

**Application Instructions
for Applicants to Spruce Lodge Non-Profit Housing Corporation
(WOODLAND TOWERS)
Serving Seniors & Physically Disabled Adults**

Please read the following information carefully before filling out your application.

General Instructions:

- ❑ If you require assistance in completing this application, please phone Erin Klumper in the Spruce Lodge Housing Administration office at (519) 271-4090 Ext. 2219.
- ❑ Please print all information in the space provided. Incomplete applications will be returned to you and will not be processed until they are completed.
- ❑ Spruce Lodge Non-Profit Housing has a mandate to house both seniors (65+) and physically disabled adults.
- ❑ We have three apartment towers, known as Woodland Towers. In Towers I & II tenants pay rent according to their income, with some paying full market rent. In Tower 3 some tenants pay rent that has been preset at an affordable level, for those with a specific income level, while others pay a life lease fee that entitles them to occupy their suite for life. *If you are not sure what you may be eligible for, you are encouraged to complete the full application.* Please feel free to visit our website for additional information. <https://sprucelodge.on.ca>
- ❑ Effective 2010 Woodland Towers is a smoke free building, such that new tenants and their visitors or guests will not be permitted to smoke anywhere in Woodland Towers. Failure to abide could result in eviction.
- ❑ For couples, one member of the household must be at least 65 years of age, in order to be eligible for accommodation as a Senior.
- ❑ We maintain both a rental waiting list as well as a life lease waiting list. We maintain separate wait lists for each category.
- ❑ Note that life-lease housing is ideal for homeowners wanting to downsize, because mortgage financing for life-lease units is difficult to obtain. Life-lease tenants effectively purchase the right to occupy their apartment unit for life. For further information phone Erin Klumper at ext. # 2219 or phone Administrator, Peter Bolland at ext. # 2236
- ❑ **All sections** of the application are required to be completed. *(Please note, that those that only wish to apply for life lease housing or market rent housing can leave the Section C-Financial Information portion blank.)*
- ❑ Mail or deliver your application to Spruce Lodge Non-Profit Housing Corp. c/o 643 West Gore St., Stratford, Ontario. N5A 1L4.

Rent Geared to income and Woodland Towers III rental instructions only:

- ❑ **Please include verification** (photocopies) of all income, investments and assets.
- ❑ Once you have applied, it is your responsibility to notify Spruce Lodge Non Profit Housing Corporation of any changes in your circumstances within 10 business days.
- ❑ Each household member must be a Canadian Citizen, Landed Immigrant, Refugee or have Refugee Claimant status, with no outstanding deportation, departure or exclusion order in effect. (Proof of Residency Status must accompany the application).
- ❑ No member of your household has ever been convicted of an offence arising from misrepresentation of income for rent-geared-to-income purposes.
- ❑ You must not owe rent arrears to any social housing provider. (Exceptions may be made in extenuating circumstances or if any agreement to repay is in place)
- ❑ Any member of the household named in this application that owns residential property suitable for year-round occupancy must sell it within 6 months of being housed.



Application for Spruce Lodge Non-Profit Housing (Woodland Towers)

Date Stamp received

643 West Gore St.
Stratford, Ontario
"The Festival City"
N5A 1L4

The date the application is received and is complete is the effective date for placement on the Waiting List. Incomplete applications will not be processed and will be returned to Applicant(s) for completion.

SECTION A:

Applicant # 1:

MISS	MS.		SURNAME	GIVEN NAME	HOME PHONE	BUSINESS PHONE NO.
MRS.	MR.					
SOCIAL INSURANCE NUMBER			DATE OF BIRTH (M-D-Y)		MARITAL STATUS:	
					SINGLE	WIDOW(ER)
					MARRIED	SEPARATED
					DIVORCED	COMMON LAW
ADDRESS				UNIT/ APT NO.	CITY	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				STATUS IN CANADA: ATTACH VERIFICATION (PHOTOCOPY I.E.BIRTH CERTIFICATE, RECORD OF LANDING, CANADIAN IMMIGRATION DOCUMENTS, ETC.)		
				CANADIAN CITIZEN	LANDED IMMIGRANT	REFUGEE CLAIMANT
				OTHER (PLEASE SPECIFY)		

Applicant # 2:

MISS	MS.		SURNAME	GIVEN NAME	HOME PHONE	BUSINESS PHONE NO.
MRS.	MR.					
SOCIAL INSURANCE NUMBER			DATE OF BIRTH (M-D-Y)		MARITAL STATUS:	
					SINGLE	WIDOW(ER)
					MARRIED	SEPARATED
					DIVORCED	COMMON LAW
ADDRESS				UNIT/ APT NO.	CITY	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				STATUS IN CANADA: ATTACH VERIFICATION (PHOTOCOPY I.E.BIRTH CERTIFICATE, RECORD OF LANDING, CANADIAN IMMIGRATION DOCUMENTS, ETC.)		
				CANADIAN CITIZEN	LANDED IMMIGRANT	REFUGEE CLAIMANT
				OTHER (PLEASE SPECIFY)		

PREVIOUS LANDLORD & RESIDENTIAL HISTORY:

Applicant #1	Applicant #2	Date From:	Date To:	Reason for Leaving
Previous Residence:				
Previous Landlord's Name and Address:				
Previous Landlord's Phone Number:				

Have you been tenants of Social Housing or Non-Profit (anywhere in Canada) at any time?
 Yes No
 If yes, please state where and when:

Do you currently owe any rental arrears to any Social Housing or Non-Profit?
 Yes No

If **yes**, the amount of arrears: \$ _____
 Name of Provider: _____
 Telephone # (____) _____
 Have you entered into a re-payment schedule?
 Yes No

Present Accommodations:
 Rent Own home Other
 Temporary housing (e.g. emergency shelter, care facility, hotel)
 If Temporary Housing or Other, please specify:

Are you under a 'Notice To Vacate'? No Yes *If yes, please attach a copy of your notice*
 Are you a victim of domestic violence or abuse? No Yes *If yes, please request Form 103 Special Priority Application Package (i.e. police report number)***
**Please request Form 103- Special Priority Application Package*

APARTMENT UNIT REQUIREMENTS:

Tower preferred: (please check all that apply)
 Woodland Towers I & II – (Built in 1985 & 1990 respectively)
 Woodland Towers III rental– (Built in 2009, one bedroom only)
 Woodland Towers III life lease (one and two bedroom)

Number of Bedrooms Required?
 1 Bedroom 2 Bedroom * Either size
** Those that are applying for Rent Geared to Income and that would like to have a second bedroom, must indicate their reason as follows;*

- to store medical equipment because of a medical reason
- for a personal care provider for member of household
- for a child under joint custody agreement
- for a spouse or same-sex partner with specific medical reason and Doctors note
- if a member of the household is pregnant

Type of Unit desired?
 Ground Floor Wheelchair/Handicap Accessible*
**Please request Form 108- Medical Verification for an Accessible or Additional Bedroom*

Section B: Independent Living Assessment Form 109

Name:	Date:
Address:	Phone #:

The purpose of the Independent Living Assessment form is to identify the level of assistance you require to:

Carry out Essential Daily Activities & Meet the Obligations of your Tenancy

Daily Activities	Please indicate independence with a checkmark (✓)				Support is provided by:	
	Applicant #1		Applicant #2		Name/Agency	Contact #
	<i>Independent?</i>	<i>Independent?</i>	<i>Independent?</i>	<i>Independent?</i>		
Personal Hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Preparing Meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Taking Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doing Laundry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tenant Obligations	Applicant #1		Applicant #2		Support is provided by:	
	<i>Independent?</i>	<i>Independent?</i>	<i>Independent?</i>	<i>Independent?</i>	Name/Agency	Contact #
Comprehending tenant obligations as specified in your lease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Maintaining cleanliness of your unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Operating appliances safely	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Paying your monthly rental payments on time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Maintaining reasonable quiet within your unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Look after pets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Modified Units:

Do you require a modified unit (e.g. wheelchair access, physical disability, mobility)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If Yes, you will need to complete the Medical Verification FORM 108)
Is any household member unable to climb stairs because of a disability or medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is there any other information you can tell us about your specific needs and what you need to be able to live independently?

Sign Here

I (we) declare that all the information given on this form is true and correct to the best of my (our) knowledge. I have not knowingly left out information or provided false information.

I have attached: Medical Verification Form 108 Yes No Not applicable

Applicant #1 Signature:

Date:

Applicant #2 Signature:

Date:

Section B: APPENDIX I:

HOUSING QUESTIONNAIRE

(Must be completed for your application to be accepted)

1. I require an accessible handicap unit (lower cupboards, wheel under sink, larger bathroom)

Yes _____ No _____

Please explain: _____

2. Presently I am using a:

Walker Electric Wheelchair Scooter Other _____

None of the Above

3. Are you currently using services from an agency such as a congregate dining program for meals or emergency response services?

Congregate Dining Program (Example: Meals on Wheels): Yes _____ No _____

Emergency Response Services (Example: Life Line): Yes _____ No _____

Community Care Access Centre (SW LHIN) (Ex. PSW for Bath etc.) Services: Yes _____ No _____

Please Explain:

3. Reason for Seeking Accommodation at Woodland Towers:

- Rent too high Distance from shopping or public transit
- Poor health Difficulty with stairs _____
- Companionship/security Other: _____

4. Are you a physically Disabled Adult? _____

- Please explain your physical disability, and how it is affected by your current accommodation. _____

5. Please list any additional medical conditions/concerns you have.

(Examples might include: diabetes, high blood pressure, arthritis etc...)

Specify _____

OTHER IMPORTANT INFORMATION or COMMENTS:

Applicant # 1 Signature

Applicant # 2 Signature

Date: _____

Date: _____

Section B: APPENDIX II:

SUPPORTED INDEPENDENT LIVING (S.I.L.) PACKAGE DECLARATION

Eligibility for housing requires your signed declaration.

Woodland Towers is a supported independent living apartment building that is intended to offer both safe and secure shelter as well as services to support independent community living.

As such, each resident at Woodland Towers receives an array of support services or what we refer to as a supported independent living package, for an additional monthly cost, and to include such things as:

- Meal services in our congregate dining program
- Emergency response services
- Activity services and program
- Various other health promotion services

The cost of the supported independent living package for 2021 is set at \$306.00 for an individual or \$503.00 for a couple, per month. This rate will change from time to time.

By signing below, you acknowledge that you are confirming your need and desire for the Supportive Independent Living Package offered at Woodland Towers, as well as your awareness of the related cost. This declaration also acknowledges that prior to being offered an apartment at Woodland Towers you agree to meet with the Support Services Manager, on request, to assess whether our program staff will be able to meet your support service needs.

Applicant #1 Signature

Applicant #2 Signature

Date: _____

Date: _____

Section B: APPENDIX III:

(Applicant #1)

CONSENT FOR RELEASE OF CLINICAL INFORMATION

I, _____ of _____

authorize the staff of the Spruce Lodge Support Services Department to obtain and release such information as may be deemed necessary from family, physicians and other agencies for the specific purpose of coordinating Support Services.

This authorization shall continue in force until it is revoked by myself in writing or until I am no longer a resident of Woodland Towers.

Dated at _____, Ontario this _____ day of _____, 20__

Applicant #1 Signature

APPENDIX IV

POWER OF ATTORNEY FOR FINANCES

Name: Phone Number:	Address:
Name: Phone Number:	Address:

POWER OF ATTORNEY FOR HEALTH CARE

Name: Phone Number:	Address:
Name: Phone Number:	Address:

Section B: APPENDIX III:

(Applicant #2)

CONSENT FOR RELEASE OF CLINICAL INFORMATION

I, _____ of _____

authorize the staff of the Spruce Lodge Support Services Department to obtain and release such information as may be deemed necessary from family, physicians and other agencies for the specific purpose of coordinating Support Services.

This authorization shall continue in force until it is revoked by myself in writing or until I am no longer a resident of Woodland Towers.

Dated at _____, Ontario this _____ day of _____, 20__

Applicant #2 Signature

APPENDIX IV

POWER OF ATTORNEY FOR FINANCES

Name: Phone Number:	Address:
Name: Phone Number:	Address:

POWER OF ATTORNEY FOR HEALTH CARE

Name: Phone Number:	Address:
Name: Phone Number:	Address:

SECTION C - FINANCIAL INFORMATION

This section is required for those applying for Woodland Towers I & II rent-geared-to-income as well as Woodland Towers III one bedroom rental.

If you are not sure if you would otherwise qualify for rent geared to income or Woodland Tower III rental, feel free to complete the form. *Note: This section is not necessary for those only interested in Woodland Towers I & II market rent or Woodland Towers 3 life lease.*

INCOME: Include all sources of Gross Monthly Income for each of the applicants that plan to live in the household.

VERIFICATION OF EACH SOURCE MUST BE SUPPLIED AND WILL BE RETURNED OTHERWISE

Source of Income and Verification	Applicant #1 Gross Monthly Income \$	Applicant #2 Gross Monthly Income \$
Employment Earnings		
Ontario Disability Support Plan (ODSP)		
Canada Pension Plan (CPP)		
Canada Pension Plan (CPP – Disability)		
Old Age Security (OAS) (Including Supplements)		
Employment Insurance (EI)		
Workplace Safety Insurance Board (WSIB)		
Ontario Works (OW)		
Private Pension		
War Veteran's Pension		
Support/Alimony		
Self-Employment		
Other (Specify)		

VALUE OF ASSETS – Include the value of all assets of all who will be living in the household.
VERIFICATION MUST BE SUPPLIED AND WILL BE RETURNED OTHERWISE.

Source of Assets and Verification	Applicant #1	Applicant #2
Chequing Account		
Savings Account		
Other Accounts (ie. Banks, Trust Comp., Credit Unions)		
Investments (Bonds, Shares, RRSP, Term Deposits)		
<u>All</u> Real Estate (approximate) (Written Appraisal may be required)		
Foreign Pension(s)		
Other (Specify)		

Financial Information declaration & consent:

I make the following declaration knowing that information provided will be relied upon by the Service Manager and/or Spruce Lodge Non-Profit Housing staff to assess my qualifications for rent-geared-to-income assistance for housing, or eligibility for Woodland Towers III rental housing.

1. I have read over the definitions of income and gross household income set out in this form and fully understand that the eligibility for rent-geared to-income assistance for housing is determined by this information.
2. To the best of my knowledge the information I have supplied in this form is accurate and complete.
3. I understand that this application is not an agreement by Spruce Lodge Non-Profit Housing to provide me with rental accommodation.
4. I understand that only the people that I have listed on this application form may live with me in Woodland Towers.
5. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any Social Housing or Non-Profit. (Regulation 298, Section 7 (1) (e))
6. I give my word that I am in Canada legally.
7. I understand that my rental history may be reviewed.

I give consent and authorization to Spruce Lodge Non-Profit Housing to the release of personal information contained in this application to be shared with respect to any agencies supplying socially assisted housing and social agencies providing social assistance. Such consent is for the purpose of determining or verifying my initial or ongoing eligibility for rent-geared-to-income assistance for housing [pursuant to the Personal Information Protection and Electronic Documents Act], or as authorized by an agreement under Sections 162, 163, 164 and 165 of the Social Housing Reform Act 2000.

I understand that in accordance with *the Social Housing Reform Act, 2000, Regulation 298/015(5)*, I am required to inform the Spruce Lodge Non-Profit Housing office, of any changes to the information provided herein within 10 days after the change. Failure to do so may render this application to be considered ineligible.

I also understand that I must supply my notice of Assessment from my latest income tax return both at the time that I apply and when offered an apartment suite, if and as necessary.

Questions about this application should be directed to Erin in the Spruce Lodge Administrative office at (519) 271-4090 Ext. 2219.

Applicant #1	Witness	Date
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Applicant #2	Witness	Date
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NOTICE OF COLLECTION

Personal information collected on this application form is done so under the authority of the *Social Housing Reform Act 2000* and will be used for the purpose of determining or verifying an applicant's initial or ongoing eligibility for rent-geared-to-income assistance for housing and for statistical purposes. Further, personal information collected during the application process may be shared with authorized agencies supplying social assisted housing and authorized social agencies providing social assistance. Questions regarding the collection and use of personal information may be directed to the Spruce Lodge Administrator at 519-271-4090, ext. 2236.