

## **Affordable Mixed Income Rental Housing – Program Overview**

Affordable mixed income rental housing is a pilot project at six one-bedroom apartment buildings owned by the United Counties of Leeds and Grenville. This model offers a blend of rent-geared-to-income and affordable housing units to create a variety of housing options for eligible households.

For households approved under the Affordable housing stream, rent is based on the affordable rent rates as calculated by the Counties. For 2026, the affordable rent is \$1290 per month for a one-bedroom unit. Rent increases will occur annually and are not subject to the provincial rent increase guidelines.

Affordable housing options are available in:

- Cardinal
- Spencerville
- Lansdowne
- Westport
- Merrickville

Eligibility Criteria Highlights:

- Be at least 16 years and able to live independently.
- Be a Canadian citizen or permanent resident.
- Must not owe money to any social housing provider in Ontario.
- Have a combined household income within the Household Income Limits.
- Demonstrate a positive rental history and credit report.
- Total household income must be between \$46,001 and \$60,000.
- Occupancy Standards are used to determine the size of unit a household is eligible for.

For more information on program eligibility requirements please visit our website at [www.leedsgrenville.com/AffordableHousing](http://www.leedsgrenville.com/AffordableHousing) or call the Social Housing Registry at 613-342-3840 or 800-267-8146 ext.

**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.
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**

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 selecting a tenant for Market Rent Housing. This housing is considered public 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, or 1-800-267-8146, ext. 2450.**

<b>1. Applicant</b>			
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)
Gender Identity (to determine occupancy standards) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____		Social Insurance Number	
<b>Current Address</b>			
Apt. No.	Street Address		
P.O. Box (if applicable)	City		Postal Code
Home Telephone:	Work Telephone:	Alt. Telephone (cell, etc.):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address if Different			
Alternate Contact Name	Relationship to Applicant		Contact Telephone Number

2. Co-Applicant				
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender Identity (to determine occupancy standards) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Social Insurance Number				
<b>Current Address</b>				
Apt. No.	Street Address			
P.O. Box (if applicable)	City			Postal Code
Home Telephone:	Work Telephone:	Alt. Telephone (cell, etc.):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address if Different				
Alternate Contact Name		Relationship to Applicant	Contact Telephone Number	

3. Rental History
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- a) 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
- b) Why are you vacating your present place of residence?
- c) Please complete your rental history for the previous **5 years**; attach additional pages to the application if more space is needed:

**Note: Applicants are required to provide a completed Landlord Reference Form (see last page) from all landlords you have rented from in the previous three (3) years. The United Counties of Leeds and Grenville reserves the right to contact the landlords to verify information provided.**

I.	Landlord Name, Address, Phone	From (date)	To (date)												
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	Name on Lease or Tenancy Agreement	Rental or Damage Arrears Owing													
		\$													
II.	Landlord Name, Address, Phone	From (date)	To (date)												
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mm	dd	yy													
mm	dd	yy													
	Name on Lease or Tenancy Agreement	Rental or Damage Arrears Owing													

<b>3. Rental History</b>			
		\$	
<b>III.</b>	<b>Landlord Name, Address, Phone</b>	<b>From (date)</b>	<b>To</b>
		_____ mm    dd    yy	_____ mm    dd    yy
	<b>Name on Lease or Occupancy Agreement</b>	<b>Rental or Damage Arrears Owing</b>	
		\$	
<b>IV.</b>	<b>Landlord Name, Address, Phone</b>	<b>From (date)</b>	<b>To</b>
		_____ mm    dd    yy	_____ mm    dd    yy
	<b>Name on Lease or Occupancy Agreement</b>	<b>Rental or Damage Arrears Owing</b>	
		\$	
<b>V.</b>	<b>Landlord Name, Address, Phone</b>	<b>From (date)</b>	<b>To</b>
		_____ mm    dd    yy	_____ mm    dd    yy
	<b>Name on Lease or Occupancy Agreement</b>	<b>Rental or Damage Arrears Owing</b>	
		\$	

<b>4. Social Housing Arrears</b>
Does any member of the household owe money (i.e. unpaid rent or damages) to any social housing providers in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5. Income from All Sources</b>			
<b>Please provide your monthly income if you have employment:</b>			
<b>Source of Income</b>	<b>Position Held</b>	<b>Length of Employment</b>	<b>Applicant Gross Monthly</b>
Applicant's Employer:			\$
Business Address:			
Business Telephone:			
Co-Applicant's Employer:			\$
Business Address:			
Business Telephone:			
Other Income:			\$
<b>Total:</b>			<b>\$</b>

Other Sources of Income	Net Monthly Income	
	Applicant	Co - Applicant
Self-employment	\$	\$
Employment Insurance (EI)	\$	\$
Workplace Safety and Insurance Board (WSIB)	\$	\$
Ontario Works (OW)	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$
Spousal Support	\$	\$
<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):	\$	\$

6. Financial Obligations (attach additional pages if more space is required)	
Payment to:	Amount
	\$
	\$
	\$
<b>Total monthly financial obligations:</b>	\$

7. Bank Account(s) Provide the last month (1) statement(s) 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.	Applicant	Co-Applicant
	\$	\$
Account #1 Bank Name      Account Number - #1	\$	\$

Account #2 Bank Name	Account Number - #2	\$	\$
Account #3 Bank Name	Account Number - #3	\$	\$

<b>8. Pets</b>	
Please list all pets that you currently own. A "pet" is defined as any domesticated animal which is possessed, harboured, kept or fed by the tenant, or approved member, including but not limited to dogs, cats, rabbits, birds, fish, ferrets, rodents, reptiles, snakes, etc..	
<b>Type</b> (e.g. dog)	<b>Breed, if known</b> (e.g. poodle)
1.	
2.	
3.	
4.	

<b>Documentation Requirements (submit copies with completed Application)</b>	
1. Income information (e.g. one months of pay stubs, letter from your employer, benefit and/or pension statements for all household members)	<input type="checkbox"/>
2. Proof of citizenship for each household member (i.e. birth certificate, citizenship, or landed immigrant or refugee status documents.	<input type="checkbox"/>
3. 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"/>
4. 1 month of bank statements for all accounts for all household members	<input type="checkbox"/>
5. Consent to Email Form (if applicable) (attached)	<input type="checkbox"/>
6. Completed and Signed Landlord Reference Form (attached)	<input type="checkbox"/>
7. Completed and Signed Declaration and Consent	<input type="checkbox"/>
8. Completed and Signed Building Selection	<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 will use the information provided to select a candidate for an Affordable Rental unit.
3. That if any information in this application is incorrect, or not true, the Social Housing Registry/Housing Department may request additional information, cancel this application, or both.
4. That this application is for an Affordable Rental housing unit, and this is not a rent-geared-to-income housing unit. A separate application process must be completed to apply for rent-geared-to-income housing.
- 5. That this unit is "smoke-free", and I/we agree to abide by the terms if offered the rental unit.**

6. That the Social Housing Registry/Housing Department may complete a consumer credit enquiry for all adult members listed in my household as part of the screening process for this rental application.
7. That the Housing Department may verify if any outstanding loans are owing for Investment in Affordable Housing (IAH) Programs or 2016 Social Infrastructure Fund (SIF) Programs delivered by the United Counties of Leeds and Grenville, and/or rental arrears owing to any Social Housing Provider in Ontario.
8. That references listed for previous landlord's may be contacted for the purpose of determining residential rental history.
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 for the purpose of selecting a candidate for an Affordable Rental unit.

**Signatures of Household Members**

**Applicant** \_\_\_\_\_  
**Date** (mm/dd/yyyy) \_\_\_\_\_

**Co-applicant** \_\_\_\_\_

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 selecting a candidate for a market rent unit. 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, Ontario, K6V 4N6, or telephone 613-342-3840, or 1-800-267-8146, ext. 2307.

**Building Selection:**

All public housing units are owned and administered by the United Counties of Leeds and Grenville, Community and Social Services Division – Housing Department and are designated as “**smoke-free**”.

**Cardinal, 240 Helen St**

1 bedroom

**Landsdowne, 43 Centre Street**

1 bedroom

**Merrickville, 105 Lewis Street**

1 bedroom

**Merrickville, 318 Brock Street**

1 bedroom

**Spencerville – 33 Bennett Street**

1 bedroom

**Westport – 56 Bedford Street**

1 bedroom

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Applicant/Tenant Signature

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Date

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Applicant/Tenant Signature

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Date

<b>Applicant Information</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth (mm/dd/yyyy)</b>
<b>Co-Applicant First Name</b>	<b>Last Name</b>	<b>Date of Birth (mm/dd/yyyy)</b>
<b>Current Address</b>		

**Complete this form for all places of residence over the past 3 years.**

<b>Landlord Name:</b>
<b>Rental Address:</b>
<b>Length of tenancy:</b>
Has the applicant/co-applicant:
1. Failed to pay rent for 2 consecutive months in a 12 month period? If yes, ask for dates/amounts owing.
Answer:
2. Failed to pay rent for 3 months in a 24 month period? If yes, ask for dates/amounts owing.
Answer:
3. Consistently failed to pay rent in full on the due date for more than 3 months in a 12 month period? If yes, ask for dates/amounts owing.
Answer:
4. Willfully caused significant damage to the unit, costing greater than \$500 in damages? If yes, ask for details and dates/amounts owing.
Answer:
5. Been evicted in the past 24 months? If yes, ask for details.
Answer:

6. Failed to pay rent for 2 consecutive months in a 12 month period? If yes, ask for dates/amounts.

Answer:

7. Did the applicant(s) maintain the unit in a state of reasonable cleanliness, and report issues in a timely manner?

Answer:

Other relevant information provided by the landlord:

As we continue to move to a paperless environment, the United Counties of Leeds and Grenville (UCLG) has introduced the ability to communicate with clients, tenants, applicants, participants, and service providers by email. In order for authorized staff to communicate with you by email, you must provide consent. Please review the following conditions and risks, and sign the consent to indicate you agree to receive all future communication from the United Counties of Leeds and Grenville, Community and Social Services Division 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 Community and Social Services programs. Email will be used to communicate appointments, annual reviews, sharing relevant information (e.g. job fairs, office closures), benefit requests, housing offers, eligibility decisions, 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 partnered external service providers, for programs you are currently receiving (e.g. childcare provider, social housing provider, employment services provider). We will not share your email messages externally unless you have consented, or authorized by provincial or federal law.

**Conditions for use:**

- Emails to Counties' staff must include the name of the staff to which you are sending the email, the sender's name and member ID, if applicable.
- If you need to discuss something urgently or communicate time sensitive matters, please call our office.
- Email messages should be brief. Please telephone the office or make an appointment to discuss more involved matters.
- 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.
- Email messages may be printed and retained.
- Email privileges will be removed for frivolous email, threatening or inappropriate email messages, spamming or excessive messaging resulting from impatience.

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

- Schedule, re-schedule, cancel or confirm appointments
- Sharing information – e.g. change of address, phone number, pay stub or other personal documents
- Sending notice of decisions
- General inquiries - request a form, benefit, 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:

- Email is vulnerable to hacking, spam, viruses or someone trying to access your information.
- It is possible for a third party to breach the confidentiality of such communication method and intercept messages without authorization or detection.
- Messages can be accidentally sent to the wrong person by mistyping an email address.
- Email 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.

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 UCLG. We recommend that you also add UCLG as a "contact" so you can readily recognize emails coming from our office, and UCLG 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 is not liable for breaches of confidentiality caused by yourself.

Initials



I hereby agree and give consent to the United Counties of Leeds and Grenville 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 provided to me by the United Counties of Leeds and Grenville, 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, Community and Social Services Division.

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

I give consent to the use of email by and with the United Counties of Leeds and Grenville to support program delivery. Please check the programs for which you consent to email communication.

- Ontario Works
- Housing
- Child Care Fee Subsidy
- EarlyON
- Other: Please specify \_\_\_\_\_

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

I have received a copy of this "Consent to Email" and "Information Sheet"

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

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

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

Personal information provided in this consent and through email messages between clients/tenants/parents/providers 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 the Ontario Works program, social housing programs, Child Care Fee Subsidy program, and EarlyON programming.