

IOOF SENIORS HOMES INC.  
HOUSING ACCOMMODATIONS  
APPLICATION PACKAGE

**HERITAGE PLACE**  
Supportive Housing  
Accommodations



Housing Accommodations Office  
20 Brooks Street  
Barrie, ON  
L4N 7X2

Phone: 705-725-4603  
Fax: 705-728-8149  
Website: [www.ioof.com](http://www.ioof.com)



# Housing Accommodations Application Form:

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## SECTION 1: 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** 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 of 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.**

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## EMERGENCY HOUSING IS NOT AVAILABLE

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## SECTION 2: QUESTIONS AND ANSWERS FOR HOUSING

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**When will I be offered an apartment?**  
WHEN YOUR NAME GETS TO THE TOP OF THE LIST. The list is kept in order of the date we receive your completed application.

**How much rent can I expect to pay?**  
For those individuals that qualify, Rent-geared-to-income is based on 30% of your gross monthly income for the Rent portion of your occupancy. Additional costs such as parking and the Mandatory Support Services Package are not subsidized. Please review the Information Package available on our website for costs for Occupancy at Heritage Place.

**Due to the large volume of applications, we cannot inform you of your status on the list.**



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

Apartments are rented promptly; The Housing Accommodations Office requires a daytime telephone number so that we can call you when an apartment 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.

**It is important to remember that you only have three (3) refusals in total and after that you will no longer be eligible and your name will be removed from the Wait List.**

**How do I know if my application was received?**

Within 7 business days after your application is received, it will be reviewed to ensure that it is complete. You will receive a phone call from our office if we require any additional information.

**How long will it take me to get an apartment?**

It may take some time because of the small number of vacancies. The current Wait List is approximately 5-8 yrs.

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

Please contact the Housing Accommodations Office at 705-725-4603 to update your 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, AND CONTACT PERSON. FAILURE TO DO SO MAY RESULT IN OUR BEING UNABLE TO CONTACT YOU, THEN REMOVING YOU FROM THE WAIT LIST.**

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**SECTION 3: APPLICANT INFORMATION**  
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**1. APPLICANT**

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

DATE OF BIRTH: \_\_\_\_\_ GENDER: M  F  SOCIAL INSURANCE NO: \_\_\_\_\_  
day / month /year

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

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

BUSINESS PHONE: \_( ) \_\_\_\_\_ CITIZENSHIP: Canadian Citizen  Attach a photo copy of citizenship.

ALTERNATE PERSON TO CONTACT: (must be completed)

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

POSTAL CODE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_( ) \_\_\_\_\_  
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**2. CO-APPLICANT**

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

DATE OF BIRTH: \_\_\_\_\_ GENDER: M  F  SOCIAL INSURANCE NO: \_\_\_\_\_

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

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

BUSINESS PHONE: \_( ) \_\_\_\_\_ CITIZENSHIP: Canadian Citizen  Attach a photo copy of citizenship.

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

ALTERNATE PERSON TO CONTACT: (must be completed)

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

POSTAL CODE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_( ) \_\_\_\_\_  
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**3. PRESENT LANDLORD: (NAME AND PHONE NUMBER MUST BE PROVIDED FOR ELIGIBILITY)**  
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NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_



6. Does your current bathroom accommodate your needs?  Y  N  
 a. Are there any special adaptive devices used in the bathroom?  Y  N
7. Are you currently living with family?  Y  N a. Is this temporary?  Y  N
8. Do you have a pet?  Y  N
9. Are you aware we may not be able to provide you with a great amount of prior notice for accommodations?  Y  N

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**SECTION 7: FINANCIAL INFORMATION**

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MONTHLY INCOME BEFORE DEDUCTIONS: (ALL SOURCES OF INCOME MUST BE REPORTED)

LIST OF SOURCES OF INCOME	GROSS MONTHLY TOTAL (BEFORE DEDUCTIONS)	
	APPLICANT	CO-APPLICANT
Employment Income (total monthly income)	\$	\$
Old Age Pension and Supplement	\$	\$
Guaranteed Annual Income Supplement	\$	\$
Canada Pension Plan (C.P.P.)	\$	\$
Employment Pension	\$	\$
Disability Pension or D.V.A	\$	\$
General Welfare Benefits or Family Benefits	\$	\$
Ontario Works (Social Services)	\$	\$
Full/Part Time Employment	\$	\$
Employment Insurance	\$	\$
Workplace Safety Insurance Benefits (W.S.I.B)	\$	\$
Gains—Aged	\$	\$
Other Income (Specify)	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>

DETAILED STATEMENT OF ASSETS

<b>ASSETS</b> (Total dollar value of all assets)	<b>VALUE</b>	
	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Bank, Trust Company, Credit Union (savings and chequings)	\$	\$
Guaranteed Income Certificates (G.I.C)	\$	\$
Mortgages and loans	\$	\$
Stocks and bonds	\$	\$
RRSP, annuities, shares, and securities	\$	\$
Rent Revenue	\$	\$
Monies owed to you over \$500	\$	\$
Other (please specify)	\$	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>\$</b>

Have you, or any other person listed on this application, transferred assets?  Yes  No  
 If yes, indicate type of property, address, and estimated value: \$\_\_\_\_\_

<b>NON-INCOME PRODUCING ASSETS</b> (Total dollar value of all non- income producing assets)	<b>VALUE</b>	
	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Real estate (selling price minus mortgage)	\$	\$
Business Assets (net worth)	\$	\$
Other assets (appraised value)	\$	\$
<b>TOTAL NON-INCOME PRODUCING ASSETS</b>	<b>\$</b>	<b>\$</b>

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**CURRENT SHELTER INFORMATION**  
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Do you OWN  or RENT  your present accommodation? Other: \_\_\_\_\_  
If you currently pay room and board, rent, and/or have other shelter expenses, please complete the following section.

RENTAL EXPENSES		SHELTER INFORMATION	
Rent	\$	Rent	\$
Heat	\$	Heat	\$
Water	\$	Water	\$
Hydro	\$	Hydro	\$
Other	\$	Other	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

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**SECTION 8. INDEPENDENT LIVING ASSESSMENT**  
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The purpose of the Independent Living Assessment is to identify the type of personal assistance and/or supportive services that you and/or the co-applicant **CURRENTLY** require, if any, in order to:

- i. Carry out essential day-to-day activities (e.g. Meal preparation, dressing, shopping, housekeeping, laundry, etc)
- ii. Meet your obligations as a tenant (e.g. Payment of rent, living safely and maintaining reasonable cleanliness of the apartment)

If this is a couple's application, does one person require a great amount of assistance to the other?

Yes   
No

Do you currently require assistance in the following areas: (rate as if living alone)

Essential Day-to-Day Activities	Applicant	Co-Applicant
Dressing/grooming		
Bladder and bowel control		
Bathing		
Preparing meals		
Monitoring or taking medications		
Doing laundry		
Doing housekeeping		
Shopping (groceries, clothing, etc)		
Transportation issues		
Understanding legal documents		
Banking and/or paying bills		
Safe operation of the stove		
Forgetfulness		
Wandering/getting lost/ being disoriented		
Use of emergency response/First aid/Petite		

**SECTION 9: MOBILITY AND MEDICAL ASSESSMENT**

Indicate yes if...	--	Applicant	Co-Applicant
You use a mobility aid	Cane		
	Walker		
	Wheelchair		
	Other (indicate)		
<b>You use oxygen</b>	Occasionally		
	4-8 hrs/day		
	All the time		

Indicate yes if...	--	Applicant	Co-Applicant
You've had a recent hospital stay	Yes/No		
	Length		
	Reason		
You've had any recent falls	-		

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## SECTION 10: COMMUNITY SERVICES

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Please check one or more of the boxes below that describes the type of support and/or assistance that you CURRENTLY use to continue living in your current accommodation.

Service	Applicant	Co-Applicant
Visiting nurse		
Homemaking		
Therapy: physio		
Respite		
Health Center		
CCAC		
Meals on Wheels		
Family friends		
Day program		
Security check		
Home maintenance		

Other: \_\_\_\_\_

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## SECTION 11: ENVIRONMENTAL REQUIREMENTS

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Please check either “Yes” or “No” in the boxes below if you or the co-applicant require the service in order to live independently.

Requirement	Applicant		Co-Applicant	
	Yes	No	Yes	No
Wheelchair access				
Automatic door openers				
Special lifting/transferring devices				
Additional grab bars in the bathroom				
Personal emergency response				
Kitchen aids				
Visual aids				
Hearing aids				
Chair in shower				
Other:				

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## SECTION 12: Additional Comments

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Briefly provide any additional comments below.

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## SECTION 13: Consent, Release, and Declaration

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### RELEASE



**Please read the release and consent section carefully, and sign in the spaces below.**

1. I understand that the IOOF Seniors Home Inc. 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 supportive housing.
2. I understand and agree that the IOOF Seniors Homes Inc. will use the information I give them for the following specific purposes:
  - a. To find out if I qualify for the housing I have applied for;
  - b. To find out if I continue to qualify for rent-geared-to-income assistance;
  - c. To find out how much assistance I am eligible for;
  - d. For statistical reporting.
3. I consent to the release of any information to the IOOF Seniors Homes Inc. about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, jointly with any other person in any financial institution.
4. For the purpose of eligibility assessment I allow the IOOF Seniors Homes Inc. 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 IOOF Seniors Homes Inc. 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, and the Ontario Disability Support Program Act, 1997.
6. I consent to the IOOF Seniors Homes Inc. 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 IOOF Seniors Homes Inc. 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 IOOF Seniors Homes Inc. may cross-reference my personal information related to this housing application with other municipal data.
9. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.

## DECLARATION

1. I understand that the IOOF Seniors Homes Inc. will apply to 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.
2. I declare that I am in Canada legally.
3. 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 rent-geared-to-income subsidies.
4. 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 IOOF Seniors Homes Inc. may request additional information or may cancel my application.
5. I understand that if the IOOF Seniors Homes Inc. requests to be reimbursed by the Residents in double accommodations as stated in the occupancy agreement for the apartment. Both Residents are jointly and severally liable to pay the amount owing to the IOOF Seniors Homes Inc.

**All the people on this application must sign below to indicate that they have read and accept all the terms and conditions of the Consent, Release, and Declaration section.**

**Please do not submit this form to the IOOF Seniors Homes Inc. without all required signatures.**

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions relating to the completion of this application, please contact:**

Housing Accommodations  
IOOF Seniors Home Inc.  
20 Brooks Street  
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(705) 725-4603

We wish to thank you for taking the time to complete this application. We will contact you directly when suitable accommodations and support services are available

The need for Supportive Housing in Simcoe County is great; should there be a sudden change in the health or service requirements of either the applicant or co-applicant, or the need to remove your application, please contact us to update or remove this application from our wait list.