Application for Rent-Geared-To-Income Housing in

HASTINGS COUNTY

Upon completion, return to:

Community and Human Services
Housing Services PO Box 6300 STN CSC,
228 Church Street, Belleville, Ontario K8N 5E2
Or send by e-mail to
tenantplacement@hastingscounty.com

Tel: (613) 966-1311
Fax: (613) 966-4598
Toll Free: 1-800-267-0575
Housing Services Policies & Public Information Guide can be found at www.hastingscounty.com

Revised October 2026

General Eligibility Rules:

A household is eligible for rent-geared-to-income assistance if:

- no member of the household has been found by the Landlord Tenant Board to have falsely reported their income for the purpose of receiving rent-geared-to-income housing within 2 years;
- you own a home, you must agree to sell it within 6 months of being housed;
- no member owes rental money to any Social Housing Provider;
- at least one person of your household is 16 years or older;
- each member of the household meets at least one of the following criteria:
    - is a Canadian citizen;
    - has made an application for status as a permanent resident under the *Immigration and Refugee Protection Act* (Canada);
    - has made a claim for refugee protection under the *Immigration and Refugee Protection Act* (Canada);
    - has no removal order enforceable against them under the *Immigration and Refugee Protection Act* (Canada).
- each household member has applied for specified forms of assistance which they may be eligible, where it is reasonable to do so. These sources of income are not limited to:
    - Ontario Works,
    - Employment Insurance,
    - Support from a Sponsor under the Immigration Act;
    - Divorce or Support Payments,
    - Government Pensions,
- you are able to live independently, and make your own arrangements for supportive services.

Non-Smoking Buildings

Non-Smoking Buildings are designated buildings where smoking is not permitted. Non-Smoking Buildings will house applicants, without prejudice, who choose to smoke and who meet all other criteria which is required to receive rent geared-to-income housing. Effective January 1, 2016 all properties in Hastings County are Non-Smoking with the exception of Trent-Moira Co-operative Estates. Note: buildings are not smoke-free due to tenants who moved in prior to January 1, 2016; for this reason, **we cannot guarantee a smoke-free environment.**

How to Keep Your Place on the Waiting List

Keep Your Application Up to Date – It is your responsibility to keep your application up to date. If you do not tell us about changes in your information, you will lose your place on the waiting list. You cannot be offered housing if your name is not on the active waiting list.

How long will you have to wait? What number are you on the waiting list?

The wait time depends on the number of bedrooms required, location preference and how often units become available. This means there is no specific number on our waiting list in which we can give you, nor can we predict how long you will have to wait.

Section 1 – Applicant Information

First Name:	Last Name:
Date of Birth DD/MM/YYYY:	Gender:

Citizenship: Canadian Citizen ◯ Sponsored Immigrant ◯ Refugee/Claimant ◯ Permanent Resident ◯	Social Insurance Number:

Tell us immediately if you move, or if your telephone number changes. *If we cannot contact you, we will be unable to offer you housing and your name may be removed from the waiting list.*

Mailing Address: Provide an address where you can be contacted by mail.

Street Address:	Apt/Unit #:	P.O Box:
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	
Email Address:		

An e-mail address provides us with an additional contact method, however housing offers will always be made by phone. Ensure that you provide a contact number.

Additional Contact Information: Person(s) to be contacted if unable to reach you regarding your application.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

I understand that by providing an alternate contact, I am authorizing the release of personal information about my application and receipt of housing offers to this alternate contact.

Section 2 – Household Information: List each additional person who will be living with you.

Full Name / Maiden Name	Date of Birth DD/MM/YY	Gender	Relationship to You	Citizenship: Canadian Citizen	Citizenship: Sponsored Immigrant	Citizenship: Refugee / Claimant	Citizenship: Permanent Resident	Social Insurance Number
				◯	◯	◯	◯	
				◯	◯	◯	◯	
				◯	◯	◯	◯	
				◯	◯	◯	◯	
				◯	◯	◯	◯	

Verification of custody or overnight visitation for all children is required.

Is anyone on this list expecting a baby? Yes ◯ No ◯ Expected Due Date:_____

Do you or anyone applying with you identify as Indigenous? ◯ Yes ◯ No

Section 3- Present Accommodation

◯ Rent ◯ Own/ Co-own ◯ Staying with Friends/family ◯ Temporary/Shelter

Other (Explain): _____

Rent Amount: $_____ Landlord's Name:_____

Are you required to give notice to move? ◯ Yes ◯ No

How long? ◯ 30 Days ◯ 60 Days Other (Explain): _____

Have you received an Eviction Notice from your Landlord? ◯ Yes ◯ No

If yes, explain:

Section 4 – Past Tenancy in Social Housing

Has any household member previously lived in subsidized housing in Ontario? ◯ Yes ◯ No

Name of Housing Provider: Address where you lived:

Did you move out owing arrears? ◯ Yes ◯ No ◯ Unsure If yes, how much? $_____

Note: if you or anyone applying with you owes arrears to any Community Housing provider under the Housing Services Act, 2011 in Ontario, we will require a copy of an active repayment agreement before your name will be eligible to be placed on the centralized waiting list

Past eviction: Have you or a member of you household been evicted from a Housing Services Act, 2011 governed property through the Landlord and Tenant Board for illegal activity in the past five years?

Yes ◯ No ◯ Eviction Date:_____

Section 5 – Special Priority Policy & Local Priority Policy

Are you or anyone applying with you, currently living with an abusive person; or have you or anyone applying with you lived with an abusive person in the last **three (3) months**? Yes ◯ No ◯

If yes, a Request for Special Priority Status form must be submitted. This form is available from the Community and Human Services, Housing Services office or on our website at www.hastingscounty.com

Are you or anyone applying with you, currently a victim of human trafficking; or have you or anyone applying with you been a victim of human trafficking in the last **three (3) months**? Yes ◯ No ◯

If yes, a Request for Special Priority Status form must be submitted. This form is available from the Community and Human Services, Housing Services office or on our website at www.hastingscounty.com

Are you homeless or living in a temporary shelter? Yes ◯ No ◯

Are you currently registered on the Hastings County By-Name List? Yes ◯ No ◯

A By-Name List is a real-time list of all known people experiencing homelessness in a community. It helps to prioritize individuals for housing and/or support services and connect to services within a community.

If you would like to be added or are unsure if you are currently on the By-Name List, contact communityresponse@hastingscounty.com, or call 613-966-1311 x2305.

Section 6 - Income

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant	Other Family Members
Ontario Works (OW)	$	$	$
Ontario Disability Support Program (ODSP)	$	$	$
Canada Disability Benefit	$	$	$
Full-Time Employment: Name of Employer_____ Hourly Rate: $_____ Avg. Hours per Week:_____	$	$	$
Part-Time Employment: Name of Employer_____ Hourly Rate: $_____ Avg. Hours per Week:_____	$	$	$
Self-Employment	$	$	$
Employment Insurance (E.I.)	$	$	$
Old Age Security (OAS)	$	$	$
Guaranteed Income Supplement (GIS)	$	$	$
Guaranteed Annual Income Supplement (GAINS)	$	$	$
Canada Pension Plan (CPP)	$	$	$
Dept. of Veteran's Affairs Disability Pension (DVA)	$	$	$
Private Pension (Company)	$	$	$
Ontario Student Assistant Program (O.S.A.P)	$	$	$
Worker's Compensation (W.S.I.B.)	$	$	$
Support/Alimony receive ◯ pay ◯	$	$	$
Band Allowance	$	$	$
Immigrant/Government Sponsorship	$	$	$
Other Income (specify)	$	$	$
Other Income (specify)	$	$	$
Total Income	$	$	$

Section 7 – Asset Information

List below all assets owned by you and all other people applying with you. Assets are things that you own. Assets include, but are not limited to, things such as:

Bank Accounts (including Tax Free Accounts)	RRSP	Mutual Funds
Cash (over $1000)	RESP	Saving Bonds
Term Deposits	GIC	
Life Insurance (cash surrender value)	Stocks/Shares	Real Estate (house, trailer, land)

Bank Accounts - List bank name and type of account (savings, chequing)	Current Balance	
	Applicant	**Co-Applicant**
	$	$
Tax Free Bank Account (TFSA)	$	$
Investments: RRSP ☐ GIC ☐ Mutual Funds ☐ RESP ☐ Other:	$	$
Life Insurance Policy – Cash surrender value	$	$

Non-Income Producing Assets	**Applicant**	**Co-Applicant**
If you or anyone applying with you owns a house or other property, you must agree to sell it within six months of being housed. You will need to sign an "Agreement to Sell" form at the time of offer.		
House/Cottage/Mobile Home value	$	$
Mortgage (Amount owing)	$	$
Property, Land value	$	$

Have you or anyone applying with you transferred assets in the last three years? ◯ Yes ◯ No

Provide details. _____

_____

Section 8 – Housing Preferences

Do you have pets to move with you? ◯ Yes ◯ No

If yes, list:

_____

Do you own or lease a vehicle which would require your own parking spot? ◯ Yes ◯ No

If yes, do you have an accessible parking permit? ◯ Yes ◯ No

Note: Proof of permit will be required at time of offer. Having an accessible parking permit does not mean that you will be provided with an accessible and/or assigned parking space.

Section 8 – Housing Preferences, continued

Bedrooms Required: ☐ Bachelor ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom ☐ 5 Bedroom

Note: A single person or two persons who are spouses of each other qualify for 1 bedroom only. Should you require an additional bedroom for medical reasons, a **Verification of Disability or Medical Condition Requiring Additional Bedroom** *form must be submitted. This form is available from the Community and Human Services, Housing Services office.*

Section 9 – Special Needs*

Can all household members climb stairs? (excluding infants/toddlers) ◯ Yes ◯ No

Note: If you answer NO, you may be placed on a waiting list for an apartment with an elevator or a ground floor unit.

Do any household members require the use of a wheelchair? ◯ Yes ◯ No

Note: If you or anyone applying with you requires the use of a wheelchair, you will be placed on a waiting list for a wheelchair modified unit.

Do any household members require support services to live independently? ◯ Yes ◯ No
If yes, what type of support services do you/they require? (personal care services, mental health support etc.)

Do you/they have support services currently set up? ◯ Yes ◯ No
If yes, list the Name of the Agency(s) involved.

Do any household members require a live-in caregiver? ◯ Yes ◯ No

Note: If you are applying with a live-in caregiver, list this person on the chart in Section 2 as they will be considered a member of the household and their income included in your rent calculation.

***NOTE**: There is only one elevator or "LULA" (light use limited access) lift in designated buildings. Lifts are not designed to be used like a traditional elevator. As the owner of the lift, we are required to ensure that this device is primarily used for the transportation of people with physical disabilities. As the Landlord, Hastings County works to ensure that our elevators and lifts are safe and reliable at all times. Our Facilities Department makes every effort to minimize any inconvenience to residents and guests for regular maintenance, unforeseen repairs, legislated inspections, or scheduled improvements. During elevator outages, residents will be directed to local resources and supports. Hastings County will provide at least 60 days for significant planned maintenance or repairs.

Section 10 – Additional Comments

Section 11 – Location and Building Selection **Check (X) the box(es) if interested**

Check off any location where you wish to live. You will only be placed on the waiting list for the locations you indicated and are deemed eligible for. Some exceptions may apply depending on your situation.

Note: You will receive a single offer for housing. If you turn down this offer, you will be removed from the waiting list. Review the following locations carefully and only select places you are willing to live.

Bancroft

Building Address	Community Type	Size of Units	Building Type	Features
North Hastings Non-Profit Housing Corporation				
☐ 1 Woodview Lane	Family, Single, Senior	1, 2, 3, 4	Townhouses	Some Modified units, Non-Smoking Building
Hastings Local Housing Corporation				
☐ 25 Station Street	Senior 65+	1, 2	Apartments	***Elevator**, Non-Smoking. Some Modified Units
York River Heights				
☐ 303 Hastings Street N	Senior 65+	1, 2	Apartments	Elevator, Non-Smoking, Some Modified units

Coe Hill

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 43 Spring Street	Senior 65+	1	Apartments	Non-Smoking Building, Some Modified units

Belleville

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 245 Bridge St. West	Senior 50+	1, 2	Apartments	***Lift**, Non-Smoking, Assisted Living
☐ 247 Bridge St. West	Senior 50+	1	Apartments	Elevator, Non-Smoking, Assisted Living
☐ 25 Wellington Cres.	Senior 50+	1, 2	Apartments	***Lift**, Non-Smoking
☐ 485 Bridge St. East	Senior 50+	1, 2	Apartments	Elevator, Non-Smoking
☐ 5 Turnbull Street	Senior 50+	Bach, 1	Apartments	Stairs only, Non-Smoking
☐ 7 Turnbull Street	Senior 50+	1	Apartments	***Lift**, Non-Smoking
☐ 185 Cannifton Road	Senior 65+	1	Apartments	***Lift**, Non-Smoking, Some Modified units

Belleville

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 424 Bleecker Ave	Family	2, 3	Townhouses	Non-Smoking, Some Modified units
☐ 46 Tracey Park Drive	Family	2, 3	Townhouses	Non-Smoking, Some Modified units
☐ 59 Russell Street	Family, Single, Senior	1, 2, 3, 4	Townhouses	Non-Smoking, Some Modified units
☐ Elgin Street	Family	2, 3, 4, 5	Townhouses	Non-Smoking
☐ Tripp Ave.	Family	2, 3, 4, 5	Townhouses	Non-Smoking, Some Modified Units
☐ West Moira Street	Family	2, 3, 5	Townhouses	Non-Smoking
☐ Marsh Drive	Family	2, 3, 4, 5	Townhouses	Non-Smoking
☐ North Park Street	Family	2, 3, 4, 5	Townhouses	Non-Smoking, Some Modified units
☐ Pine Street	Family	2, 3, 4, 5	Townhouses	Non-Smoking
☐ Janlyn Crescent	Family	3	Townhouses	Non-Smoking
☐ 24 Brown Street	Family, Single, Senior	1, 2	Apartments	Elevator, Non-Smoking, Some Modified units
Trent-Moira Co-operative Estates Inc.				
☐ 173 Cannifton Road	Family, Single, Senior	1, 2, 3, 4	Townhouses	No Pets Allowed, Some Modified units
Aldersgate Homes Inc.				
☐ 7 Aldersgate Drive	Senior 65+	1, 2	Apartments	Elevator, Non-Smoking, Some Modified units
Belleville Emmanuel Residences				
☐ 50 Rollins Drive	Senior 65+	1, 2	Apartments	Elevator, Non-Smoking, Some Modified units

Foxboro

Building Address	Community Type	Size of Units	Building Type	Features
Thurlow Non-Profit Housing Corporation				
☐ 19 Yorke Drive	Seniors 60+	1, 2	Apartments	Non-Smoking

Deseronto

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 315 Edmon Street	Senior 50+	1, 2	Apartments	***Lift,** Non-Smoking
☐ Mill Street	Senior 65+	1	Apartments	Non-Smoking, Some Modified units
☐ Brant Street	Family, Single, Senior	1, 3, 4	Townhouses	Non-Smoking, Some Modified units
☐ Green Street	Family, Single, Senior	2, 3	Townhouses	Non-Smoking, Some Modified units
☐ Main Street	Family, Single, Senior	2, 3	Townhouses	Non-Smoking

Trenton

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 45 Creswell Drive	Senior 50+	1, 2	Apartments	Elevator, Non-Smoking
☐ 236 Dundas St. East	Senior 50+	1	Apartments	Stairs only, Non-Smoking
☐ 139 Ontario Street	Senior 65+	1	Apartments	***Lift**, Non-Smoking, Some Modified units
☐ Gould Street	Family	2, 3, 4, 5	Townhouses	Non-Smoking
☐ York Street	Family	3, 4, 5	Townhouses	Non-Smoking
☐ Kent Street	Family	3, 5	Townhouses	Non-Smoking
☐ 20 South Street	Mixed	1, 2, 3	Apartments	Non-Smoking
Quinte West Non-Profit Housing Corporation				
☐ 29 Adrian Court	Family	2, 3	Apartments & Townhouses	Elevator, Non-Smoking, Some Modified units
☐ 30 Annwood Court	Family, Single, Senior	1, 2, 3	Apartments & Townhouses	Elevator, Non-Smoking, Some Modified units
☐ 32 Flindall Street	Family, Single, Senior	1, 2, 3	Apartments	Elevator, Non-Smoking, Some Modified units
Trenton Memorial Lodge				
☐ 80 Catherine Street	Senior 65+	1, 2	Apartments	Elevator, Non-Smoking
Trenton Ontario Branch 110 Legion Non-Profit Housing Inc.				
☐ 120 George Street	Senior 65+	1, 2	Apartments	Elevator, Non-Smoking, Some Modified units

Frankford

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 40 Mill Street	Senior 50+	1	Apartments	Stairs only, Non-Smoking
☐ 21 Albert Road	Senior 50+	1	Apartments	Stairs only, Non-Smoking
Ontario East Triangle Court				
☐ 135 March Drive	Senior 65+	1	Apartments	Elevator, Non-Smoking

Stirling

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 204 Church Street	Senior 50+	1	Apartments	Stairs only, Non-Smoking

Madoc

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 27 Wellington St.	Senior 50+	1	Apartments	Stairs only, Non-Smoking
☐ 47 Wellington St.	Senior 50+	1	Apartments	Stairs only, Non-Smoking

Marmora

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 43 Matthew Street	Senior 50+	1	Apartments	Elevator, Non-Smoking, Some Modified Units
Dr. H.G. Parkin Living Centre				
☐ 2 Madoc Street	Senior 65+	1	Apartments	Elevator, Non-Smoking, Some Modified units

Tweed

Building Address	Community Type	Size of Units	Building Type	Features
Hastings Local Housing Corporation				
☐ 23 McCamon Street	Seniors 50+	1	Apartments	Elevator, Non-Smoking, Some Modified Units

Private Market Housing Programs

Section 12 – Affordable Housing Programs in Private Market Housing	Check (X) the box(es) if interested
☐ **Rent-Geared-to-Income (RGI) Rent Supplement**	Open to families, seniors and non-senior singles and couples. Tenants pay approximately 30% of income towards the rent. (Landlords may have their own application and require references.)
☐ **Affordable Housing Programs**	Open to families, seniors and non-senior singles and couples currently renting in Hastings County, including the Cities of Belleville and Quinte West). The amount provided can vary. Applicants will be required to provide a copy of their most recent Notice of Assessment from the Canada Revenue Agency and verification of their rental costs.
☐ **Canada Ontario Housing Benefit (COHB)**	The Canada Ontario Housing Benefit (COHB) is a portable monthly housing allowance provided to help with housing costs for eligible households renting in Hastings County, including the Cities of Belleville and Quinte West. The amount of monthly allowance provided varies based on the household's net income as determined by current income tax information. Applicants will be required to provide a copy of their most recent Notice of Assessment from the Canada Revenue Agency and verification of their rental costs.

Note: Applying for these programs will add your name to the waitlist for these programs; if deemed eligible, assistance will not be available immediately.

Section 13 – Consent to Collect, Use and Disclose Personal Information

Here is your legal agreement with us. R ead it carefully, and sign in the spaces provided in Section 14.

1. I understand that there are laws that allow Hastings County to collect personal information about me.
2. I understand that Hastings County 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.
3. I allow Hastings County to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Housing Services Act, 2011, t*he *Ontario Works Act, 1997,* the *Ontario Disability Support Program Act, 1997,* or the *Day Nurseries Act.*
4. I allow Hastings County to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act* (Canada) or the *Immigration Act.*
5. I allow Hastings County to give the information on this form and any attachments to any government or body with whom Hastings County has made an agreement under the *Housing Services Act, 2011,* without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment given by Hastings County to a body listed above is confidential and will only be given in accordance with the *Housing Services Act, 2011* and associated regulations.

"**Personal information contained in this form or in attachments is collected by Hastings County pursuant to the *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 c.F31) or the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56).* This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge."**

If you have any questions about the collection and use of personal information, direct any questions or concerns to:

Community and Human Services
Housing Services PO Box 6300 STN CSC,
228 Church Street, Belleville, Ontario K8N 5E2
613-966-1311

Section 14 – Declaration

Read this carefully, and sign in the spaces below.

1. I give my word that everything I have written in this application is correct and complete.
2. I understand that all information I give to Hastings County will belong to them and they will give my information to the housing providers I have chosen.
3. If something on this application is incorrect or not true, Hastings County or the housing providers I have applied to may request additional information, may cancel my application or both and I may be prohibited from re-applying for assistance for a minimum period of two years under the *Housing Services Act, 2011.*
4. I understand that only the people I have listed on this application form may live with me in subsidized housing.
5. I understand that Hastings County 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.
6. I give my word that I am in Canada legally.
7. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing project.
8. **I understand that effective January 1, 2016 all properties in Hastings County with the exception of Trent-Moira Co-operative Estates, are non-smoking. I understand that buildings are <u>not</u> smoke-free as some tenants moved in prior to January 1, 2016. I acknowledge that housing providers cannot guarantee a smoke-free environment.**

<u>Signatures:</u>

The application must be signed by the applicant and each member of the household who is 16 years of age and older.

X _____ X _____

PRINT NAME of Applicant **PRINT NAME** of Co-Applicant

X _____ X _____

SIGNATURE of Applicant **SIGNATURE** of Co-Applicant

X _____ X _____

PRINT NAME of Other Member (16 or older) **PRINT NAME** of Other Member (16 or older)

X _____ X _____

SIGNATURE of Other Member **SIGNATURE** of Other Member

Today's date: _____

Hastings County
Community and Human Services, Housing Services
228 Church St, PO Bag 6300, Belleville ON K8N 5E2

Tel: (613)-966-1311
TF: 1-800-267-0575 inquiry@hastingscounty.com
Fax: (613)-966-4598 www.hastingscounty.com

CONSENT FOR RELEASE OF INFORMATION

I/We _____ hereby give consent to
Print Full Name(s) of Applicant(s)

Hastings County Housing Services, to provide information to and/or receive information from the **following person(s) or agencies**:

_____

_____

_____

_____

☐ This application was completed as part of the Coordinated Access intake process

Applicant(s) Signature: _____

Date: _____

Witness: _____

Date: _____