

Social Housing Information Sheet

What is Social Housing?

Social Housing or rent geared-to-income (RGI) assistance is subsidized housing, available for eligible households. RGI assistance means that the amount of rent paid is determined by household income; rent amounts are approximately 30% of the net monthly household income, as per line 23600 of the income tax Notice of Assessment (NOA). The amount of rent paid by Ontario Works/Ontario Disability Support Program recipients is determined by a scale provided by Ontario's Ministry of Municipal Affairs and Housing in accordance with the Housing Services Act, 2011.

Who Can Apply?

- At least one member of the household must be 16 years of age or older and able to live independently.
- Each household member must be a Canadian Citizen; or have made an application for status as permanent resident; or a claim for refugee protection; and must not have an enforceable removal order under the Immigration and Refugee Protection Act (Canada).
- Arrears to any Social Housing Provider must be paid in full or there must be an active repayment agreement plan in place and in good standing.
- No household member will have been convicted of an offence related to rent geared-to-income assistance.
- No household member will have been found by a court of law or the Landlord and Tenant Board to have misrepresented their income for the purpose of rent geared-to-income assistance.
- No household will have assets that exceed \$50,000 for a single person or \$75,000 for a household of two or more people.
- No household will have income that exceeds the Household Income Limits.

1 bedroom: \$36,000	2 bedrooms: \$42,500	3 bedrooms: \$48,000	4 bedrooms: \$59,500
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Additional Information:

- **Any changes to an applicant's information must be reported to the Registry as soon as they occur. This ensures that applicants can be contacted at any time as a file will be cancelled if the Registry or housing provider is unable to contact the applicant.**
- The Registry will contact you by mail at least once a year for an update. The applicant's name will be removed from the wait list if a response is not received by the date required.
- The process for selecting households is based on the date the application was submitted in full.
- A member of the household who owns a home must agree to sell it within six (6) months of being housed.
- Market Rent is based on typical rent charges in the private sector for a comparable size unit in the community. Housing Providers that have market rent units keep a separate waiting list. Please contact them directly.
- If you are applying for a modified unit, please contact the individual Housing Provider to obtain specific details as the accessibility features may vary from one Housing Provider to another.

Housing Offer

Approved applicants are entitled to **ONE (1)** housing offer; therefore, carefully consider your options when making your housing selection. If the offer is refused, the file will be cancelled. Failure to respond to a housing offer shall be considered a refusal.

Application Submission

All required documents must accompany the application which may be submitted in one of the following ways:

- Mailed or deposited in the drop-box at the address below
- Emailed to housingprograms@cornwall.ca
- Faxed to 613-938-9734

The Registry, P.O. Box 877, 340 Pitt St., Cornwall, ON K6H 5T9

For questions, please call 613-933-6282, ext. 3315.

Applicants will be notified in writing of their application status.

Special Priority for Victims of Abuse

You may be moved to a higher place on the centralized waiting list if you are currently living with someone who is abusing you, or you have recently stopped living with someone (in the last 3 months) who was abusing you. You may also qualify for special priority if you are a victim of human trafficking. Those individuals who are currently being trafficked or those who have exited trafficking within 3 months are eligible to apply for SPP.

This is called Special Priority status.

For the purposes of Special Priority, abuse means:

One or more incidents of: physical or sexual violence, controlling behaviour, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety or trafficking of the member done by any individual.

For the purposes of Special Priority, the abuser must be:

- The abused person's spouse, parent, child, or other relative, OR
- The abused person's immigration sponsor, OR
- A person on whom the abused is emotionally, physically or financially dependent.

If the definition above applies to your current situation, please request a Special Priority Application Form from the Registry. This form must accompany the social housing application. Please contact the Registry to schedule an appointment.

Office Use Only - Date of Submission	Staff Initials

List of Required Documents

Copies of the following applicable documents MUST accompany the application.

- Valid Identification** - One piece for each household member. Examples are:
 - Canadian Birth Certificate or
 - Canadian passport or
 - Health Card or
 - Driver's License or
 - Permanent resident card
 - Income tax **Notice of Assessment** (NOA) from Canada Revenue for the last taxation year for everyone over the age of 18. No other document will be accepted, including tax returns. Contact Canada Revenue at 1-800-959-8281 to obtain a copy the NOA, if necessary.
 - Bank Statements** from all household members. Examples are:
 - Chequing and savings accounts (2 full recent months)
 - TFSA transaction summary and current balance
 - RRSP statements and current balance
 - any other investment statements
 - Proof of all current **monthly household income**. Examples are:
 - Two (2) recent paystubs for all employment
 - Most recent Ontario Works/ODSP stub
 - OSAP summary assessment
 - Proof of pending income (E.g. Employment Insurance, social assistance, WSIB)
 - Proof of all **assets**
 - The **Declaration & Consent** page must be signed by members 16 years of age and older.
- Include copies of the following documents if they apply to any household member**
- Proof of **vehicle ownership** – including recreational vehicles
 - Proof of **child custody** – Examples are:
 - Affidavit (sworn document) or
 - Court order or
 - Written agreement signed by the parties
 - School registration** for all members 16 years of age and older. I.e. Secondary and any postsecondary education/training program.
 - Homeownership:**
 - Most current MPAC Assessment and
 - Previous month's mortgage statement showing the balance (if any)
 - Self-employed:** T2125 Statement of Business for the last calendar year

Independent Living Assessment

The applicant must be able to live independently in a housing unit with or without support services. If support services are required, they must be arranged by the applicant prior to being housed.

Are you able to live independently without support? Yes No

If yes, skip the questions below.

If no, are you able to meet the following requirements?

1. Are you in receipt of any needed support services, such as: case management, life skills training, social or vocational/rehabilitation services, treatment program (e.g. assessment and counseling)? Yes No
 - a) If yes, what supports are you receiving? _____
 - b) If no, what supports have you applied for? _____
 - c) What was the application date? D_____M_____Y_____ and what is the name of the organization? _____
2. a) Are you able to manage the activities of daily living such as: mobility, budgeting, housekeeping, cooking, personal hygiene? Yes No
If no, please explain: _____
- b) Are you able to assume the responsibility of a tenant/member under the Residential Tenancies Act (2006), which includes paying rent/member charge and maintaining the unit in a good state of repair? Yes No
If no, please explain: _____

Application for Social Housing

All applicable sections must be completed in full. Please print clearly.

Applicant Information

First Name:	Last Name:
Date of birth: D____M____Y____	
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Indigenous <input type="checkbox"/> Sponsored Immigrant	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Other (specify):	

Co-Applicant #1 Information (anyone 16 years of age or older)

First Name:	Last Name:
Date of birth: D____M____Y____	Relationship to Applicant:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Indigenous <input type="checkbox"/> Sponsored Immigrant	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Other (specify):	

Co-Applicant #2 Information (anyone 16 years of age or older)

First Name:	Last Name:
Date of birth: D____M____Y____	Relationship to Applicant:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Indigenous <input type="checkbox"/> Sponsored Immigrant	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Other (specify):	

Dependent Child(ren) under the age of 16

First Name	Last Name	Date of Birth Day/Month/Year	Status in Canada

Do you have custody arrangements for the child(ren)? Yes No Not applicable

Address and Contact Information

Street Number & Name	Apt. Number	P.O. Box
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City	Province	Postal Code
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What is your email address? _____

Phone: (Cell) _____ - _____ - _____ (Home) _____ - _____ - _____

If mailing address is different than current, please provide mailing address information:

Any special notes about contacting you?

Alternate Contact

First Name:	Last Name:
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Phone Number: - -	Relationship: <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> other
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Do you authorize the discussion of this application with the alternate contact? Yes No

Current Housing Information

Do you currently: own/co-own rent stay with friends/family other: _____

What is your contribution towards monthly rent? \$_____ and monthly utilities? \$_____

Have any adults in your household previously lived in a social housing unit? Yes No

If yes, what was the provider's name and address? _____

Misrepresentation

Have you or any member of your household been found guilty of misrepresentation while living in subsidized housing within the last five years (under the Criminal code of Canada, Landlord and Tenant Board or court of law)? **Yes** **No**

Community Safety

Housing providers have the authority to refuse to re-house a household based on a previous eviction for serious criminal activity. The housing provider:

- May refuse to offer a unit to a household if a member of the household was previously ordered evicted from community housing by the Landlord and Tenant Board (LTB) due to illegal activity; **AND**
- Must have reasonable grounds to believe that the household would pose a risk to the safety of other people at the housing project (i.e. other residents, staff).

Has anyone in your household ever received an eviction notice for any reason? **Yes** **No**

Income and Asset Information

The Income and Asset Information sections must be completed by each member of the household with income and/or assets to determine eligibility under the Service Manager Local rules. (re: Income Limits & Asset Limits).

Monthly Income Information (Before deductions)		Applicant	Co-Applicant #1	Co-Applicant #2	All Other Household Members
Annuity/ Retirement Income Fund (RIF)	\$				
Band Allowance	\$				
Canada Pension Plan (CPP/QPP)	\$				
Company Pension	\$				
Dept. of Veteran Affairs (DVA)	\$				
Employment Insurance (EI)	\$				
Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	\$				
GAINS – Aged	\$				
GIC's	\$				
Immigrant/Government Sponsorship	\$				
Interest (Investments/ Bank/Mortgage)	\$				
OSAP/Student Grants	\$				
Old Age Security/GIS	\$				
Ontario Disability Support Program	\$				
Ontario Works	\$				
Other Country Social Security	\$				
Other Income (Specify):	\$				
Other Pensions (Specify):	\$				
Self-Employment	\$				
Spousal Allowance	\$				
Support Payments	\$				
Workplace Safety Insurance Board	\$				
Other (Specify):					
Total Monthly Income (Do not leave blank)	\$				

Applicants and co-applicant(s) 18+ years of age who are not registered in secondary or post-secondary education must have a monthly source of income other than child tax benefits. Application for Social Assistance benefits (Ontario Works) can be made online at <https://www.ontario.ca/page/social-assistance> or by calling the Intake and Benefits Administration Unit (IBAU) at 1-888-999-1142 (8:30 a.m. to 5 p.m.-Monday-Friday).

Asset Information Enter Amount/Value as applicable		Applicant	Co-Applicant #1	Co-Applicant #2	All Other Household Members
Annuities	\$				
Bonds	\$				
Business	\$				
Debentures	\$				
Chequing Account(s)	\$				
Farm Property	\$				
GIC	\$				
Loans / Notes	\$				
Mortgages	\$				
Real Estate: Non-income Producing	\$				
Real Estate: Income Producing	\$				
RESP	\$				
RRSP	\$				
Savings Account(s)	\$				
Stocks / Shares	\$				
Term Deposits	\$				
Vehicles (including recreational)	\$				
Other (Specify):	\$				
Total Assets (Do not leave blank. Enter 0 if none)	\$				

Have you transferred, given or sold any assets in the past year? For example: your home, property or money?

No

Yes - Specify: _____

Occupancy Standards	
The size of the unit (number of bedrooms) is limited by eligibility requirements and occupancy standards. If an additional bedroom is required, please obtain a Medical Verification Form from the Registry office.	
Unit Size Required: <input type="checkbox"/> 1 Bedroom (for singles/couples) <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> 4 Bedrooms <input type="checkbox"/> 5 Bedrooms	
Type of Accommodation Preferred: <input type="checkbox"/> Senior <input type="checkbox"/> Non-senior <input type="checkbox"/> No preference	
<input type="checkbox"/> Apartment or Townhouse <input type="checkbox"/> Apartment Only <input type="checkbox"/> Townhouse Only	
Special Requirements	
Do you use a wheelchair and require a modified unit? E.g. lower counters. If yes , please obtain a Medical Verification Form from the Registry office.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you climb stairs? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a ground floor unit due to medical issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking	
If you own a vehicle, do you require a parking space? <input type="checkbox"/> Yes - proof of ownership required <input type="checkbox"/> No	
Other Household Information	
Do all household members reside in your present accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give details: _____	
Is a child expected (baby/adoption/etc)? <input type="checkbox"/> No <input type="checkbox"/> Yes – when? D_____M_____Y_____	
Please contact the Registry when the child is born/adopted.	

Declaration & Consent to Collect, Use and Disclose Personal Information

Collection of Your Personal Information

The Social Housing Registry of Cornwall & United Counties of Stormont, Dundas & Glengarry (SDG) will collect, retain and use the personal information provided by you in the application form and its attachments for the following purposes:

- Considering your application for housing;
- Verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for tenancy;
- Verifying rental history related to arrears;
- Contacting necessary services or your next-of-kin in case of emergency;
- Contacting Social Housing Providers relating to your application for subsidized housing and arrears.

Declaration - I/we confirm:

- That all information given in this application is correct and complete;
- That if any information on this application is incorrect, the Social Housing Registry or the Housing Providers selected in this application may request additional information, may cancel this application or both, and that I/we be prohibited from re-applying for assistance for a minimum period of two years under the Housing Services Act, 2011;
- That only the individuals included on this application form may live with me/us in Social Housing;
- That all members of the household are in Canada legally;
- That any money owed to a Social Housing Provider in Ontario has been repaid or that a repayment agreement plan is in place and in good standing.

Disclosure of Your Personal Information

The Social Housing Registry of Cornwall & SDG will disclose personal information provided by you in the application form and its attachments to the following parties for the purposes described above:

- To any social agency providing any form of assistance to you, or other government subsidy under the Ontario Works Act, 1997, the Ontario Disability Support Act, 1997 or the Child Care and Early Years Act, 2014 or any government department responsible for social housing programs under the Housing Services Act, 2011;
- To the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act;
- To any agent working on behalf of the Social Housing Registry of Cornwall & SDG, for the purpose of complying with the Housing Services Act, 2011;
- To relevant agencies or next of kin in case of emergency;
- To credit bureaus, other businesses and third parties (which may include previous landlords) that may provide credit, rental or arrears history information about you;
- To a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of the Social Housing Registry of Cornwall & SDG.

Declaration & Consent

I/we understand the eligibility criteria. I have supplied the information in this application to the best of my/our knowledge and belief. All statements are true, and no information required to be given has been withheld or omitted.

I/we authorize and agree that the Social Housing Registry of Cornwall & SDG may collect, use and disclose the personal information that I/we have provided in the application form and its attachments. I/we understand and acknowledge that, in addition to the foregoing, the Social Housing Registry of Cornwall & SDG will also collect, use and disclose my personal information as required or permitted by law.

I/we understand that all changes related to this application must be reported to the Registry as soon as they occur.

I/we understand that the Registry will not at any time advise applicants of their position on the wait list.

I/we have enclosed ALL the required documents listed on page 3. **Yes** **No**

If no, please keep your application until all required documents can be included.

Incomplete applications will not be accepted and will be returned to you.

I/we have selected my/our housing preferences. **Yes**

Each household member **16 years of age or older** must sign below.

Applicant's Name:	Signature:	Date:
Co-Applicant #1 Name:	Signature:	Date:
Co-Applicant #2 Name:	Signature:	Date:
Other Household Member:	Signature:	Date:
Other Household Member:	Signature:	Date:

Notice with Respect to the Collection of Personal Information

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Freedom of Information and Protection of Privacy Act (FIPPA)

Personal Information Protection and Electronic Document Act (PIPEDA)

This information is collected under the legal authority of the Housing Services Act, 2011 for the purpose of administering the social housing programs prescribed in this Act and its associated Regulations.

Office Use Only - Date of Submission	Staff Initials

LEGEND of ACRONYMS


Incl = utilities included


TH = townhouse

(E) = elevator or lift **(O)** = one level

Excl = utilities not included





APT = apartment

 = modified unit

 = Smoke & Vape free building: While these buildings have been designated as non-smoking buildings, there are existing tenants who are permitted to smoke in their units, as they have been grand-fathered until they vacate their unit. The unit that you will be offered is non-smoking, as are the common areas within the building.





Affordable Housing Program (AHP)

This program **does not** offer rent geared-to-income. Rents are based on approximately 80% of Canada Mortgage and Housing Corporation's average market rent for the geographic area. (Registry staff can provide the current Maximum household income rates.)

Put a checkmark in the box <input checked="" type="checkbox"/> in front of your location preferences		Bldg Type	Utilities	Number of Bedrooms (BR)		
		▼	▼	1 BR	2 BR	
CORNWALL - Housing Services						
<input type="checkbox"/>		222 6 th St. E.	APT(E)	Excl	✓	1 BR ✓
INGLESIDE - Housing Services (Provider)						
<input type="checkbox"/>		43 Dickinson Dr. (65 yrs+)	APT (L)	Incl	✓	1 BR ✓
WILLIAMSBURG - Williamsburg Non-Profit Housing Corporation (Provider)						
<input type="checkbox"/>		Tolley Place, Hess St. (55 yrs+, by referral)	TH	Excl	✓	✓ 1 BR ✓

Supportive Housing - CORNWALL

















Supportive Housing means that you require services of Carefor Health and Community Services to ensure that you may be successful in living independently. To apply for these units, please first contact Carefor at 613-932-3451 for an assessment.

Put a checkmark in the box <input checked="" type="checkbox"/> in front of your location preferences		Bldg Type	Utilities	1 BR		2 BR	
<input type="checkbox"/>		330 Fourth St. E. (1 st Floor)	APT (E)	Incl	✓	✓	✓
<input type="checkbox"/>		Residence Edward (1 st Floor) 15 Edward St. (60 yrs+)	APT (E)	Incl	✓	✓	✓

Single / Family Buildings

Rent Geared-to-Income (RGI)

Monthly rent is calculated at 30% of the net monthly household income, as per line 23600 of the income tax Notice of Assessment (NOA) or on a rent scale if receiving social assistance. Additional utility charges or allowances may apply.

Put a checkmark in the box <input checked="" type="checkbox"/> in front of your location preferences		Bldg Type	Utilities	Number of Bedrooms					
CORNWALL		▼	▼	1 BR	2 BR	3 BR	4 BR	5 BR	
Central - Housing Services (Provider)									
<input type="checkbox"/>		29 Gloucester St. S.	TH	Excl		✓	✓	✓	
<input type="checkbox"/>		Marlborough Towers 845 Marlborough St. N.	TH	Excl		✓	✓		2 BR ✓
<input type="checkbox"/>		330 Fourth St. E. (2nd Floor)	APT (E)	Incl		✓			2 BR ✓
Eastern - Housing Services (Provider)									
<input type="checkbox"/>		Glenview Heights 460 Leitch Dr./650 Hamilton Cr.	TH	Excl			✓	✓	
<input type="checkbox"/>		Glenview Heights 650 Hamilton Cr.	APT	Incl		✓			
<input type="checkbox"/>		Walton Court - 1700 Walton St.	TH	Excl		✓	✓	✓	2 BR ✓
Northern - Housing Services (Provider)									
<input type="checkbox"/>		Westgate Court 1630 Brookdale Ave	TH	Excl		✓	✓	✓	✓
<input type="checkbox"/>		Sydney St. & Lourdes Ave	TH	Excl			✓		
<input type="checkbox"/>		Birmingham Place 1600 Birmingham St.	TH	Excl		✓	✓		2 BR ✓
<input type="checkbox"/>		New Johnstown Court 550 Lemay St.	TH	Excl		✓	✓		2 BR ✓
Logement Marguerite d'Youville (Provider) - Eastern									
<input type="checkbox"/>		176 Marguerite d'Youville	TH	Excl	✓	✓	✓		2 BR ✓
<input type="checkbox"/>		104-112 McConnell Ave	TH	Excl		✓			
Royal Oaks Housing Co-operative (Provider) - Northern									
<input type="checkbox"/>		708 Twelfth St. E.	TH	Excl		✓	✓	✓	1, 2, 3 BR ✓
ALEXANDRIA									
Housing Services (Provider)									
<input type="checkbox"/>		William & Dominion Streets	TH	Excl		✓	✓	✓	✓
The Alexandria Non-Profit Housing Corporation (Provider)									
<input type="checkbox"/>		Tower Place, 200 Industrial Bl.	TH	Excl		✓	✓		2 BR ✓

Senior Buildings

Rent Geared-to-Income (RGI)

Monthly rent is calculated at 30% of the net monthly household income, as per line 23600 of the income tax Notice of Assessment (NOA) or on a rent scale if receiving social assistance. Additional utility charges or allowances may apply.








Cascading Age Policy















Applicants 55 years+ may apply for senior housing; however, seniors 65 years+ will always be offered senior housing first.

If there are no applicants on the 65+ wait list, offers will be made to applicants who are in the 60-64 age group.

If there are no applicants who are in the 60-64 age group, offers will be made to applicants who are in the 55-59 age group.

CORNWALL

Put a checkmark in the box <input checked="" type="checkbox"/> in front of your location preferences		Bldg Type	Utilities	Number of Bedrooms (BR)		
		▼	▼	1 BR	2 BR	
Beek Lindsay Seniors Housing (Provider)						
<input type="checkbox"/> 	210 Augustus St.	APT (E)	Incl	✓	✓	1 BR ✓
Housing Services (Provider)						
<input type="checkbox"/> 	Adolphus Court - 540 Adolphus St. (55+ yrs)	APT (E)	Incl	✓		
<input type="checkbox"/> 	Augustus Court - 24 Augustus St.	APT (E)	Incl	✓		
<input type="checkbox"/> 	Sunset Towers - 120 Augustus St.	APT (E)	Incl	✓		
<input type="checkbox"/> 	Résidence Edward - 15 Edward St.	APT (E)	Incl	✓		
Religious Hospitallers of St. Joseph Housing Corporation (Provider)						
<input type="checkbox"/> 	Marie de la Ferre Apartments 211 Water St. W.	APT (E)	Excl	✓		

Senior Buildings – COUNTIES of Stormont, Dundas & Glengarry						
Put a checkmark in the box <input checked="" type="checkbox"/> in front of your location preferences		Bldg Type	Utilities	Number of Bedrooms (BR)		
ALEXANDRIA		▼	▼	1 BR	2 BR	
Housing Services (Provider)						
<input type="checkbox"/>		Florence Villa - 111 Kenyon St.	APT (E)	Incl	✓	1 BR ✓
<input type="checkbox"/>		Lakeview Residence-113 Lochiel St.	APT (E)	Incl	✓	
The Alexandria NPHC (Provider)						
<input type="checkbox"/>		Le Foyer - 100 St. George St. E.	APT (O)	Excl	✓	1 BR ✓
AVONMORE - Township of Roxborough NPHC (Provider)						
<input type="checkbox"/>		Morningside Place -16 Broadway St.	APT (E)	Excl	✓	
CHESTERVILLE - Housing Services (Provider)						
<input type="checkbox"/>		Nationview - 49 Water St.	APT (E)	Incl	✓	
FINCH - Finch & District Senior HC (Provider)						
<input type="checkbox"/>		Finchview Villa - 10 Nelson St.	APT (E)	Incl in some units	✓	1 BR ✓
INGLESIDE - Housing Services (Provider)						
<input type="checkbox"/>		Inglewood Court - 43 Dickinson Dr.	APT (E)	Incl	✓	
IROQUOIS - Housing Services (Provider)						
<input type="checkbox"/>		Iroma Apts - 10 Dundas St.	APT (E)	Incl	✓	
LANCASTER - Lancaster & District NPHC (Provider)						
<input type="checkbox"/>		Glen Cairn Lodge - 14 Victoria St.	APT (O)	Excl	✓	1 BR ✓
MORRISBURG - Housing Services (Provider)						
<input type="checkbox"/>		Morris Glen Court - Highway 2	APT (E)	Incl	✓	
WILLIAMSBURG - Williamsburg Non-Profit Housing Corporation (Provider)						
<input type="checkbox"/>		Park Drive Villa - 4324 Villa Drive (65 yrs+)	APT (E)	Excl	✓	✓ 1 BR ✓
WINCHESTER						
Housing Services (Provider)						
<input type="checkbox"/>		Millview Apts. - 517 Albert St.	APT (E)	Incl	✓	
Winchester Non-Profit Residence Corporation (Provider)						
<input type="checkbox"/>		The Beachcroft - 510 Beach St. (65 yrs+)	APT (E)	Incl	✓	

Rent Supplement Program

Rent Supplement refers to subsidy offered for some apartments in privately owned buildings. The process is as follows: two names are sent to the landlord when the applicants reach the top of the waiting list, and the landlord chooses one name for the vacant unit. These units are subject to change at any time. Rent is Geared-to-Income (RGI). See definition on page 1.

Put a checkmark in the box <input checked="" type="checkbox"/> in front of your location preferences		Bldg Type	Number of Bedrooms (BR)		
CORNWALL		▼	1 BR	2 BR	
Central					
<input type="checkbox"/>	The Madison - 12 Ninth St. E.	APT	✓	✓	
<input type="checkbox"/>	Ultra Vista Towers - 323 Second St. E.	APT (E)	✓	✓	
<input type="checkbox"/>	225 Fourth St. W.	APT	✓	✓	
<input type="checkbox"/>	429 Fourth St. E.	APT	✓		
<input type="checkbox"/>	123 Gloucester St. N.	APT	✓		
<input type="checkbox"/>	125 Gloucester St. N.	APT	✓		
<input type="checkbox"/>	643 Gloucester St. N.	APT			✓
<input type="checkbox"/>	422 Second St. E.	APT	✓		
<input type="checkbox"/>	424 Second St. E.	APT	✓		
<input type="checkbox"/>	1113 Second St. W.	APT	✓		
<input type="checkbox"/>	1117 Second St. W.	APT	✓		
<input type="checkbox"/>	208 Seventh St. W.	APT		✓	
<input type="checkbox"/>	249 Seventh St. W.	APT	✓		
Northern					
<input type="checkbox"/>	1421 & 1451 Brookdale Ave (Pur 1 & 2)	APT (E)	✓	✓	
<input type="checkbox"/>	Centretown Court - 408 Twelfth St. W.	APT	✓		
<input type="checkbox"/>	1121 Captain MacDonald Rd	APT	✓		
<input type="checkbox"/>	1129 Captain MacDonald Rd	APT	✓		
<input type="checkbox"/>	456 Twelfth St. W.	APT	✓		
Eastern					
<input type="checkbox"/>	Wind Mill Apts - 404 Easton Ave.	APT	✓		
<input type="checkbox"/>	1325 Third St. E.	APT	✓		
<input type="checkbox"/>	1365 Third St. E.	APT		✓	
<input type="checkbox"/>	Les Terraces 600 Glengarry Blvd (min. 55 years of age)	APT	✓		
ALEXANDRIA					
<input type="checkbox"/>	St. Margaret's Apts - 88 St. Paul St.	APT	✓		
MOOSE CREEK					
<input type="checkbox"/>	La Casa - 65 Sabourin St.	APT	✓		