

2470 Dougall Avenue, Unit 6, Windsor, ON N8X 112 Phone : (519) 254-6994 Fax : (519) 254-9166 E-mail: chrwec@wechc.com

## Parental/Care Declaration Application for Subsidized Housing

If you are including dependents on your application, and there is a no court order or other documents verifying the arrangement you are required to complete this form so that we can be sure that you comply with occupancy standards for subsidized housing. If we do not receive the requested information, you will be added to the waiting list for **a smaller bedroom size**.

ſ	Applicant Full Name	Address
Ī	Phone Number(s)	Email Address

The undersigned states and declare:

- 1. The undersigned is submitting this Declaration together with an Application for Subsidized Housing and makes this solemn declaration conscientiously believing it to be true and of the same force and effect as if made under oath.
- 2. I have \_\_\_\_\_\_ children. Their names, gender, dates of birth and Parental/Care arrangement in each case is as follows:

Please indicate Parental /Care arrangement in each case by check mark							
Name of Child	Gender	Date of Birth (mm/dd/yy)	Shared Custody	Visitation Rights	Kinship	C	

3. Provide a description of the Parental/Care arrangement including amount and frequency of time spent with each parent.

- 5. I make this Declaration for the sole purpose of providing information for my Application for Subsidized Housing and for no other use.
- 6. I acknowledge that if I intentionally make false statements, it may affect my Application for Subsidized Housing

Print Name		Signature	Date (mm/dd/yy)	
Applicant				
Co-Applicant				
Guardian/ Trustee				

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), 1991. The information will be kept confidential and used only for the purpose of assessing eligibility under occupancy standards for rent-geared-to-income assistance.