



# J.W. MacIntosh Community Support Services

4324 Villa Drive,  
Williamsburg, On.

P.O. Box 227, Park Drive Villa  
K0C 2H0

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## APPLICATION FOR HOUSING PARK DRIVE VILLA AND TOLLEY PLACE

### Please Review Carefully Prior to Completing the Application:

This housing is made affordable through contributions from the various levels of government. Therefore, income information will be required prior to approval in order to verify eligibility for this housing program. Please note that property owners must sell their property within six months of tenancy.

Applicants will be required to provide consent for a landlord referral and credit search in order for the final selection approval to be complete.

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA).

### Please indicate your preference of J.W. MacIntosh Community Support Services Location:

- Park Drive Villa **Note: applicant must be at least 65 years of age**
- Tolley Place

#### Applicant #1

Last Name		First Name		Middle Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance No.				
Date of Birth MM   DD   YY			Street No. & Street Name				Apartment No.		<input type="checkbox"/> OWN HOME		
			Town/Municipality				Province		Postal Code		
Acceptable Contact Phone Numbers:				Home:				Work:			
Cell Phone:				Email address:				Other:			

#### Applicant #2

Last Name		First Name		Middle Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance No.				
Date of Birth MM   DD   YY			Street No. & Street Name				Apartment No.		<input type="checkbox"/> OWN HOME		
			Town/Municipality				Province		Postal Code		
Acceptable Contact Phone Numbers:				Home:				Work:			
Cell Phone:				Email address:				Other:			

#### ALTERNATE CONTACT

Who can we contact if we are unable to reach you (i.e. family member, social worker, etc.)	
Name _____	Address: _____
Telephone no.: _____	Relationship: _____

### Applicant #1: Statement of Monthly Income before deductions (gross)

GROSS Monthly Income – List ALL sources. If employed, complete next section. Verification of income must be submitted with the application.				
OAS/GIS \$	CPP \$	Private Pension \$	DVA \$	Ontario Works \$
Ontario Disability Support Plan \$	Other Pensions and Allowances \$	WSIB \$	Alimony/Support Payments \$	Employment Insurance \$
Foreign Income \$	Gains=Aged \$	Self Employment Income \$	Other Social Security \$	Annuity (RIF) \$
O.S.A.P \$	Interest – Investments \$	Interest – Bank \$	Interest – Mortgage \$	Employment Income \$
Other Income \$			<b>Total Gross Monthly Income</b> \$	

### Applicant #2: Statement of Monthly Income before deductions (gross)

GROSS Monthly Income – List ALL sources. If employed, complete next section. Verification of income must be submitted with the application.				
OAS/GIS \$	CPP \$	Private Pension \$	DVA \$	Ontario Works \$
Ontario Disability Support Plan \$	Other Pensions and Allowances \$	WSIB \$	Alimony/Support Payments \$	Employment Insurance \$
Foreign Income \$	Gains=Aged \$	Self Employment Income \$	Other Social Security \$	Annuity (RIF) \$
O.S.A.P \$	Interest – Investments \$	Interest – Bank \$	Interest – Mortgage \$	Employment Income \$
Other Income \$			<b>Total Gross Monthly Income</b> \$	

### Applicant #1: Employment Status

Current Employer:	Your Job Title:
Employer Address:	
Employer Phone:	Contact Person:
Length of Employment:	Their Position/Title:

### Applicant #2 Employment Status

Current Employer:	Your Job Title:
Employer Address:	
Employer Phone:	Contact Person:
Length of Employment:	Their Position/Title:

**\* All sources of income must be verified:**

- ◆ Provide copies of monthly cheques or cheque stubs. If cheques are direct deposit, provide copy of bank books or bank statements.
- ◆ Each employed applicant must provide a copy of their most recent pay statement showing year to date earnings.
- ◆ Each applicant in receipt of Social Assistance must provide a copy of their OW or ODSP benefits stub and a copy of their drug or dental card.
- ◆ Each self-employed applicant must provide confirmation of current income as required by the Housing Corporation.
- ◆ All other forms of income must be supported by documents for verification purposes. Each applicant with Income-producing or non-Income producing assets must provide verification.
- ◆ Each applicant must provide the Housing Corporation with a verification of their most recent Income Tax return, this can be done in one of three ways:
  - 1) A copy of the income tax return prepared by the applicant or agent for the applicant.
  - 2) A copy of the Notice of Assessment from Revenue Canada.
  - 3) An income tax assessment provided to the applicant by Revenue Canada.

**Previous Tenancy – At Least 5 Years Required: (include all mortgaged or leased premises)**

Tenant Name(s)	Landlord Name & Address	From month/year	To month/year
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

**Previous Tenancy in any form of Subsidized Rental Accommodation in Ontario:**

Have you or any other person(s) listed on this application lived in any housing project under any housing program administered by the Ministry of Municipal Affairs or a Central Service Manager. <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give name of person, address, and occupancy dates, housing providers' name, address & phone.		Occupancy Dates (Month/Year) From: To:	
Tenant Name(s)	Address	/	/
		/	/
Housing Providers' Name	Address & Phone		

**Housing and Related Needs Information:**

How much are you currently paying? \$ _____ Rent <u>OR</u> \$ _____ Mortgage. Utilities Included? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much Notice are you required to give to your present landlord? <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> No Notice is Required <input type="checkbox"/> Other (please explain)
Do you own a vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list how many and year make and model of each.
Do you anticipate applying for a parking space? <input type="checkbox"/> No <input type="checkbox"/> Yes Note: A monthly fee applies in addition to the rent charge.

**Special Needs:**

Does any member of your household have special needs (supporting documents are required)	
<input type="checkbox"/> Elevator	<input type="checkbox"/> Wheelchair Accessible Housing
<input type="checkbox"/> Medical (specify)	<input type="checkbox"/> Other (specify)

**Comments:**

**Declaration, Release and Consent to Information: Signatures and Date Required**

1. I certify that the information provided on this form is true and complete.
2. I understand that a credit check may be done.
3. I authorize J.W. MacIntosh Community Support Services to make any inquiries they deem necessary to verify the above facts and I authorize any person, corporation or social agency with this information to release it to J.W. MacIntosh Community Support Services.
4. I authorize J.W. MacIntosh Community Support Services to release and disclose information on this form or collected to any social agency or to another provider of social housing.
5. I understand that this application is not an agreement on the part of J.W. MacIntosh Community Support Services or their agents to provide me with rental accommodation.

**Signatures of All Applicants:**

Applicant: #1 \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_

Seniors Housing: One Member of the household must be at least 65 years of age.

Stormont, Dundas and Glengarry Housing Providers

Please check your location preferences

Cornwall    \*\*special Needs Units Available

Beek Lindsay Seniors Residences

- 210 Augustus St. \*\*

Cornwall & Area Housing Corporation

- Augustus Court, 24 Augustus St
- Sunset towers , 120 Augustus St

Religious Hospitallers of St Joseph Housing Corporation

- Marie de la Ferre Apts., 211 Water St. West\*\*

Alexandria

Cornwall & Area Housing Corporation

- Florence Villa, 111 Kenyon St. \*\*
- Lakeview Residence, 113 Lochiel St

The Alexandria Non-Profit Housing Corporation

- Le Foyer, 100 George St. East \*\*

Avonmore : Township of Roxborough Non- Profit Housing Corporation

- Morningside Place, 16 Broadway St. \*\*

Chesterville: Cornwall & Area Housing Corporation

- Nationview, Water St

Finch: Finch & District Senior Housing Corporation(by referral)

- Finchview Villa, 10 Nelson St. \*\*

Ingleside: Cornwall & Area Housing Corporation

- Inglewood Court, 43 Dickinson Dr

Iroquois: Cornwall & Area Housing Corporation

- Iroma Apts., 10 Dundas St

Lancaster: Lancaster & District Non-Profit Housing Corporation

- Glen Cairn Lodge, 14 Victoria St. \*\*

Morrisburg: Cornwall & Area Housing Corporation

- Morris Glen Court, Hwy 2

Williamsburg: J.W. MacIntosh Community Support Services (by referral)

- Park Drive Villa, 4324 Villa Drive \*\*

Winchester: Cornwall & Area Housing Corporation

- Millview Apts., 511 Mill St

Winchester Non-Profit Residence Corporation(by referral)

- 510 The Beachcorft, Beach St. \*\*