



**WELLESLEY CENTRAL RESIDENCE INC.
APPLICATION FORM**

The landlord for Wellesley Central Residence shall be referred to as the Wellesley Central Residence Inc. (WCRI) throughout this application.

SECTION 1: CHOOSE THE AGENCY
Check the appropriate box whether you are applying for WoodGreen Supportive Housing for Seniors or Fife House Supportive Housing Services for people living with HIV/AIDS. Refer to the Application Guide & Information: 3. Who can apply for WoodGreen Supportive Housing? or 4. Who can apply for Fife House Supportive Housing?

CHECK ONE	√
I am applying for WoodGreen Supportive Housing Services for Seniors.	
I am applying for Fife House Supportive Housing Services for people living with HIV/AIDS.	

SECTION 2: HOUSEHOLD COMPOSITION		
List all Household Members.	Name:	
Primary Household Applicant #1		
Household Member #2		
Household Member #3		
Household Member #4		
Section 2 (a): This Section to be completed by the Primary Household Applicant		
Last Name:	Initials:	
First Name	DOB (mm/dd/yyyy):	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Man <input type="checkbox"/> Trans Woman <input type="checkbox"/> Other:		
Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Certificate of Indian Status		
Attach legible copies of proof of status with your application.		
Preferred Language Spoken:		
Do you have a Public Guardian or Trustee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide contact information below ↓		
Address:		
City:	Province:	Postal Code:
Are you homeless or living in temporary shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide contact information below ↓		
Name of Shelter:		
Phone:		
If "no", complete the following address information in full.		
Apt #:	Street Address:	
City:	Province:	Postal Code
Mailing Address if different from above:		
Apt #:	Street Address:	
City:	Province:	Postal Code
Telephone #'s		
Home Phone:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:		



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Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the due date? (mm/dd/yyyy)
Are you attending school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach legible proof of full time attendance.
Do you have any children in the custody of a Children's Aid Society because you do not have suitable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach a letter from a Children's Aid Society.
Are you living with someone who threatens your safety or the safety of anyone else listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach written evidence such as a police report or letter from a doctor, a social worker, a psychiatrist or a nurse.
Have you ever been convicted of an offence related to rent-gearred-to-income within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.
Do you owe money to any social housing provider in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete "Details of Arrears Section 2 (b)" below ↓
Do you require wheelchair/scooter accessible housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 (b): Details of Arrears (if applicable)	
Name of the landlord/housing provider you owe money to:	
Name of landlord/housing provider:	
Address of person/housing provider:	
How much is owed? \$	
Has a written repayment schedule been set up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the final repayment date?	
Note: If you do not attach a copy of the repayment schedule signed by the person/Housing Provider, we will reject your application.	

Section 2 (c): If we cannot reach you (the Primary Household Applicant) to discuss your application, list the Alternate Contact we can contact on your behalf.	
Relationship to Primary Household Applicant:	
Last Name:	First Name:
Home Phone:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	



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Section 2 (d): This section must be completed for <u>each</u> Household Member including the Primary Household applicant. Check [✓] if you think you require these services.				
Services	Primary Applicant Name:	Household Member #2 Name:	Household Member #3 Name:	Household Member #4 Name:
Homemaking Services	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Cleaning	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Laundry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Preparing Meals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grocery Shopping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personal Support Services				
Bathing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dressing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grooming	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Toileting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transfer/Positioning	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mobility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medication Reminders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Social and Support Services				
Advocacy with Service Providers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Escort to appointments e.g., medical	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Handling finances	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reading and writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Using other community services e.g., meals-on-wheels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transportation to appointments	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Do you require any assistive devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Do you use any community services not listed here? If yes, specify:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are there other areas where you need support? If yes, specify:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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SECTION 3: HOUSEHOLD MEMBERS INFORMATION	
Complete the following information for each member of your household included in your application. Only the people you identify as members of your household in this application can live with you.	
Section 3 (a): You are Household Member (Check one) <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 Make extra copies of this application for each household member to fill out.	
Relationship to Primary Household Applicant:	
Last Name:	Initials:
First Name:	DOB (mm/md/yyyy)
Preferred Language:	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Man <input type="checkbox"/> Trans Woman <input type="checkbox"/> Other	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant Status: Attach legible copies of proof of status with the application	
Is this Household Member pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the due date:	
Is this Household Member attending school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach proof of full time attendance for individuals 16 years of age or older:	
Does this Household Member have any children in the custody of a Children's Aid Society because they do not have suitable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach a letter from a Children's Aid Society.	
Is this Household Member living with someone who threatens their safety or the safety of anyone else listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach written evidence such as a police report or letter from a doctor, a social worker, a psychiatrist or a nurse.	
Has this Household Member been convicted of an offence related to rent-geared-to-income within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 3 (b): Details of Arrears (if applicable)	
Name of the person/housing provider this Household Member owes money to:	
Name of the person/housing provider:	
Address of person/housing provider:	
How much is owed? \$	
Has a written repayment schedule been set up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the final repayment date?	
Note: If this Household Member does not attach a copy of the repayment schedule signed by the person/housing provider, we will reject the application.	
Does this Household Member owe money to any other social housing provider in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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SECTION 4: FINANCIAL INFORMATION

Section 4 (a): INCOME

All household members 16 years of age and older must complete this section and attach copies of all supporting documentation for all income sources.

Income for _____ (name of Household Member).

1. Check YES or NO to indicate if you are receiving any income from the sources listed below or any other source. Attach an additional sheet of paper if necessary.

2. Indicate the GROSS (before deductions) monthly income from that source.

Income Source.	Yes or No	Contacts	Monthly Income
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: Phone:	\$
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: Phone:	\$
Self-Employed Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name: Type of Business: Phone:	\$
Tips/Gratuities/Commissions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name: Type of Business: Phone:	\$
*Strike Pay *Lockouts require verification from the employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: Phone:	\$
Employment Insurance (EI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Support Payments Received	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Support Payments Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workplace Safety & Insurance Board (WSIB)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Pension Income(s) (include all):

Canada Pension Plan (CPP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Old Age Security (OAS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Guaranteed Income Supplement (GIS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veterans Pension / Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability Pension(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Survivor Pensions(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Foreign Pension(s) including U.S. Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



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Other: Do not include Lump Sum Payments (if the money is invested, include the interest only)	Specify:	\$
Annuity Income (includes life and fixed term annuity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Registered Retirement Income Fund (RRIF) payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
OSAP (Loan or Grant)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Student Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List any other income not indicated above (e.g. Annual bonuses, shift bonuses, self-employment, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Source of Income:	\$
Are you receiving income from any government grant or compensation program? (e.g. Canada Extraordinary Assistance Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No Source of Income:	\$
Social Assistance: (Ontario Works - OW) How many family members are on the Drug Card? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Ontario Disability Support Program (ODSP) How many family members are on the Drug Card? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



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SECTION 4: FINANCIAL INFORMATION (Continued)

Section 4 (b): ASSETS

All household members 16 years of age and older must complete this section and attach copies of all supporting documentation for all your assets.

Assets for _____ (Name of Household Member).

1. Check 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.
2. Indicate the current VALUE or BALANCE of the asset(s).

Income Producing Assets		Information regarding Asset or Imputed Income	Monthly Income (\$\$)
Bank Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	\$
		Account #:	
		Bank Name:	\$
		Account #:	
Term Deposits/ Bonds/Debentures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	\$
		Account #:	
Stocks, Shares, Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Mortgages and Loans Held	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Non-Income Producing Assets		Information regarding Asset or Imputed Income	Value / Balance
Cash or non-interest-bearing Chequing Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Registered Retirement Savings Plans (RRSP's)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Equity in a business / investment (non-generating only)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Cab Plates / Taxi Licenses (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)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Life Insurance (with cash surrender value)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Non-Income Producing Stock, Shares, Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Real Estate (House, Land)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Art, Antiques, Valuables	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Assets held in a Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Transferred Assets (includes any asset that is given away or transferred by the applicant or tenant)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$



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Allergies/ Drug Sensitivity (Including Food Allergies/Intolerance):									
Heart Rate & Rhythm:				Blood Pressure Range:					
Cognitive Status (e.g., Memory Loss, Confusion, Orientation, Behaviour):									
Has this person been declared mentally incompetent? Yes <input type="checkbox"/> No <input type="checkbox"/>									
If yes, describe:									
Concerns related to mental health: Yes <input type="checkbox"/> No <input type="checkbox"/>									
If yes, describe:									
Specialized Needs/Aids (Walker, Ostomy, Pacemaker, Dialysis, Oxygen, etc.)									
Prosthesis:	<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Eye Glasses	<input type="checkbox"/>	Contact Lenses	<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>
Other (Specify):									
For Persons With HIV/AIDS:									
Is this person HIV positive? Yes <input type="checkbox"/> No <input type="checkbox"/>									
HIV status confirmation date: (If Applicable)									
What is the patient's CD4 count?									
What is the patient's viral load?									
Other General Comments:									
Does the patient need assistance with any of the following activities of daily living?									
ACTIVITIES				REMARKS					
	YES	NO	NA						
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Transfer/Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Medication Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Escort to Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Use TTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Other Comments:									
Physician (Print Name):				Signature:					
Date:									



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SECTION 6: DECLARATION OF CONSENT FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Section 6 (a): HOUSING: Declaration of Consent for the Collection, Use and Disclosure of Personal Information

If you are applying for housing, all household members 16 years of age and older must read all the information below before signing the Declaration of Consent for the Collection, Use and Disclosure of Personal Information in regards to Housing.

We make the following pledge knowing that it will be relied upon by Wellesley Central Residence Inc. to assess our qualifications for continued rent subsidy and to establish the rent.

I have read over the Definitions of Gross Family Income and Assets attached to this form, and I fully understand them.

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.

I understand that the Social Housing Reform Act (SHRA) requires the housing provider to collect personal information about me. I understand that the housing provider will use this information to decide:

- if my household qualifies for the unit or apartment we live in
- if my household continues to be eligible for rent-geared-to income assistance
- how much rent-geared-to-income assistance my household qualifies for.

I agree to allow Wellesley Central Residence Inc. to make inquiries to verify the information given about me in this Household Income and Asset Review. I permit any person, corporation, or social agency to release any required information to Wellesley Central Residence Inc.

I understand that the housing provider does not have to notify me before giving information on this form, or in any attached documents, to the City of Toronto or to any government or organization with whom the City of Toronto has an agreement under the Social Housing Reform Act (SHRA).

I understand that any information on this form or in any attached documents will only be given in accordance with the SHRA, the Municipal Freedom of Information and Protection of Privacy Act and associated regulations.

I am responsible to provide any supporting documents required by the requested date to complete this Review. This form and all supporting documents provided become the property of Wellesley Central Residence Inc.

I understand that failure to supply Wellesley Central Residence Inc. 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.

Signatures of all household members that are 16 years of age and over are included below. I acknowledge that I understand this building will include people from the LGBTTIQ communities.

Primary Household Applicant
Signature

Witness's Signature

Date

Household Applicant #2
Signature

Witness's Signature

Date

Household Applicant #3
Signature

Witness's Signature

Date

Household Applicant #4
Signature

Witness's Signature

Date



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Section 6 (b): SUPPORT SERVICES: Declaration of Consent for the Collection, Use and Disclosure of Personal Information

Any household member who is applying for Supportive Services must read all the information below before signing the Declaration of Consent for the Collection, Use and Disclosure of Personal Information in regards to Supportive Services.

This information is required by the service providers to assess eligibility for support services. If you are deemed eligible for support services the information will be retained and used to develop your care plan.

The consent confirms the following:

I make the following representations and warranties knowing that it will be relied upon to assess my eligibility for support services.

I authorize the release of personal and medical information to Fife House and WoodGreen Community Services.

I give my consent and authorization to Fife House and WoodGreen Community Services staff to contact:

- a) The support service agencies/caregivers/doctors, etc. named on this application form.
- b) The CCAC, hospital or medical personnel (e.g. medical doctor, nurse or social worker) to obtain an update on my medical status.

I authorize these support service agencies/caregivers/doctors, etc. to disclose the information to Fife House and WoodGreen Community Services.

I consent to Fife House and WoodGreen Community Services staff collecting such information about me as may be necessary to complete or verify the information contained on the application form.

Signatures of all household members requiring Supportive Housing services are included below.
I acknowledge that I understand this building will include people from the LGBTTIQ communities.

 Primary Household Applicant
 Signature

 Witness's Signature

 Date

 Household Applicant #2
 Signature

 Witness's Signature

 Date

 Household Applicant #3
 Signature

 Witness's Signature

 Date

 Household Applicant #4
 Signature

 Witness's Signature

 Date



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Application Form Check list

Ensure that the following sections are completed:

- Section 1: Agency
 Choose the Agency
- Section 2: Household Composition
 Primary Household Applicant
 Details of Arrears (if applicable)
 Alternate Contact
 List of services required
- Section 3: Household Members Information
 Household Member
 Details of Arrears (if applicable)
- Section 4: Financial Information
 Income
 Assets
- Section 5: Medical History (to be completed and signed by Physician)
- Section 6: Declaration of Consent for the Collection, Use and Disclosure of Personal Information
 Housing (signatures of all household members 16 years and over, witnessed, and dated)
 Support Services (signatures of all household members 16 years and over, witnessed, and dated)

Copies of Documents You Must Send with Your Application

- Proof of age for each member of your household
- Proof of status for each member of your household
- Supporting documents for all *income* sources for each household member (e.g. cheque stubs, bank book statement)
- Supporting documents for all *asset* sources for each household member (e.g. assets, investments)
- Written agreement of repayment schedule, signed by the provider, stating how you or household member will repay (if applicable)
- Proof of full-time attendance at school (if applicable)
- A letter from Children's Aid Society if any children are in their custody because the children do not have suitable housing (if applicable)
- A written document if the safety of anyone listed in the application is threatened e.g., police report, letter from doctor, social worker, psychiatrist (if applicable)