

## Who Can Apply?

1. At least one member of the household must be 16 years of age or older and able to live independently.
2. Each member of the household must be a Canadian citizen **or** has made an application for status as a permanent resident under the *Immigration and Refugee Protection Act* (Canada) **or** has made a claim for refugee protection under the *Immigration and Refugee Protection Act* (Canada) **and** no removal order has become enforceable against any member of the household.
3. No member of the household may owe money to any social housing provider in Ontario. For any amounts owing, the member must pay the amount owed, or make a payment agreement with the provider to pay the outstanding arrears. **Arrears must be paid in full at the time of offer; otherwise, the offer will be considered a refusal.**
4. No member of the household has been convicted of misrepresenting their income for the purpose of receiving rent-gear-to-income assistance in the past two years.
5. *O. Reg. 370/11* prescribes household income limits to determine eligibility for rent-gear-to-income assistance only (i.e. does not apply to affordable housing).
6. Household assets must be within the limit as per the Asset Limit Policy established by the United Counties of Leeds and Grenville.

## How to Complete the Application:

1. Complete all sections of the application. If your application is incomplete, it will be kept on file for 30 days for receipt of outstanding information. **Eligibility will be determined once all required information is received and your chronological ranking date is based on the date the application is complete.**
2. The application must be signed by the applicant, co-applicant, and all non-dependent members of the household, or a person authorized to sign on behalf of any member who is unable to sign. Please read the declaration and consent before signing the application form.
3. Submit the completed application and all supporting documentation to:

**Attention: Social Housing Registry**  
**The United Counties of Leeds and Grenville**  
**Community and Social Services Division – Housing Department**  
**25 Central Avenue West, Suite 200**  
**Brockville, ON K6V 4N6**

4. Applications may also be submitted to any non-profit/co-operative housing provider.
5. **Your application will be acknowledged in writing once eligibility has been determined** (applications may take up to 30 days to process).

## Application for Subsidized Housing

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act, 2011. Sections 169, 170, 171, 172, 173, 174, 175 and 176*, or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. C.M. 56)*. The information collected in this application is for the purpose of determining eligibility for rent-geared-to-income assistance and affordable housing. Rent is based on net household income for rent-geared-to-income assistance and affordable rent is 80 per cent of the Average Market Rent for the area as published periodically by Canada Mortgage and Housing Corporation (CMHC). This housing is considered subsidized housing because it was built and is maintained with government funding.

**If you have any questions or require assistance completing this application, please contact the Social Housing Registry at 613-342-3840 ext. 2450.**

1. Applicant			
<b>Last Name</b>			<b>Gender Identity*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ *Used to determine occupancy standards
<b>First Name</b>			
<b>Middle Name</b>			
<b>Birthdate (mm/dd/yyyy)</b>			
<b>Status in Canada - Attach Documentation</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant		<b>Office Use Only Document Received</b>  <input type="checkbox"/>	<b>Social Insurance Number</b>
<b>Current Address</b>			
<b>Apt. No.</b>	<b>Street Address</b>		
<b>P.O. Box (if applicable)</b>	<b>City</b>		<b>Postal Code</b>
<b>Home Telephone</b>	<b>Work Telephone</b>	<b>Alt. Telephone (cell, etc.)</b>	<b>May we contact you at work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mailing Address if Different</b>			<b>Email Address</b>
<b>Alternate Contact Name</b>	<b>Relationship to Applicant</b>		<b>Contact Telephone Number</b>

2. Co-Applicant			
<b>Last Name</b>		<b>Gender Identity*</b>	
<b>First Name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	
<b>Middle Name</b>		*Used to determine occupancy standards	
<b>Birthdate (mm/dd/yyyy)</b>			
<b>Status in Canada - Attach Documentation</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant		<b>Office Use Only Document Received</b> <input type="checkbox"/>	<b>Social Insurance Number</b> 
<b>Current Address</b>			
<b>Apt. No.</b>	<b>Street Address</b>		
<b>P.O. Box (if applicable)</b>	<b>City</b>		<b>Postal Code</b>
<b>Home Telephone</b>	<b>Work Telephone</b>	<b>Alt. Telephone (cell, etc.)</b>	<b>May we contact you at work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mailing Address if Different</b>			<b>Email Address</b>
<b>Alternate Contact Name</b>	<b>Relationship to Applicant</b>		<b>Contact Telephone Number</b>

3. Other Household Members to Reside in Accommodation Applied for:						
Last Name	First Name	Social Insurance Number	Gender Identity	Birth Date (mm/dd/yyyy)	Relationship to Applicant	Status in Canada Canadian Citizen, Landed Immigrant, Refugee Claimant <i>(Office Use Only Document Received)</i>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**A.** Are all household members currently residing at the same address?  Yes  No  
 If "No" give reason for separation. *Copies of documentation of custody/visiting arrangements must be provided.*

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**B.** Is any member of the household expecting a baby?  Yes  No If yes, date expected: \_\_\_\_\_

(mm/dd/yyyy)  
*Please contact the Social Housing Registry when the baby is born.*

**4. Income from All Sources**

**Definition of Income** - Income includes money of every kind and source such as employment or self-employment income (e.g. salary, overtime premiums, commissions), rental income, pension income from any public or private source, any government income (e.g. Employment Insurance, Worker's Compensation, Ontario Works, Ontario Disability Support Program), annuities, inheritance, alimony/support payments, interest from saving accounts, investments and term deposits, grants, scholarships, etc. **If no income is received indicate "NIL".**

Source of Income	Net Monthly Income	
	Applicant/Tenant	Other Household Member(s)
<b>Employment or Self-employment</b>	\$	\$
<b>Employment Insurance (EI)</b>	\$	\$
<b>Workplace Safety and Insurance Board (WSIB)</b>	\$	\$
<b>Ontario Works (OW)</b>	\$	\$
<b>Ontario Disability Support Program (ODSP)</b>	\$	\$
<b>Spousal Support</b>	\$	\$
<b>Pension Income(s):</b>		
Canada Pension Plan (CPP)/Canada Pension Plan-Disability (CPP-D), Provincial Pension (QPP)	\$	\$
Old Age Security (OAS)	\$	\$
Guaranteed Income Supplement (GIS)	\$	\$
Guaranteed Annual Income Support (GAINS)	\$	\$
Private Pension	\$	\$
Foreign Pension(s) including U.S. Social Security	\$	\$
Registered Retirement Income Fund (RRIF)	\$	\$
Other (specify):	\$	\$

### 5. ASSETS

All assets must be declared for each household member, including assets that are jointly owned with others outside of your household. Up-to-date documentation of all assets is required.

**Note:** If your household owns more accounts than there are spaces on the form, or assets of any kind that are not listed on the form, please ensure this information is noted and attached for all accounts. Attach additional pages if required.

**Transferred Assets:** If a member of your household has disposed of or transferred any assets within the past 12 months, you must provide the details of this information. For example: if you have sold a house, transferred investments to someone outside of your household, or sold a vehicle.

*Add details of transferred assets:*

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<b>Bank Account(s)</b> Provide the last three (3) consecutive months with an up-to-date balance. Examples: chequing accounts, savings accounts, overseas or foreign accounts. Provide current bank statements showing the account balance for <b>all</b> accounts.	<b>Applicant/Tenant</b>	<b>Other Household Member(s)</b>
	\$	\$
Bank Name _____ Account Number _____	\$	\$
Bank Name _____ Account Number _____	\$	\$
Bank Name _____ Account Number _____	\$	\$
<b>Investments</b> Provide a current statement from the bank or financial institution showing the amount of the investment.	<b>Applicant/Tenant</b>	<b>Other Household Member(s)</b>
<b>Term Deposits, Guaranteed Income Certificates (GICs)</b>	\$	\$
<b>Stocks, Shares, Bonds</b>	\$	\$
<b>Mutual Funds</b>	\$	\$
<b>Overseas or foreign investments</b>	\$	\$
<b>Tax-Free Savings Accounts (TFSA)</b>	\$	\$
<b>Registered Accounts/Investments</b> Examples: RRSP, RRIF, LIRA, LIF Provide a current statement showing the value of the account, ownership and beneficiary.	<b>Applicant/Tenant</b>	<b>Other Household Member(s)</b>
<b>Registered Retirement Savings Plans</b>	\$	\$
<b>Registered Retirement Income Fund (RRIF)</b>	\$	\$
<b>Locked-In Retirement Account (LIRA)</b>	\$	\$
<b>Locked-in Income Fund (LIF)</b>	\$	\$

Other Assets	Applicant/Tenant	Other Household Member(s)
<b>Life Insurance</b> The amount of the cash surrender value is an asset. Provide the insurance policy that states the current cash surrender value.	\$	\$
<b>Trust Account</b> Trust fund documents to show the amount and beneficiary	\$	\$
<b>Real Estate Equity</b> (House, Land, or other property). Includes property in Canada or other countries. Provide the following: <ul style="list-style-type: none"> <li>The value of the property according to your MPAC assessment, minus mortgages, lines of credit or liens secured on the property.</li> </ul> Provide your MPAC Assessment and current mortgage statement.	<b>MPAC Assessment Value</b>	<b>MPAC Assessment Value</b>
	\$	\$
	<b>Total Loans/Mortgages</b>	<b>Total Loans/Mortgages</b>
	\$	\$
<b>Personal Vehicle</b> <ul style="list-style-type: none"> <li>Car, truck, motorcycle</li> </ul> Provide loan documents only if your household owns more than one vehicle <u>and</u> if your vehicle is valued above \$15,000.	\$	\$
<b>Recreational Vehicles</b> Example: boat, snowmobile, all-terrain vehicle, camper	\$	\$
<b>Business Assets</b> <ul style="list-style-type: none"> <li>Business Bank Accounts</li> <li>Business property</li> <li>Business vehicle</li> <li>Taxi license</li> </ul> Provide supporting documents to verify the value of business assets.	<b>Applicant/ Tenant</b>	<b>Other Household Member(s)</b>
	\$	\$

### 6. Social Housing History

Have you or any member of your household previously lived in rent-geared-to-income (subsidized) or social housing in the province of Ontario?  Yes  No

If **Yes** complete the following:

I.	Housing Provider Name and Address	From (date)			To (date)		
		mm	dd	yyyy	mm	dd	yyyy

	<b>Name on Lease or Tenancy Agreement</b>	<b>Rental or Damage Arrears Owing</b>					
		\$					
<b>II.</b>	<b>Housing Provider Name and Address</b>	<b>From (date)</b>			<b>To (date)</b>		
		mm	dd	yyyy	mm	dd	yyyy
	<b>Name on Lease or Tenancy Agreement</b>	<b>Rental or Damage Arrears Owing</b>					
		\$					
<b>III.</b>	<b>Housing Provider Name and Address</b>	<b>From (date)</b>			<b>To (date)</b>		
		mm	dd	yyyy	mm	dd	yyyy
	<b>Name on Lease or Occupancy Agreement</b>	<b>Rental or Damage Arrears Owing</b>					
		\$					

**7. Social Housing Arrears**

Eligibility for rent-geared-to-income assistance requires that monies owed to any social housing provider in Ontario be paid in full or have an active payment agreement in place. **Arrears must be paid in full at the time of offer; otherwise, the offer will be considered a refusal.**

Does any member of the household owe money (i.e. unpaid rent or damages) to any social housing provider in Ontario?     Yes     No

**If yes, attach a copy of your payment agreement with the housing provider.**

Payment Agreement attached. Must be making payments per the agreement to be on the waitlist.

**8. Previous Evictions**

Have you, or any member of your household, been found guilty of misrepresenting your income for the purpose of receiving rent-geared-to-income assistance under the Criminal Code (Canada), the Landlord and Tenant Board, or a court of law within the last two years?     Yes     No

Have you, or any member of your household, been evicted from a "social housing" unit for a serious illegal act within the last five years?     Yes     No

<b>9. Housing Benefits</b>	<b>Yes</b>	<b>No</b>
a) Is your household currently in receipt of any type of Housing Allowance Benefit?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your household currently in receipt of the Portable Housing Benefit or Portable Housing Benefit Special Priority Placement (SPP)?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has your household received Home Ownership or Ontario Renovates assistance?	<input type="checkbox"/>	<input type="checkbox"/>
d) Does your household owe monies to the Housing Allowance, Home Ownership or Ontario Renovates programs in Leeds Grenville?	<input type="checkbox"/>	<input type="checkbox"/>

<b>10. Health Factors to be Considered</b>	
<b>All households requiring a modified unit must submit a Verification of Disability or Medical Condition form completed by his/her medical doctor.</b>	
Do you require barrier-free access? <input type="checkbox"/> Yes <input type="checkbox"/> No (No entry stairs; require ramp, lift, or elevator)	Are you hearing impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to climb stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you sight impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a powered mobility device, such as a mobility scooter or powered wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please request and submit a completed Powered Mobility Device Registration Form with your application.	
<input type="checkbox"/> <b>Other (Please specify):</b> _____	
<input type="checkbox"/> <b>Other (Please specify):</b> _____	

<b>11. Number of Bedrooms Required</b>
The number of bedrooms your household is eligible for is determined by local occupancy standards for rent-gated-to-income assistance. Generally, spouses/same-sex partners are expected to share a bedroom and an additional bedroom is allowed for each additional member of the household. Dependents of the same gender with an age difference of five years or less may share a bedroom if preferable. Notify the Social Housing Registry of special circumstances (medical conditions, custody or visitation agreements) that may impact on eligible unit size and attach supporting documentation.
<b>Unit Size Required:</b>
<input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> No Preference
Note: Each household must complete the <b>Building Selection</b> form attached to indicate their preferred housing locations. If the household does not submit a completed Building Selection form, applicant household will be added to every location which has units with the number of bedrooms for which you qualify.

<b>12. Special Priority Status</b>
Any applicant or member of the household whose personal safety is at risk because of abuse by a person with whom they live in a familial relationship may apply for the special priority household category. To be considered for Special Priority, you must submit a Request for Special Priority Household Category.
Do you intend to submit a Request for Special Priority Household Category? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<b>13. Transfer Requests</b>
<b>If you are currently a social housing tenant, are you requesting a transfer because you are:</b>
<input type="checkbox"/> Overhoused (eligible for fewer bedrooms) <input type="checkbox"/> Underhoused (eligible for more bedrooms)
<input type="checkbox"/> Other (please explain)

Have you submitted an Internal Transfer Request form?  Yes  No  
 If yes, was the internal transfer approved or denied?  Approved  Denied

**The following sections are not required to determine eligibility, but may be helpful when selecting building location preferences.**

**14. Parking**

Parking spaces are limited at many buildings. You may want to inquire about parking availability and consider it when choosing building preferences. If you refuse an offer due to parking not being available, your application will be made ineligible and will need to re-apply, unless you agree to be removed from that buildings waitlist.

**Do you require parking?**  Yes  No

**Note:** Parking spots are for Tenants only. The vehicle must be registered in the Tenant’s name and the Tenant must have a valid driver’s permit.

**15. Pets**

**Do you have Pets?**  Yes  No

**Type of Pet(s):** \_\_\_\_\_ **No. of Pets:** \_\_\_\_\_

Number and type of pets must comply with local municipal bylaws governing pets.

**Documentation Requirements (submit copies with completed Application)**

Proof of citizenship for each household member (i.e. birth certificate, citizenship, or landed immigrant or refugee status documents.	<input type="checkbox"/>
Most recent Notice of Assessment (NOA) for each member of the household. To obtain a copy of your Notice of Assessment, contact Canada Revenue Agency at 1-800-959-8281.	<input type="checkbox"/>
Canada Child Benefit (CCB) and Ontario child benefit (OCB) Notice for all dependents under 18 years of age.	<input type="checkbox"/>
Custody/visitation Agreement for any dependents with a parent that does not live with the household.	<input type="checkbox"/>
Verification of school status for applicants/tenants attending school who are over the age of 18.	<input type="checkbox"/>
Documentation of assets for all household members, as outlined in the “Assets” section.	<input type="checkbox"/>
Copy of an active payment agreement for amounts owing to any social housing provider in Ontario (if applicable).	<input type="checkbox"/>
Consent to Email Form (if applicable) (attached)	<input type="checkbox"/>
Powered Mobility Device Registration Form (if applicable)	<input type="checkbox"/>
Completed Building Selection Form (attached)	<input type="checkbox"/>

## **Declaration and Consent**

I/we, the undersigned, understand and declare,

1. That all information given in this application and any supporting documentation is correct and complete.
2. That the Social Housing Registry/Housing Department and/or housing providers selected will use the information provided to determine initial and ongoing eligibility for rent-geared-to-income assistance, and/or social housing and to determine the amount of assistance for which I/we are eligible.
3. That if any information in this application is incorrect or not true, the Social Housing Registry/Housing Department and/or the housing providers selected in this application may request additional information, cancel this application, or both, and I/we may be prohibited from re-applying for assistance for a minimum period of two years under the *Housing Services Act, 2011*.
4. That only the individual members included in this application may live with me/us in subsidized housing.
5. That all members of the household are residing in Canada legally.
6. That any money owed to any social housing provider in Ontario must be paid, or have an active payment agreement in place, before this application is eligible for rent-geared-to-income assistance, and included on the centralized waiting list. An active payment agreement means that payment amounts, and dates, agreed to in the payment agreement are upheld.
7. That any changes to this application must be reported to the Social Housing Registry and/or directly to the housing provider, within 30 days of the change.
8. That an Update/Change of Information form must be completed and returned at least once each year and as requested by the Social Housing Registry. Failure to return the Update/Change of Information form may result in my/our application being cancelled.
9. That any information provided in this application and any supporting documentation may be verified, and I/we authorize any person, corporation or any social agency having knowledge of the information provided, to release that information to the Social Housing Registry/Housing Department and/or other social housing provider within the United Counties of Leeds and Grenville for the purpose of determining initial or ongoing eligibility for rent-geared-to-income assistance.
10. That the Social Housing Registry/Housing Department may complete a consumer credit enquiry for all adult members included in this application for the purpose of verifying sources of income and/or property.

Further, I/we understand that certain laws allow personal information to be collected or shared with others, and that any information in this application and any supporting documentation which is given to a body listed herein is confidential and will only be given in accordance with the Housing Services Act, 2011 and associated regulations.

Specifically, I/we consent to the information in this application and any supporting documentation to be given, without further notice, to:

- 1) Social services offices, other municipal service managers or district social services administration boards and housing providers, if the information is necessary for the purpose of making decisions or determining eligibility for assistance under the *Housing Services Act, 2011*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
- 2) The government of Canada, a department, ministry, or agency of it, if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
- 3) Any government or body with whom an agreement has been made under the *Housing Services Act, 2011*, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to- income assistance program.
- 4) Employees of the Community and Social Services Division of the United Counties of Leeds and Grenville, once eligibility has been established for at least one program, if the information relates to ongoing eligibility with any program provided by the Community and Social Services Division.

**Signatures of Household Members**

This Application and Declaration and Consent must be signed by the applicant, co-applicant and all non-dependent members of the household.

**Non-Dependent** means any member of the household that is not dependent on another member of the household and whose income is included for the purposes of calculating rent-geared-to-income assistance. An adult child of another member of the household, under the age of 21, in full time attendance at school, and living away from the household during the school year, is considered a **dependent** if he/she resides with the household during school breaks.

<p><b>Applicant</b> _____</p> <p><b>Household</b> _____</p> <p><b>Member</b> _____</p> <p><b>Date</b> _____</p> <p>(mm/dd/yyyy)</p>	<p><b>Co-</b></p> <p><b>applicant</b> _____</p> <p><b>Household</b> _____</p> <p><b>Member</b> _____</p>
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Personal information contained in this Application or any attachments hereto is collected by the Social Housing Registry pursuant to the *Housing Services Act, 2011 Sections 169, 170, 171, 172, 173, 174, 175 and 176*, and the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. C.M. 56)* for the purpose of determining initial or ongoing eligibility for subsidized housing, and may be used to calculate the applicable rent-geared-to-income charge. Questions about this collection should be directed to the United Counties of Leeds and Grenville, Clerk’s Department, 25 Central Avenue West, Suite 100, Brockville, ON K6V 4N6 or telephone 613-342-3840 ext. 2307.

<b>For Office Use Only</b>	
<p><b>Arrears/Misrepresentation/Criminal Act:</b></p> <p><input type="checkbox"/> Rent Café</p> <p><input type="checkbox"/> Voyager PM</p> <p><input type="checkbox"/> Provincial Database</p> <p><input type="checkbox"/> No Misrepresentation Confirmed    <input type="checkbox"/> No Arrears Confirmed</p> <p><input type="checkbox"/> No eviction due to serious criminal act (N6)</p>	<p><b>Receipt of Other Housing Benefits:</b></p> <p>Note: circle the applicable program sub-type (e.g. IAH).</p> <p><input type="checkbox"/> Portable Housing Benefit</p> <p><input type="checkbox"/> Portable Housing Benefit (SPP)</p> <p><input type="checkbox"/> Housing Allowance (IAH, OPHI)</p> <p><input type="checkbox"/> Ontario Renovates (IAH or SIF)</p> <p><input type="checkbox"/> Home Ownership (IAH)</p> <p><input type="checkbox"/> Canada-Ontario Housing Benefit (COHB)</p>
<p><b>Date Application determined Complete (mm/dd/yyyy):</b></p>	
<p><b>Application Determined:</b>    <input type="checkbox"/> Eligible    <input type="checkbox"/> Not Eligible</p>	<p><b>Reason Not Eligible:</b></p>
<p><b>Date:</b> _____</p>	
<p><b>Eligibility Date Entered in Rent Cafe:</b> _____</p>	
<p><b>Entered</b></p>	
<p><b>By:</b> _____</p>	

As we continue to move to a paperless environment, the United Counties of Leeds and Grenville (Leeds Grenville) has introduced the ability to communicate with applicants and tenants through email. In order for authorized staff to communicate with you through email, you must provide consent. Please review the following conditions and risks, and sign the consent to indicate you agree to receive future communication from the United Counties of Leeds and Grenville Housing Department, by email.

**It is important for you to know** that Counties' staff will only use email to communicate information of value for the delivery of housing programs. Email will be used to communicate housing offers, eligibility decisions, appointments, sharing of relevant information, annual reviews, etc.

All communications may become part of your file. You have the same right of access to such communications as you do to the remainder of your file. If you have signed consent to share information with other programs administered by the Counties, your email messages may be forwarded to another Counties' staff member as needed to deliver service. Your messages and/or information may be shared with external service providers, for programs you are currently receiving. We will not share your messages externally unless you have consented, or authorized by provincial or federal law.

**Conditions for use:**

- Messages should be brief. Please telephone the office or make an appointment to discuss more involved matters.
- If you need to discuss something urgently or to communicate time sensitive matters, please call our office.
- It is your responsibility to follow up with Counties' staff if required.
- It is your responsibility to notify the Counties of any changes to your email address.
- Messages may be printed and retained on your file.
- Email privileges will be removed for frivolous messaging, threatening or inappropriate messages, spamming or excessive messaging resulting from impatience.
- Emails to Counties' staff must include the name of the staff to which you are sending the email, and the sender's full name.

**What can email messaging be used for?**

- Schedule, re-schedule, cancel or confirm appointments.
- Sharing information – e.g. change of address, phone number or other personal documents.
- Sending notice of decisions.
- General inquiries - request a form, a referral, etc.
- Attempt to contact when unable to contact by phone.

**The Counties will reply to your email within one business day during business hours. If response is not received within one business day, the staff may be out of office; please call the office to ensure your needs are met.**

**Risks of using email:**

There are some risks with using email. These risks include, but are not limited to:

- Messages can be accidentally sent to the wrong person by mistyping or using inaccurate email address.
- It is possible for a third party to breach the confidentiality of email and intercept messages without authorization or detection.
- Email messages can be altered, forwarded or circulated; stored electronically or on paper; and broadcast to unintended recipients.
- If you share your email address, information may be inadvertently communicated to others.
- Messages may be read on cell phones and laptops, which are vulnerable to being stolen or lost.
- Email is vulnerable to hacking, spam, viruses or someone trying to access your information.

Risks can be reduced by ensuring you do not open email messages and attachments from unknown contacts and keeping your email address up-to-date with Leeds Grenville. Ensure your phone is password protected. We recommend you also add Leeds Grenville as a "contact" so you can readily recognize emails coming from our office, and Leeds Grenville emails will not be sent to Junk Mail.

The United Counties of Leeds and Grenville will make every effort to maintain the security and confidentiality of email information sent and received, but full security and confidentiality cannot be guaranteed. The United Counties of Leeds and Grenville Housing Department is not liable for breaches of confidentiality caused by yourself.

I hereby agree and give consent to the United Counties of Leeds and Grenville Housing Department, to communicate with me by email. I understand my email address will not be shared, sold, or used for any purpose other than to support the delivery of services to me by the United Counties of Leeds and Grenville Housing Department, except where required by law. In giving consent, I acknowledge I have reviewed and understand the risks and conditions for communicating by email with the United Counties of Leeds and Grenville Housing Department.

This consent is provided voluntarily and will remain valid as long as I am receiving services from the United Counties of Leeds and Grenville Housing Department, or until such time that I withdraw my consent, or email privileges are removed by UCLG.

**EMAIL CONSENT:**

I give consent to the use of email by and with the United Counties of Leeds and Grenville Housing Department to support program delivery.  No  Yes

Email address to use for email messaging: \_\_\_\_\_

I have received a copy of, and have read, the "Information Sheet" and the "Consent to Email"

Name of recipient (please print)	Signature	Date
Name of spouse, if applicable	Signature	Date

**\*\* Please note, it is your responsibility to notify us of any changes to your contact details\*\***

**Notice with Respect to the Collection of Personal Information**

Personal information provided in this consent and through email messages between applicants and/or tenants and authorized representatives of the United Counties of Leeds and Grenville is collected and used in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, or as otherwise required or permitted by law.

This consent applies to information shared in the form of electronic data exchanges for the delivery of housing programs.

**For Office Use Only**  
Where Information Sharing consent has been signed, forward copies of completed email consent to the Housing Department.