



CENTRAL HOUSING REGISTRY

WINDSOR-ESSEX COUNTY

TRANSFER / OVERHOUSED Application for Rent Geared-to-Income Households

This form is to be completed by:

- *Current RGI households requesting a transfer to another RGI location.*
- *Current RGI overhoused households and the Social Housing Provider:*
 - *please see question #2 of page 2, and Section 5 on page 10.*

Central Housing Registry – Windsor Essex County

Providing co-ordinated access to social housing in our communities

2470 Dougall Avenue, Unit 6, Windsor, ON N8X 1T2

Phone: (519) 254-6994 Fax: (519) 254-9166

Email: chrwec@wechc.com

Website: www.chrwec.com

Section 1

Transfer/Overhoused Application for Subsidized Housing Windsor Essex

1. Are you in an abusive situation or a survivor of domestic violence or human trafficking?		
Are you or any member of your household currently in an abusive situation or a survivor of domestic violence or human trafficking? If YES, please ask your support agency and/or the Central Housing Registry about making a request for Priority I Status.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Current living Accommodation		
Are you currently in an overhoused situation? <i>If yes, please complete this application form, and work with your designated Social Housing Provider to complete Section 5 (page 10). Your Housing Provider will submit the completed application form to the Central Housing Registry – Windsor Essex County.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Applicant		Please include copies of verification of status in Canada for ALL persons named in this Application.		
Last Name	First Name	Birth Date (mm/dd/yy)		
Status in Canada: <input type="checkbox"/> Indigenous Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other				
Current Street Address		City	Province	Postal Code
How long at this address? <small>(mm/dd/yyyy)</small>	Current Rent \$	Home Phone No.	Cell No.	Email Address
Present Landlord's Name			Landlord Phone No.	

4.1 Co-Applicant		Please state relationship to Applicant:		
Last Name:	First Name:	Birth Date (mm/dd/yy)		
Home Phone Number:	Cell Phone Number:	Email Address:		
Status in Canada: <input type="checkbox"/> Indigenous Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other				
Check here if Current Address is same as Applicant <input type="checkbox"/> If different, please provide Current Address information below.				
Current Street Address		City	Province	Postal Code
How long at this address?	Current Rent \$	Present Landlord's Name:		Landlord Phone No.

4.2 Co-Applicant		Please state relationship to Applicant:		
Last Name:	First Name:	Birth Date (mm/dd/yy)		
Home Phone Number:	Cell Phone Number:	Email Address:		
Status in Canada: <input type="checkbox"/> Indigenous Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other				
Check here if Current Address is same as Applicant <input type="checkbox"/> If different, please provide Current Address information below.				
Current Street Address		City	Province	Postal Code
How long at this address?	Current Rent \$	Present Landlord's Name:		Landlord Phone No.

5. Alternate Contact	Is there a person you wish the CHR to contact in your absence or on your behalf or to act as an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If **YES**, to Alternate Contact above, please complete the following:

Alternate Contact Name: _____ **Telephone Number:** _____

Do we have your permission to speak to this person about your application and the personal and confidential information in your application? Yes No

6.1 All Other Household Members to Reside in the Unit

Only the people listed in this Application may occupy the subsidized unit. List the names and provide the information requested in this section for all the people who will live in the unit in addition to the Applicant and Co-applicant(s).

For each household member listed below, please identify their **Status in Canada** as one of the following: Indigenous Status, Canadian Citizen, Landed Immigrant, Refugee Claimant, or Other.

Household Name(s): (Please Print) (Last Name, First Name)	Birth Date: (mm/dd/yy)	Gender	Status in Canada	Relationship to Applicant

Please indicate YES or NO for ALL of the following questions:	Yes/No
Is at least one member of the household 16 years of age or older and able to live independently?	
Is each person named in this application one of the following: Canadian Citizen, Landed Immigrant, Indigenous Status (per Indigenous Act), Refugee or has made a Refugee Claim with no outstanding enforceable deportation, departure or exclusion order in effect? You must attach proof of legal status in Canada for everyone listed in Section 6.1 of this Application.	
Do all persons listed on this application live together now? If No , please explain:	

Is a baby expected?	If Yes , when is the baby due? Month: Year:	
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The current custody/care/visitation arrangements of any above noted child(ren) are (*check one below*):

- My children have lived with me full time and have been in my care and custody since birth. There are currently no court orders or documents dealing with the custody of the children named in this Application.
- I have shared custody, visitation, kinship or customary care arrangements for the children named in this Application. There is a court order or other documents verifying the arrangement.
A copy of the court order or verifying document is required and must be attached to the Application.
- I have shared custody, visitation, kinship or customary care arrangements for the children named in this Application. There is no court order or other documents verifying the arrangement.
Applicant must complete and sign a separate Parental/Care Declaration form.

6.2 Support Payments

State amount entitled to per month in support payments from spouse/partner for the child(ren) named in this Application.	\$
State amount you are required to pay per month in support payments to another party for the child(ren) named in this Application.	\$

6.3 Type of Accommodation

I/We wish to apply for the following:
 Bachelor 1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedrooms 5 Bedrooms

Do you or any household members have any physical challenges to the extent a partial or fully modified unit is required?
 Yes No **If "Yes" please specify. (Documentation may be required)**

Do you require support services to live independently? Yes No
If "Yes" please specify. Eligibility criteria requires an individual to live independently and be able to carry out the normal essential activities of day-to-day living, either on his/her own or with the aid of support services that the individual demonstrates will be provided when required.
(Documentation may be required)

7. Total Gross Household Income Information

Please list all gross monthly income from all Foreign and Canadian sources for every member of the household.
 If additional space is needed, please attach the additional information. **Please see examples of Income listed below:**

<ul style="list-style-type: none"> • Full-time work, Part-time work • Irregular work • Casual work • Seasonal work • Odd jobs • Seasonal or vacation pay • Yearly bonuses • Cost of living bonuses • Long term disability • Short term disability 	<ul style="list-style-type: none"> • Shift bonuses • Sickness pay • Tips or gratuities • Commissions • Overtime pay • Tutoring • Childcare/Babysitting • Farm income • Pension Income • Ontario Works • Ontario Disability Support Plan 	<ul style="list-style-type: none"> • Canada Pension Plan • Old Age Security • Alimony/support payments • Canada Child Benefit • War Veteran's Allowances • Employment Insurance • Training allowances • Annuities • Workers Compensation payments 	<ul style="list-style-type: none"> • Sponsorship payments • Canada Manpower Retraining Allowance • One time lump sum payments (e.g., inheritances, court and out-of-court settlements) • Mortgage income • Pensions or other income from another country
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Name of Household Member	Source of Income	Gross Monthly Income (before deductions)

8. Declaration of Income Producing Assets

Please list all Foreign and Canadian income producing assets held by every member of the household. If additional space is needed, please attach the additional information.

Examples of Income Producing Assets:

- Real estate which you rent to someone (example: business, farmland, mobile home)
- A licence which gives you income (example: taxilicence)
- Business assets
- All investments, RRSP, RESP, RDSP, including bank accounts, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes or term deposits, mutual funds, Canada Savings Bonds, etc.
- Assets held in another country

Name of Household Member	Name of Asset	Gross Monthly Income (before deductions)

9. Ownership of Other Residential Property

Does any member of the household have any ownership interest in any residential property located in or outside Ontario that is suitable for year-round occupancy? Yes No

If YES, please state the address of the residential property:

Note: If YES, the member must divest himself or herself of his or her interest in the property and give written verification of the divestment to the Housing Provider within 180 days of receiving a housing subsidy. Certain exclusions may apply.

10. Household Arrears with other Social Housing Landlords

Does any member of the household named in this application owe money to any federally, provincially or municipally funded social housing landlord in Ontario?	Yes	No
If YES and any member of the household owes money, is a written re-payment agreement in place? <i>If yes, please attach a copy of the repayment agreement.</i>	Yes	No
If a written re-payment agreement is in place, are the payments up to date?	Yes	No

11. Please indicate YES or NO to the following questions:

Has any member of the household named in this application been convicted of a crime under the <i>Criminal Code</i> (Canada) in relation to the receipt of rent-geared-to-income assistance within the last 2 years?	Yes	No
Has any member of the household been evicted through the <i>Landlord and Tenant Board</i> for illegal or criminal behaviour (evicted on an <i>N6 – Notice to End Your Tenancy for Illegal Acts</i>) in the last 5 years?	Yes	No

Section 2 Can-Am Urban Native Homes

Provides Subsidized Housing for Indigenous Families

Would you like your application forwarded to Can-Am Urban Native Homes?

Yes

 No

If you choose **YES**, proof of Indigenous Ancestry will be required to verify eligibility for RGI housing. This may include one of the following:

- photocopy of Indigenous Statuscard
- photocopy of Metis Membershipcard
- photocopy of N Number Card for Inuit Ancestry
- letter from the affiliated Band Office stating Indigenous ancestry
- written confirmation from a representative of a recognized support service agency, lawyer or legal clinic confirming Indigenous Ancestry

A Can-Am Urban Native Homes brochure providing further details about this housing program can be obtained at the Central Housing Registry – Windsor Essex County office.

SIGNATURES:

(All household members 16 years of age or older or their approved designate must sign the application form. This does not include dependent household members)

	Print Name	Signature	Date (mm/dd/yy)
Applicant			
Co-Applicant			
Other Household Member			
Other Household Member			
Other Household Member			

Section 3 Co-operative Housing Location Preference Sheet

If you wish to include Co-operative Housing developments on your *Location Preference Sheet* please read the terms below, and if you agree, sign below:

1. Residents in Co-operative (Co-op) Housing developments are members and not tenants. The Co-operative is run by the members who live in the Co-op community. There is additional information applicants should be aware of when applying for a home in a housing Co-op.
2. We have read and understand the following which specifically apply to Co-operative Housing developments.
3. We understand that only members of a Co-operative may live in a Co-op and we must apply for membership and occupancy rights directly with the Co-op.
4. We understand we must attend an interview and information exchange meeting with a Co-op committee and can become members only if the Co-op accepts us. Applying does not guarantee that we will be accepted for occupancy.
5. We understand that Co-operative housing developments require additional fees and deposits such as a sector fee and a maintenance deposit.
6. We understand that Co-ops expect members to share responsibility in running the co-op community and perform some duties and tasks and we agree to take part in this responsibility.
7. We understand that Co-ops are governed by the Co-operative Corporations Act of Ontario, the Co-op's specific Bylaws and rules, only parts of the Residential Tenancies Act and in some cases, the Housing Services Act.
8. We understand that each Co-op sets its own pet policy which we agree to follow.
9. I/We understand that all members of the household who are 16 years or older must sign the application and consent, or have it signed on their behalf by an approved designate – parent, guardian, person with power of attorney or authorization to complete an application and provide consent on behalf of an applicant. (Proof of age must accompany the application).

SIGNATURES: All household members 16 years of age or older, or their approved designate, must sign the application form. This does not include dependent household members.

Print Name	Signature	Date (MM/DD/YY)
Applicant		
Co-Applicant		
Other Household Member		
Other Household Member		
Other Household Member		

Section 4

Declarations and Consents

Definitions

For the purposes of this application, the stated terms have the following meanings:

“**CHR**” means the Central Housing Registry – Windsor Essex County, being operated by the Windsor Essex Community Housing Corporation;

“**Housing Program**” means a program that provides funds to subsidize rent for qualifying households;

“**Participating Housing Provider**” means a landlord that is participating in or will participate in a Housing Program;

“**Service Manager**” means The Corporation of the City of Windsor.

Declaration

The undersigned agree and declare:

1. Everything I have written in this document is true and no information that is required to be given has been withheld or omitted.
2. I understand that the CHR and any Participating Housing Provider, will use my personal information to determine if I am eligible or continue to be eligible for the Housing Program; the size and type of unit I may be eligible to receive; my placement on wait lists; and the amount of Housing Program rent payable by me.
3. I declare that I am in Canada legally.
4. I understand that I must pay back any money I owe to the applicable Participating Housing Provider.
5. I understand that it is an offence for an individual to knowingly obtain or assist a household member to obtain Housing Program assistance for which they are not entitled.
6. I understand that if something in my Application, or any other information that I provide to the CHR, a Participating Housing Provider, or the Service Manager is missing, incorrect or false, then they (jointly or individually) may request additional information, or may cancel my eligibility for Housing Program assistance and request my household reimburse them for the amount of RGI assistance paid on behalf of my household.
7. I understand that if the CHR, the Service Manager or any Participating Housing Provider, requests a reimbursement from a household, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing.
8. I understand that only the people I have listed on this document may live with me in housing subsidized by the Housing Program.
9. Any occupancy granted as a result of this Application is subject to the present tenant vacating the premises, if and when offered to me. I agree to waive any claim for damages against the CHR, the Service Manager and the Participating Housing Provider, or any organization that processes this application and/or offers subsidized housing to me, for any and all losses that accrue to me resulting from the present tenant not vacating the premises offered to me on the date originally indicated by the present tenant.
10. Personal information contained in this form, or in any attachment to it, is collected by the CHR, the Service Manager and the Participating Housing Provider pursuant to the *Freedom of Information & Protection of Privacy Act* or the *Municipal Freedom of Information and Privacy Act*, and will be used only as set out in this form and in accordance with relevant governing legislation.

Consent and Release

1. The undersigned consent(s) to the collection, use and disclosure of such information as is required for the purpose of processing the CHR Application form and as may otherwise be required for the operation of the Housing Program. Uses may include but are not limited to: determining the eligibility of the household for Housing Program assistance; determining the size and type of unit in respect of which the household is eligible to receive Housing Program assistance; determining the placement of the household on wait lists and determining the amount of Housing Program rent payable by the household. Disclosure may include but is not limited to: the Service Manager; Participating Housing Providers; and any relevant support service or community agency or institution assisting the undersigned with obtaining and retaining Housing Program assistance.
2. Without restricting the generality of the consent in paragraph 1, the undersigned specifically consents to the disclosure of information by any third parties to the CHR, the Service Manager, and any Participating Housing Provider for the purpose of obtaining and retaining Housing Program assistance.
3. The undersigned further consent(s) to the exchange of my/our personal information or the personal information of any dependents included in our household with, among, and between the CHR, the Service Manager, and any Participating Housing Provider or its agents under contract, for the purpose of obtaining and retaining Housing Program assistance and/or special needs housing including my placement on any applicable waitlists.
4. The undersigned further consent(s) to the exchange of personal information with, among, and between all or any of the following: the CHR, the Participating Housing Provider, any relevant support service or community agency or institution assisting the undersigned with obtaining and retaining Housing Program assistance, the Service Manager, Ontario Works delivery agents, credit bureaus, the government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, any housing service corporations and associate housing registries including the Provincial Former Tenant Arrears database or other Access Sites, for the purposes of determining or verifying initial or continued eligibility and/or for the administration of my/our Housing Program assistance.
5. Each of the undersigned release(s) the CHR, the Participating Housing Provider, The Corporation of the City of Windsor and the Corporation of the County of Essex from any liability or claim of any nature or kind in connection with the collection, use and disclosure of information provided for the purpose of processing the CHR Application form and operation of the Housing Program, provided that such organizations comply with the provisions of all relevant governing legislation regarding the release and exchange of information.

SIGNATURES: All household members 16 years of age or older must sign the application form. This does not include dependent household members.

	Print Name	Signature	Relationship to Applicant	Date (mm/dd/yy)
Applicant				
Co-Applicant				
Other Household Member				
Other Household Member				
Guardian/ Trustee				

The personal information on this form is collected under the authority of the Housing Services Act Sections 169-176, the *Freedom of Information & Protection of Privacy Act* and/or the *Municipal Freedom of Information and Privacy Act* (R.S.O. 1990,c M.56) and will be used to process your application and in the operation of the Housing Program. Questions about the collection and use of your information should be forwarded to the Director, Corporate Services of the Windsor Essex Community Housing Corporation by mail to 945 McDougall Ave. P.O. Box 1330, Windsor, ON N9A 6R3 or by phone to 519-254-1681 ext 3030.

Section 5

OVERHOUSED RGI HOUSEHOLD ONLY

**THIS PAGE MUST BE COMPLETED BY BOTH THE OVERHOUSED HOUSEHOLD
AND THE SOCIAL HOUSING PROVIDER**

SOCIAL HOUSING PROVIDER AND APPLICANT MUST SIGN, DATE AND SUBMIT TO CHR-WEC

Overhoused households must complete the attached CHR – WEC Housing Location Preference Sheet selecting a *minimum of five provider locations choices* that have a unit the size within the range in respect of which the household is eligible to receive rent-geared-to income assistance under the applicable occupancy standards and housing provider mandates. As an **overhoused household, the household** will be placed on the overhoused transfer waiting list for eligible housing providers they've selected.

An **overhoused household does not cease to be eligible for RGI assistance** as a result of "overhoused" status unless and until the household has:

- Refused to be placed on the CHR – WEC overhoused transfer waiting list when required to be placed on the CHR – WEC overhoused transfer waiting list;
- Does not choose a minimum of five Social Housing provider location choices; **OR**
- Removes their name from the CHR – WEC overhoused transfer waiting list;
- Been placed on CHR – WEC overhoused transfer waiting list **AND has refused one offer** of housing (effective November 30, 2020).

Original date the household first applied for RGI assistance: _____
(MM/DD/YY)

Date on overhoused written notice to the household: _____
(MM/DD/YY)

Social Housing Provider Contact Information	
Social Housing Provider Location Name:	Social Housing Provider Address:
Social Housing Provider Phone Number:	Social Housing Provider Fax / Email:

	Print Name	Signature	Date (MM/DD/YY)
Housing Provider Contact Name			
Household Member			
Other Household Member			

SECTION 6

LOCATION: WINDSOR EAST (East of Walker Rd and city limit boundary)

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.

HOUSING TYPE

APT. – Apartment Building










S.D. – Semi- Detached Home

For Office Use:

T.H. – Attached Townhome

S.F. – Single Family Home

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included W = water E = electricity G = gas	
	Can-Am Urban Native Homes **Verification of Indigenous ancestry required	Family	180 Tecumseh E. (Office) Various Locations				✓	✓			S.F.	40	No	
	Drouillard Place Terrace N.P.	Adult / Family	980 St. Luke	✓	✓	✓	✓			¹² 6 - 1 BR 6 - 2 BR	APT.	59	Yes	
	Ford / Ferndale - CHC	Family	Reginald & Lassaline			✓	✓				T.H.	198	W Yes E No G Yes	
	Ford / Ferndale Apartments - CHC	Adult	5484 & 5488 Reginald	✓							APT.	22	Yes	
	Fontainebleau Row - CHC	Family	Clarence & Grandview			✓	✓	✓			T.H.	175	W Yes E No G Yes	
	Fontainebleau Singles - CHC	Family	Armstrong, Haig, Joinville, Rivard				✓	✓	✓		S.F.	40	W Yes E No G Yes	
	Fontainebleau Towers - CHC	Senior	2455 Rivard	✓							APT.	386	Yes	
	Grachanica N.P. Housing	Family / Senior	2428 Jos St. Louis	✓	✓	✓				⁵ 3 - 1 BR 2 - 2 BR	APT.	99	Yes	
	Heimathof Retirement Home	Senior	5060 Wyandotte East	✓	✓					² 1 BR	APT.	50	Yes	
	Homeland N.P. Housing Complex	Adult / Family	3120 Meadowbrook	✓	✓	✓				⁴ 2 - 1 BR 2 - 2 BR	APT.	79	Yes	
	Jefferson / Queen Elizabeth - CHC	Family	Jefferson / Queen Elizabeth				✓				S.D. S.F.	61	No	
	Jos Janisse - CHC	Family	800 Block Jos Janisse				✓				T.H.	34	No	
	La Residence Richelieu	Senior	3140 Meadowbrook	✓	✓					³ 1 BR	APT.	51	Yes	
	Labour Community Service Centre	Family	3380 Ypres			✓	✓	✓		⁴ 2 - 2 BR 2 - 3 BR	T.H.	70	No	
	Labour Community Service Centre	Senior	3490 Ypres	✓	✓					⁴ 1 BR	APT.	50	Yes	

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/ deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

SECTION 6: LOCATION: WINDSOR EAST (east of Walker Rd and city limit boundary)

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.

HOUSING TYPE














APT. – Apartment Building
T.H. – Attached Townhome

S.D. – Semi- Detached Home
S.F. – Single Family Home

***CHC Rent Supplement - Adult - Various Locations**
cannot be the only housing preference selected.
You must select additional housing option(s).

For Office Use:

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included			
													W	E	G	
	Lauzon Road - CHC	Family	2575 - 2633 Lauzon			✓	✓	✓			T.H.	108	Yes	No	Yes	
	Lions Manor – *Verification of CNIB registration required	Adult / Senior	230 Strabane	✓							APT.	150	Yes			
	Little River Acres - CHC	Family	(formerly Villages of Riverside)				✓				S.F.	14	Yes			
	Meadowbrook Lane - CHC	Family	3100 Block Meadowbrook			✓	✓			³ 2 BR	T.H.	76	No			
	Parkwood NPHC	Senior	3015 Temple	✓	✓					⁴ 2 - 1 BR 2 - 2 BR	APT.	61	Yes			
	Paul Martin / River Park N.P.	Family	6901 Charlie Brooks			✓	✓	✓		³ 1 - 2 BR 2 - 3 BR	T.H.	70	No			
	Pillette Green Community Housing	Adult / Family	2750 Pillette	✓	✓	✓				¹ 1 BR	APT.	32	Yes			
	Rent Supplement - CHC	Adult	*Various Locations (see above - Office Use)	✓							APT.	Limited #	No			
	George, Alice & Aubin – CHC	Senior	1600 Block George, Alice, Aubin	✓	✓						T.H.	52	Yes			
	Riggs Manor – CHC	Senior	4365 Wyandotte East	✓							APT.	50	Yes			
	Wyandotte East – CHC	Senior	4100 Block Wyandotte East	✓							T.H.	12	Yes			
	Riverside - CHC	Senior	Clairview & Watson	✓	✓						T.H.	20	Yes			
	Riverside - CHC	Family	Watson				✓	✓			T.H.	16	Yes			
	Rosewood Court - CHC	Family	1200 Block Central				✓	✓			T.H.	49	No	Yes	No	
	Windsor Coalition N.P. Homes	Family	900 Howard (Office)				✓				S.F.	1	No			

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/ deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

SECTION 6:

LOCATION: WINDSOR CENTRAL

(Area within Walker Rd, Campbell Ave, Riverside Dr. and City Limit to the South)

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.












HOUSING TYPE

APT. – Apartment Building
T.H. – Attached Townhome

S.D. – Semi- Detached Home
S.F. – Single Family Home

For Office Use:

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included			
													W	E	G	
	680 Aylmer	Adult / Family	680 Aylmer		✓	✓	✓	✓		5 2 - 1 BR 1 - 3 BR 2 - 4 BR	APT.	82	Yes			
	Can-Am Urban Native Homes <i>*verification of Indigenous ancestry required</i>	Family	180 Tecumseh E. (Office) Various Locations			✓	✓	✓		1 2 BR	S.F.	24	No			
	Cencourse Apartments	Senior	30 Tuscarora		✓						APT.	294	Yes			
	Chateau Masson - CHC	Adult	415 University East	✓							APT.	79	Yes			
	Dr. Roy Perry Apartments - CHC	Adult / Family	395 University East		✓	✓				6 1 BR	APT.	132	Yes			
	Glengarry Court - CHC	Adult / Family	300 Block University E. McDougall, Wyandotte		✓	✓	✓	✓	✓		APT. T.H.	57	No	No	Yes	
	Hallmark - CHC	Family	1300 - 1600 Hallmark				✓				S.D.	26	No			
	John Moynahan Co-Operative	Family	1207 Labour			✓	✓	✓		4 2 - 2 BR 1 - 3 BR 1 - 4 BR	S.D.	66	No			
	Ka-Wah Manor	Adult / Family	350 Church		✓	✓	✓	✓		3 2 - 1 BR 1 - 2 BR	APT.	60	Yes			
	MacDonell - CHC	Family	438 Niagara			✓	✓			4 2 BR	APT.	56	Yes			
	McPhail Manor - CHC	Family	860 Mercer			✓	✓			2 2 BR	APT.	50	Yes			
	Mrs. Cameron H. Montrose Apartments - CHC	Adult / Family	445 Glengarry		✓	✓					APT.	132	Yes			
	Ouellette Manor - CHC	Senior	920 Ouellette		✓						APT.	400	Yes			
	Raymond Desmarais Manor - CHC	Senior	255 Riverside East		✓						APT.	300	Yes			
	Remington Park - CHC	Family	South Pacific / Slater / Hartford Hawksbury / Marie / Reading / Southdale / Glenbrook /			✓	✓	✓		6 2 BR	T.H. S.F. S.D.	228	No			

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/ deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

SECTION 6: LOCATION: WINDSOR CENTRAL (Area within Walker Rd, Campbell Ave, Riverside Dr. and City Limit to the South)

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.

HOUSING TYPE







APT. – Apartment Building
T.H. – Attached Townhome

S.D. – Semi- Detached Home
S.F. – Single Family Home

***CHC Rent Supplement - Adult / Family / Senior Various Locations** cannot be the only housing preference selected. You must select additional housing option(s).

For Office Use:

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included W = water E = electricity G = gas	
	Rent Supplement – CHC	Adult / Family / Senior	*Various Locations (see above - Office Use)		✓	✓					APT.	Limited #	Yes	
	Campbell Avenue – CHC	Senior	1100 - 1200 Campbell Avenue	✓	✓						T.H.	120	Yes	
	Cherniak Manor – CHC	Senior	120 Oak Avenue		✓					³ 1 BR	APT.	117	Yes	
	Memorial Drive – CHC	Senior	685 - 817 Memorial	✓							T.H.	24	Yes	
	St. Angela NPHC/Palazzo Italia	Adult / Family	275 Erie Street East		✓	✓	✓			⁴ 2 BR	APT.	76	Yes	
	Thompson Towers	Adult / Family	495 Glengarry Avenue		✓	✓		✓		⁹ 4 - 1 BR 4 - 2 BR 1 - 4 BR	APT.	69	Yes	
	Villa Ciociara / Villa Montecassino	Senior	900 Windsor Avenue		✓	✓				¹ 1 BR	APT.	27	Yes	
	Wheelton Manor - CHC	Adult	333 Glengarry Avenue	✓	✓						APT.	136	Yes	
	Windsor Coalition NP Homes	Family	900 Howard (Office)				✓				S.F.	9	No	
	Windsor Homes Coalition	Adult / Family	900 Howard (Office)		✓	✓	✓			¹ 2 BR	APT. T.H. S.F. S.D.	92	No	
	Windsor Residence Inc.	Adult	455 Dougall Avenue		✓						APT.	56	Yes	
	Windsor Residence Inc.	Adult	1101 McDougall Avenue	✓		✓					APT.	80	Yes	
	Woodward – CHC	Family	3400 Block Woodward 1800 Block Chaviva			✓	✓	✓			S.D.	42	No	

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/ deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

SECTION 6: LOCATION: WINDSOR WEST (West of Campbell Ave, and city limit boundary)

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.










HOUSING TYPE

APT. – Apartment Building
T.H. – Attached Townhome

S.D. – Semi- Detached Home
S.F. – Single Family Home

For Office Use:

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included			
													W	E	G	
	Ambassador Huron Apts. N.P.	Adult / Family	1705 - 1725 Northway		✓	✓	✓			5 3 - 1 BR 2 - 2 BR	APT.	92	Yes			
	Arthur Reaume Manor - CHC	Senior	605 Mill		✓					2 1 BR	APT.	129	Yes			
	Bloomfield / St Joseph - CHC	Family	Bloomfield / St Joseph / Baby Area				✓	✓	✓		T.H.	158	Yes			
	Bridgeview - CHC	Family	Askin, College, Grove, Rankin, Randolph, Tilston, Vercheres			✓	✓				S.F.	100	Yes		Yes	
	Can-Am Urban Native Homes *verification of Indigenous ancestry required	Family	180 Tecumseh E. (Office) Various Locations				✓	✓			S.F.	20	No			
	Curry / McKay - CHC	Family	1438 - 1799 Curry 1700 Block McKay			✓	✓	✓			T.H. S.D.	200	Yes	No	Yes	
	Essex Court - CHC	Family	Brock / Wells / Millen / South Area				✓	✓			T.H.	207	Yes			
	LCSC / Clarence Williams N.P.	Family	2363 Union				✓			5 3 BR	T.H.	98	No			
	Ash Grove Manor – CHC	Senior	140 Bridge	✓	✓	✓					APT.	208	Yes			
	Partington – CHC	Senior	1200 Block Partington		✓						T.H.	16	Yes			
	Scattered West - CHC	Family	Grove, Lena, Wigle Baby, Chippawa			✓	✓	✓	✓		T.H. S.F. S.D.	56	No	No	Yes	
	Ser-Rise / Gloster Apt.	Adult	1950 College		✓					5 1 BR	APT.	50	Yes			
	St. John Anglican N.P. / Westgate	Senior	3294 Sandwich		✓	✓				4 1 BR	APT.	62	Yes			
	Windsor Homes Coalition	Adult / Family	900 Howard (Office)			✓	✓				APT.	6	No			

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/ deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

SECTION 6:

LOCATION: ESSEX COUNTY

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.

HOUSING TYPE

APT. – Apartment Building
T.H. – Attached Townhome










S.D. – Semi- Detached Home
S.F. – Single Family Home

***CHC Rent Supplement - Adult / Family / Senior**

Various Locations cannot be the only housing preference selected. You must select additional housing option(s).

For Office Use:

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included W = water E = electricity G = gas	
AMHERSTBURG														
	Frank Long Co-Operative Homes	Family	275 Kempt			✓	✓	✓		2 2 BR	T.H.	45	No	
	Victoria - CHC	Adult	340 & 346 Victoria South	✓							APT.	67	Yes	
	Warren Park - CHC	Family	Fort and Main			✓	✓				S.F.	24	No	
	Westview Apartments	Senior	160 Pickering	✓	✓					3 1 BR	APT.	50	Yes	
BELLE RIVER														
	Belle Court Homes	Family	560 Adelaide			✓	✓	✓		2 1 - 2 BR 1 - 3 BR	T.H.	37	No	
	St. Charles - CHC	Adult	642 St. Charles	✓							APT.	20	Yes	
ESSEX														
	Maplewood Apartments - CHC	Family	109 - 11 Brien East	✓							APT.	137	Yes	
	Rent Supplement - CHC	Adult / Family / Senior	*Various Locations (see above - Office Use)			✓	✓				S.D. S.F.	Limited #	No	
HARROW														
	Eil-Roy Manor - CHC	Adult	14 King East	✓							APT.	24	Yes	
KINGSVILLE														
	Legion Senior N.P. / Legion Estates	Adult / Family	148 Lansdowne	✓	✓	✓	✓			3 2 BR	APT. T.H.	60	Yes	
	Palmer Court - CHC	Adult	194 Division North	✓							APT.	30	Yes	
	Prince Albert - CHC	Adult	32 Prince Albert South	✓							APT.	22	Yes	

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SECTION 6:

LOCATION: ESSEX COUNTY

Your application will be reviewed by CHR and if eligible you will be placed on the waiting list of the Housing Providers you have selected.

HOUSING TYPE

APT. – Apartment Building








S.D. – Semi- Detached Home

For Office Use:

T.H. – Attached Townhome

S.F. – Single Family Home

Use a checkmark to select site and location preference.

<input checked="" type="checkbox"/>	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included W = water E = electricity G = gas							
LASALLE																				
	Delmar - CHC	Adult	1905 Delmar		✓						APT.	15	Yes							
	Trillium Court	Family	1329 Harrison St.			✓	✓	✓		2 - 2 BR 1 - 3 BR	T.H.	56	No							
LEAMINGTON																				
	Emerson Park Non-Profit	Family	10 Emerson			✓	✓	✓		2 BR	S.D.	50	No							
	Lutsch - CHC	Adult	29 Lutsch		✓						APT.	34	Yes							
	Mariner's Co-Operative Homes	Family	282 Sherk			✓	✓	✓		1 - 2 BR 1 - 3 BR	T.H.	50	No							
	Nancy Court - CHC	Family	Nancy / Pearl			✓	✓				T.H.	16	<table border="1"> <tr> <td>W</td> <td>E</td> <td>G</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> </tr> </table>	W	E	G	Yes	No	Yes	
W	E	G																		
Yes	No	Yes																		
	Nancy - CHC	Adult	17 Nancy		✓	✓					APT.	11	Yes							
	The Cedars Apartments - CHC	Adult	165 Talbot East		✓						APT.	41	Yes							
TECUMSEH																				
	Arbour - CHC	Adult	11934 Arbour		✓						APT.	38	Yes							
	Ryegate Co-Operative Homes	Family	1156 Community			✓	✓	✓		1 - 2 BR 2 - 3 BR	T.H.	50	No							

Please note, some communities may have specific internal policies (i.e. pet policies, tenant insurance, satellite dishes, utility charges/ deposits, etc.). These will be clarified at the time of offer with individual housing providers. Information is subject to change.

I accept all responsibilities to make this selection for the entire household and confirm I / we have received a copy of this sheet. Any changes to this form may be made by contacting the CHR.

PLEASE PRINT NAME: _____ Date: _____
(mm / dd / yyyy)

Applicant's Signature: _____ Co-applicant's Signature: _____

Guardian / Trustee: _____ Intake / CHR Representative: _____

CHR_LPS
2020_10_01