not send Health Card information
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## SECTION 2 – COMPLETING THE APPLICATION

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- 1:** Please PRINT all information in ink.
- 2: Copies of Canadian Birth certificates, proof of Canadian Citizenship or Landed Immigrant status, for all members of the household MUST be provided with the application.**
- 3.** Complete all sections of the application and mail it to the address below.
- 4.** Before signing the form, please read and understand the “Declaration, Release and Consent to Information”.
- 5.** It is the applicant’s responsibility to notify our office within 30 business days of any changes in your circumstances.
- 6.** If we are unable to contact you at the telephone number and/or the address provided on the application your file **will be cancelled.**
- 7. Incomplete** applications will be returned.

COUNTY OF SIMCOE SOCIAL HOUSING DEPARTMENT  
1110 HIGHWAY 26,  
MIDHURST, ONTARIO L9X 1N6  
705-725-7215  
cwl@simcoe.ca

**FAXED APPLICATIONS WILL NOT BE ACCEPTED**

EMERGENCY HOUSING IS NOT AVAILABLE

## SECTION 3 – QUESTIONS AND ANSWERS FOR SOCIAL HOUSING

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### **How are people chosen for housing?**

WHEN YOUR NAME GETS TO THE TOP OF THE LIST. The list is kept in order of the date we receive your completed application. Due to the large volume of applications, we cannot inform you of your status on the list.

### **How much rent can I expect to pay?**

Rent-gear-to-income is based on 30% of your gross monthly income, or if you are receiving Ontario Works or the Ontario Disability Support Program, a social assistance rent scale. Additional charges may apply depending on the project.

### **Can I choose where I want to live?**

Yes. When you apply for housing, you will be asked where you want to live. You can choose one or many locations. Your name will be added to the waiting list for each location where you are eligible. It is important to remember that you only have three refusals in total and after that you will no longer be eligible. (Your file is cancelled.) Therefore, select only the areas where you would like to live. You can request changes to your building selections at any time. Contact one of our Housing Clerks who will make the changes with your original application date.

### **Do I get to choose the unit size I want?**

You can indicate what type of unit you want to live in. However your choice will be subject to occupancy standards that apply to households of your size.

### **How long will it take me to get a unit?**

The length of time before a unit comes available will vary depending on the locations you choose. It may take some time because of the small number of vacancies.

### **How do I know that my application has been received?**

Within 7 business days after your application is received, it will be reviewed to ensure that it is complete. You will receive written notice informing you whether it is complete or not.

We will send you an update at least once per year. Your name may be removed from the waiting list if we cannot contact you.

### **How will I be contacted for an offer?**

Since units are rented promptly, housing providers require a daytime telephone number so that they can call you when a unit becomes available. If you do not have a telephone or cannot be reached during the day, it would be helpful for you to provide a contact number for someone who is available to pass a message to you during the day.

### **How do I update or make changes to my application?**

Please contact the Centralized Waitlist at 705-725-7215 and select Option 3. A Housing Clerk will assist you with changes or updates to your housing application.

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IN ORDER TO REMAIN ON THE WAITLIST, YOU MUST NOTIFY OUR OFFICE WITHIN 30 BUSINESS DAYS WITH ANY CHANGES IN THE INFORMATION PROVIDED ON YOUR APPLICATION SUCH AS CHANGES TO YOUR ADDRESS, TELEPHONE NUMBER, YOUR CONTACT PERSON OR THE NUMBER OF PERSONS IN YOUR HOUSEHOLD. FAILURE TO DO SO MAY RESULT IN OUR BEING UNABLE TO CONTACT YOU, THEREBY REMOVING YOU FROM THE WAITING LIST.

**PLEASE TEAR OFF THIS PAGE FOR YOUR RECORDS**

## 1. APPLICANT

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: MM/DD/YY GENDER: M  F  SOCIAL INSURANCE NO (optional): \_\_\_\_\_

APT NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_ STREET NAME: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ CITIZENSHIP: (attach birth certificate/ proof of citizenship) Canadian citizen  Landed immigrant

### PERSON TO CONTACT IN YOUR ABSENCE OR TO ACT AS AN INTERPRETER: (Must be completed)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

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## 2. CO-APPLICANT

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: MM/DD/YY GENDER: M  F  SOCIAL INSURANCE NO (optional): \_\_\_\_\_

APT NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_ STREET NAME: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ CITIZENSHIP: (attach birth certificate/ proof of citizenship) Canadian citizen  Landed immigrant

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

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## 3. LIST ALL OTHER PERSONS INCLUDING DEPENDENTS TO LIVE IN ACCOMMODATION APPLIED FOR. THIS FIELD WILL AFFECT THE UNIT SIZE YOU ARE ELIGIBLE FOR. IF YOU ARE EXPECTING A BABY, PLEASE INDICATE "BABY" AND DUE DATE IN ONE OF THE BOXES.

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LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	RELATIONSHIP
		MM/DD/YY		
		MM/DD/YY		
		MM/DD/YY		
		MM/DD/YY		

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## 4. DOES EVERYONE LISTED ABOVE LIVE IN YOUR PRESENT ACCOMMODATION?

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Yes  No  If "No", please give address and explanation: \_\_\_\_\_

## 5. Previous Applications for Subsidized Housing

Have you or any other persons listed on this application lived in a non-profit or co-operative rental accommodation in Ontario? Yes  No

If "Yes", provide the name of housing provider: \_\_\_\_\_

If "Yes" please give name of person, subsidized address and occupancy dates:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ OCCUPANCY DATES: from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 6. SPECIAL NEEDS HOUSING

If you have special medical needs and are requesting a unit with modifications for those needs, you are required to provide written verification of your disability from your physician and complete a Housing Preference Availability Form. The form can be found on the County of Simcoe website. It can also be completed in person by visiting our office between the hours of 8:30 a.m to 4 p.m. at County of Simcoe Housing office located at 1110 Highway 26, Midhurst Monday to Friday.

I/We require a wheelchair accessible unit: Yes  No

**YOU MUST HAVE THE TWO DOCUMENTS OUTLINED ABOVE, COMPLETE AND ATTACHED TO THIS APPLICATION TO BE CONSIDERED FOR ANY/ALL ACCESSIBLE UNITS.**

## 7. PRESENT LANDLORD: (NAME AND PHONE NUMBER MUST BE PROVIDED FOR ELIGIBILITY)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## 8. PREVIOUS ADDRESS FOR THE PAST 5 YEARS: (MUST BE COMPLETED)

PREVIOUS ADDRESS (most recent first)	FROM	TO	REASON FOR LEAVING
	MM/YYYY	MM/YYYY	
	MM/YYYY	MM/YYYY	
	MM/YYYY	MM/YYYY	
	MM/YYYY	MM/YYYY	
	MM/YYYY	MM/YYYY	

## 9. ADDITIONAL REQUIREMENTS

Check one or more of the boxes that apply to you or other persons on this application. This will ensure that you are only offered a unit that meets your requirements.

I/We require a ground floor unit or elevator access for **health-related** reasons. Yes  No

I/We require a pet-friendly building. Yes  No

Type/number of pets \_\_\_\_\_

I/We require a parking space, please exclude me from offers where parking is unavailable.\* Yes  No

*\*some buildings offer very limited parking.*

10. MONTHLY INCOME BEFORE DEDUCTIONS RECEIVED BY ALL PERSONS/FAMILY MEMBERS TO LIVE IN THE ACCOMMODATION. **ALL SOURCES OF INCOME MUST BE REPORTED.** (GST OR CHILD TAX CREDIT SHOULD **NOT** BE INCLUDED AS A SOURCE OF INCOME).

LIST OF SOURCES OF INCOME	GROSS MONTHLY TOTAL (BEFORE DEDUCTIONS)		
	APPLICANT	CO-APPLICANT	OTHERS ON APPLICATION
Ontario Works (Social Services)	\$	\$	\$
Ontario Disability Support Program (O.D.S.P)	\$	\$	\$
Full/Part Time Employment	\$	\$	\$
Employment Insurance (E.I.)	\$	\$	\$
Workplace Safety Insurance Benefits (W.S.I.B.)	\$	\$	\$
Old Age Security (O.A.S)	\$	\$	\$
Gains – Aged	\$	\$	\$
Canada Pension Plan (C.P.P.)	\$	\$	\$
Private Pensions	\$	\$	\$
Student Grants	\$	\$	\$
Ontario Student Assistance Program (O.S.A.P.)	\$	\$	\$
Other Income	\$	\$	\$

11. DETAILED STATEMENT OF ASSETS

STATEMENT OF ASSETS	VALUE		
	APPLICANT	CO-APPLICANT	OTHERS ON APPLICATION
Bank, Trust Company, Credit Union (savings and chequing)	\$	\$	\$
Stocks, Bonds, GIC's, Debentures, Term Deposits, etc.	\$	\$	\$
RRSP, Annuities	\$	\$	\$
Rent Revenue	\$	\$	\$
Business Assets	\$	\$	\$
Monies owed to you over \$500	\$	\$	\$
Other Assets (specify)	\$	\$	\$

Do you or any other person listed on this application own property ie. house, farm, land, mobile home, cottage?

Yes  No  If "Yes", indicate type of property, address and estimated value: \_\_\_\_\_

Have you or any person listed on this application transferred assets? Yes  No

If "Yes", indicate type of property, address and estimated value: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ MM/DD/YY

## 12. SPECIAL PRIORITY

(IF YOU ARE APPLYING FOR SPECIAL PRIORITY, PLEASE READ AND COMPLETE THIS SECTION!)

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Any member of a household who is 16 years of age or older may request special priority status for the household on the social housing waiting list. Special priority status is given to households who have a member who has been abused by someone who is or was living with her/him within the past 3 months, or who is sponsoring her/him as an immigrant. In order to qualify for special priority status the following information and verification is required:

**Please check here if we may contact you at home:** Yes  No

### MANDATORY REQUIREMENTS:

1. A written statement by you (the applicant) outlining:
  - the nature of the abuse
  - time frames of when the abuse occurred
  - time frames of when you co-resided
  - your plans of reconciliation or permanent separation
2. Proof of Co-residency to show both you and abuser resided at same address within the last 90 days. Such as:
  - Utility bill
  - Social Assistance Statement
  - Copy of Lease Agreement
3. Written Verification of Abuse on letterhead by a professional such as a doctor, a lawyer, a law enforcement officer, a community health-care worker, a social service worker etc.

### VERIFICATION PROVIDED WITH APPLICATION:

Attached by letter

Proof attached

Attached by letter

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**YOU MUST HAVE ALL 3 SECTIONS COMPLETE AND VERIFICATION ATTACHED TO THIS APPLICATION TO BE CONSIDERED FOR SPECIAL PRIORITY STATUS.**

# UPDATE HOUSING LOCATIONS

APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MM/DD/YY \_\_\_\_\_ S.I.N. \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MM/DD/YY \_\_\_\_\_ S.I.N. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

NOTE: YOU WILL BE GIVEN THREE (3) OFFERS OF HOUSING ONLY. REFUSAL OF ALL THREE OFFERS WILL RESULT IN YOUR APPLICATIONS BEING CANCELLED FROM THE WAITING LIST.

The maximum number of bedrooms allowed is one bedroom per couple and one additional bedroom for each family member. In the boxes below, you may choose units with only the maximum number of bedrooms for your family size or you may also choose units with fewer bedrooms. The more choices made, the sooner you will likely be housed. Occupancy standards apply, so you should not choose a one bedroom if you have four children. **A Rent Supplement unit is a rent geared-to-income assisted unit in a privately-owned building.** A senior is not limited to senior properties only, but may choose any property.

**PROVIDER:** NP = NON-PROFIT CO-OP = CO-OPERATIVE HOUSING RS = RENT SUPPLEMENT  
SCH = SIMCOE COUNTY HOUSING.

IF YOU SELECT "CO-OP" HOUSING, YOU MUST BE WILLING TO VOLUNTEER YOUR TIME AND/OR SERVICES.



Some handicapped unit(s) available  
(some require application directly to property for unit)



Non-smoking building

Number of Bedrooms				
Place ✓ in open box to select				

ALLISTON	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
109 Wellington Street	SCH	Adult	Apts.	16						
111 Nelson Street	SCH	Senior	Apts.	30						
219 King Street North (Nottawasaga Co-op)	CO-OP	Adult/Family	Apts.	53						Yes
Rent Supplement	RS	Adult/Family								Yes
ANGUS	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
257 Centre Street (Angus Legion)	NP	Senior	Apts.	45						Yes
BARRIE	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
1 Blake Street	SCH	Senior	Apts.	91						Yes
10/20 Golfdale Road (Cundles Heights)	NP	Adult/Family	Apts.	50						
101/111 D'Ambrosio Drive (Deerhurst Glen)	NP	Adult/Family	Apts.	50						
108 Anne Street North (Ad Astral)	NP	Adult/Family	Apts.	50						
108 Burton Avenue	SCH	Adult	Apts.	30						



Some handicapped unit(s) available  
(some require application directly to property for unit)



Non-smoking  
building

**Number of Bedrooms**  
Place ✓ in open box to select

BARRIE	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
131 Berczy Street (Berczy Glen)	NP	Adult/Family	Apts.	24						
14 Worsley Street (Coral Non Profit)	NP	Adult/Family	Apts.	115						Yes
18 Sophia Street East	SCH	Adult	Apts.	30						
186 Grove Street East	NP	Adult/Family	Apts.	27						Yes
191/193 Edgehill Drive	NP	Adult/Family	Apts.	70						
205 Kozlov Street (North Barrie Heights)	NP	Family	Houses	64						
225 Kozlov Street (Northfields)	NP	Adult/Family	Apts.	53						
31 Penetang Street (Penetang Court)	NP	Adult/Family	Apts.	56						
33 Brooks Street	SCH	Senior	Apts.	53						
339 Essa Road (Timbercrest)	NP	Adult/Family	Apts.	50						
380 Duckworth Street (Summit View)	NP	Adult/Family	Apts.	99						Yes
393 Blake Street	SCH	Family	Houses	15						
49 Coulter Street (Coulter Glen)	NP	Adult/Family	Apts.	125						Yes
54 & 58 Peel Street (We Care TH)	NP	Family	Houses	16						
549 Yonge Street (Millcreek)	NP	Family	Houses	118						
56 Peel Street (We Care Apts)	NP	Family	Apts.	14						
75 Amelia Street (St. Mary's)	NP	Senior	Apts.	60						Yes
80-100 Little Avenue (Allanview)	NP	Adult/Family	Apts.	100						
90 Edgehill Drive (Gateway Co-Op)	CO-OP	Adult/Family	Apts.	217						Yes
Carol Road (Southfields)	NP	Adult/Family	Apts.	67						
Cook Street	SCH	Family	Houses	24						
Rent Supplement	RS	Adult/Family								
BEETON	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
50 Tecumseth Street N	SCH	Senior	Apts.	24						
Rent Supplement	RS	Senior	Apts.	7						
BRADFORD	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
100 Miller Park Court	SCH	Senior	Apts.	76						
220 Holland Street (Quaker Hill)	CO-OP	Adult/Family	Apts.	46						Yes
Rent Supplement	RS	Adult/Family								
COLDWATER	PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS	BACH	1	2	3	4	ELEVATOR
11 Mill Street (Coldwater Seniors)	NP	Senior	Apts.	62						Yes







Some handicapped unit(s) available  
(some require application directly to property for unit)



Non-smoking  
building

**Number of Bedrooms**  
Place ✓ in open box to select

ORILLIA					BACH	1	2	3	4	ELEVATOR
PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS							
125 Fittons Road (Mariposa Place)	NP	Adult/Family	Apts.	88						Yes
18 Peter Street North (St. James Court)	NP	Adult/Family	Apts.	37						Yes
246 Oxford Street	SCH	Family	Houses	32						
250/252 Barrie Road (Fellowship Towers)	NP	Adult/Family	Apts.	106						Yes
26 Fittons Road (Elizabeth Overend Place)	NP	Adult/Family	Apts.	55						Yes
335 Peter Street	SCH	Adult	Apts.	16						
397 Regent Street	SCH	Adult	Apts.	11						
401 Regent Street	SCH	Senior	Apts.	70						
472 High Street (Fellowship Villa)	NP	Family	Apts.	24						
5 Rosemary Road (Fellowship Heights)	NP	Family	Apts.	52						Yes
70/80 Fittons Road West (Legioncrest Seniors)	NP	Senior	Apts.	114						Yes
75/80 Walker Ave (Walker Village)	NP	Family	Houses	76						
Hilda/Forest Ave. S.	SCH	Family	Houses	3						
Simcoe/High Street	SCH	Family	Houses	14						
Rent Supplement	RS	Adult/Family								
PENETANGUISHENE					BACH	1	2	3	4	ELEVATOR
PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS							
26 Gignac Drive	SCH	Adult	Apts.	15						
46 Maria Street	SCH	Senior	Apts.	40						
69 Harriet Street	SCH	Adult	Apts.	20						
Chatham Street	SCH	Family	Houses	2						
Gignac Drive	SCH	Family	Houses	22						
John Street	SCH	Family	Houses	4						
Sheridan Street	SCH	Family	Houses	4						
STAYNER					BACH	1	2	3	4	ELEVATOR
PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS							
239 Brock Street	SCH	Adult	Apts.	15						
WASAGA BEACH					BACH	1	2	3	4	ELEVATOR
PROVIDER	TENANT TYPE	BLDG. TYPE	# OF UNITS							
30 Seventh Lane	SCH	Adult	Apts.	41						

# Consent, Release and Declaration



## RELEASE

Please read this release and consent section carefully, and sign in the spaces below. All people 16 years of age and older who are not full-time students and who are going to live with you must sign this.

1. I understand that the Simcoe County Housing Corporation, the County of Simcoe and the housing providers to whom I will be applying are authorized to collect personal information on this form in accordance with sections 65 or 71 of the Housing Services Act, 2011 S.O. 2011, c.6 and that the information will be used to determine eligibility for rent-geared-to income and/or Special Needs Housing. Any questions about the collection of my personal information should be directed to the Supervisor, Tenant and Applicant Services, County of Simcoe, Social and Community Services Division 1110 Highway 26, Midhurst, Ontario, L9X 1N6, or call (705) 725-7215.
2. I understand and agree that the County of Simcoe will use the information I give them for the following specific purposes:
  - to find out if I qualify for the housing I have applied for
  - to find out if I continue to qualify for rent-geared-to-income assistance and/or special needs housing
  - to find out how much assistance I am eligible for
  - for statistical reporting and policy research
3. I consent to the release of any information to the County of Simcoe about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependants or children temporarily in my care, alone or jointly with any other person in any financial institution.
4. For the purpose of eligibility assessment I allow the County of Simcoe and the housing providers to whom I will be applying to obtain any credit information about me from any credit agency or any other source.
5. I allow the County of Simcoe and the housing providers to whom I will be applying to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Housing Services Act (HSA) and each person or organization providing services by contract to any of them, if it is needed to make decisions or verify my eligibility for assistance under the HSA, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act.
6. I consent to the County of Simcoe giving my personal information to the government of enforcing the Income Tax Act (Canada) or the Immigration act.
7. I understand that any of my personal information given by the County of Simcoe to a government or body mentioned above in paragraph 5 and 6 will only be given in accordance with the Housing Services Act and its regulations.
8. I understand and agree that the County of Simcoe may cross-reference my personal information related to this housing application with other municipal data pertaining to my household.
9. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.

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# DECLARATION

1. I understand that all information I give to The County of Simcoe will belong to them and that they will give my information to the housing providers I will apply to.
2. I understand that only the people I have listed on this application form may live with me in subsidized housing.
3. I understand that The County of Simcoe and/or the housing provider I will apply to will use my personal information to determine if I am eligible or continue to be eligible for RGI assistance and/or Special Needs housing; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of geared-to-income-rent payable by me.
4. I declare that I am in Canada legally.
5. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing provider before I can be offered a subsidized unit.
6. I understand that it is an offence, under the Housing Services Act, for an applicant or any individual to knowingly obtain or assist a household member to obtain rent-geared-to-income assistance for which they are not entitled. Such an offence carries up to a \$5,000 fine or to up to 6 months imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this application is missing, incorrect or false, The County of Simcoe or the housing providers I have applied to may request additional information or may cancel my application.
7. I understand that if The County of Simcoe and/or the Housing Providers representing the County of Simcoe request a household to reimburse The County of Simcoe, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to The County of Simcoe

**All people on this application who are 16 years of age and older who are not full-time students must sign below to indicate they have read and accept all the terms and conditions of Release and consent section**

**Please do not submit this form to the County of Simcoe without all required signatures.**

HOUSEHOLD MEMBER: _____	SIGNATURE: _____	DATE SIGNED: <u>MM/DD/YY</u>
HOUSEHOLD MEMBER: _____	SIGNATURE: _____	DATE SIGNED: <u>MM/DD/YY</u>
HOUSEHOLD MEMBER: _____	SIGNATURE: _____	DATE SIGNED: <u>MM/DD/YY</u>
HOUSEHOLD MEMBER: _____	SIGNATURE: _____	DATE SIGNED: <u>MM/DD/YY</u>

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**If you have any question or complaints about the collection, use or disclosure of your personal information, please contact:**

**County of Simcoe Social Housing Department  
1110 Highway 26, Midhurst, Ontario, L9X 1N6  
(705) 725-7215  
cwl@simcoe.ca**

**FAXED APPLICATIONS WILL NOT BE ACCEPTED**