



Durham Access to Social Housing (DASH) Waitlist Application

Instructions

1. This application is to be used if you are applying for rent-geared-to-income (RGI), modified housing, portable housing benefits and/or other housing programs available in the Region of Durham through the Durham Access to Social Housing (DASH) waitlist.
2. You must fill out all sections of the application form. You will find information at the beginning of each section that explains what is needed. Incomplete applications will not be processed.
3. Main applicant, co-applicant/spouse, and all household members listed on the application who are 16 years of age and over must:
 - **Read and sign the Declaration**
 - **Read and sign the Consent form**
4. Applications must be completed and signed. Electronic completion of forms and signatures are accepted. If you need any assistance or have any questions about completing the application, please contact 311:

Durham Access to Social Housing (DASH)
Region of Durham, Housing Services Division
PO Box 623, 605 Rossland Rd E, Whitby L1N 6A3

Email: dash@durham.ca
Telephone (within regional limits): 311
Telephone: 905-668-7711
Toll free: 1-800-372-1102

5. You may be required to provide documents to verify the information included in your application.

Tell us right away if there is a change to your household members, address, telephone number or email address. If we cannot contact you, we will be unable to offer you housing and you will be removed from the wait list.

For more information about housing, go to <https://www.durham.ca/en/living-here/housing-and-homelessness.aspx>

For more information on eligibility go to <https://www.durham.ca/en/living-here/rent-geared-to-income-housing-rgi.aspx>

**If this information is required in an accessible format, please contact
1-800-372-1102 ext. 2463.**

Please tear off and keep this page for your records.



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Submitting an Application

1. Applications may be submitted by mail, dropped off, or sent by email:

Mailing/Main Drop off Location:

Durham Access to Social Housing (DASH)
Region of Durham, Housing Services Division
PO Box 623, 605 Rossland Rd E, Whitby L1N 6A3

Email: dash@durham.ca

2. Applications can be dropped off at any of the following locations:

- **Region of Durham, Regional Headquarters, 605 Rossland Rd East, Whitby**
311 Human Services Counter located on the main floor
Monday – Friday from 8:00 am to 5:00 pm or
After Hours Drop Box located at the south entrance (right-hand side of the door, enter from Garden Street).
- **Region of Durham, Department of Social Services, 140 Commercial Avenue, Ajax**
311 Human Services Counter
Monday – Friday from 8:30 am – 4:30 pm or
After Hours Drop Box located at the south entrance
- **Region of Durham, Department of Social Services, 200 John Street West, Midtown Centre**
311 Human Services Counter, C1A
Monday – Friday from 8:30 am – 4:30 pm
After Hours Drop Box located at the east entrance
- **Region of Durham, Department of Social Services, 2 Campbell Dr, Uxbridge, Unit 301/305**
311 Human Services Counter
Mondays or Thursdays from 8:30 am – 4:30 pm

3. Applications may also be returned to any community housing provider who uses the DASH wait list, as well as any Region of Durham Social Services location including Ontario Works or Employment Supports offices, Regional Child Care Centres, Family Services offices, and Regional Long-Term Care Homes.

**If this information is required in an accessible format, please contact
1-800-372-1102 ext. 2463.**



Durham Access to Social Housing (DASH) Waitlist Application

Contact Information

Please provide your full name, date of birth, and current contact information.

Last Name _____ First Name _____

Date of Birth (day/month/year) _____

Gender _____ Social Insurance Number _____

Apt/Unit Number _____ Street Number _____ Street Name _____

Town/City _____ Province _____ Postal Code _____

Home Phone Number _____ Cell Phone Number _____

Primary Email Address _____ Alternate Email Address _____

Primary Language _____ Do you need an interpreter? Yes No

Consent to Contact an Alternate Person

Please review and select the appropriate reason below to indicate the purpose for providing an Alternate Contact Person. This information will help us understand how we may communicate with someone on your behalf regarding your DASH application.

If you wish to add someone who we can discuss your application with, please complete the following:

Alternate Contact Person: _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

I understand that if Region of Durham employees responsible for the DASH waitlist are unable to contact me after making reasonable efforts, and I have authorized an Alternate Contact person to be contacted, I consent to Region of Durham employees responsible for the DASH waitlist contacting the above individual for the purposes of trying to reach me.

I give permission for Region of Durham employees responsible for the DASH waitlist to speak with my Alternate Contact person as I require support managing my application. All information regarding my application and housing offers may be discussed. I understand this consent can be terminated at any time.

Details about where you are living now

What municipality are you currently living in _____

- I rent my own place I split rent with a roommate I rent a room only

How much is your share of the monthly rent? \$ _____

Is this rent amount subsidized (e.g. RGI, rent supplement, housing benefit)? Yes No

- I own my own home
- I am staying temporarily with friends or family (no lease or rental agreement)
- I am staying in an emergency shelter (e.g. Cornerstone, Muslim Welfare Home, etc.)
- I am staying in a shelter for women, with or without children, experiencing gender-based violence. (e.g. Denise House, Herizon House, etc.)
- I live outdoors or in a place not meant for permanent housing (e.g. street, tent, vehicle)
- Other (explain) _____

Household Information

Please provide information about all adults and children who will live with you.

Last Name	First Name	Relationship	Date of Birth Day/Month/Year	Gender	Social Insurance Number (optional)

Do you have shared custody (child lives with you a minimum of 40% of the time or more in a year) under an arrangement of any dependant listed above? Yes No

Do all of the people listed currently live with you? Yes No

If No, please give the name of the person, the date they will start living with you, and the reason they are not living with you now.

Is any member of your household expecting a baby? Yes No

If yes, please provide the name and expected due date (day/month/year) _____

Asset Information

List ALL assets owned by you and all other people who will be living with you. Assets are things that you own, and may include:

- Bank accounts (chequing and savings)
 - Term deposits, guaranteed investment certificates (GIC), savings bonds
 - Registered Retirement Savings Plans (RRSP)
 - Registered Education Plans (RESP)
- Stocks, shares, mutual funds
 - Life Insurance (cash surrender value)
 - Collections or valuables, cash (over \$1,000)
 - Business assets (if you own your own business or are self-employed)

No one in my household has any assets.

Person who owns the asset	Details of Asset (type, account number, name of bank)	Value/Account Balance
		\$
		\$
		\$
		\$
		\$
		\$

Property Information

Does any person on this application own property (e.g. house, cottage, farm, land, mobile home, trailer, etc.)? Yes No

If Yes, please give the following information:

Name(s) of all property owners _____

Is the property suitable for year-round occupancy? Yes No

Status of property (for sale, involved in legal proceeding, etc.): _____

Type of property _____ Assessed value \$ _____

Address _____ Mortgage owing \$ _____

Proof of assessed value, mortgage, status and ownership of property may be required to determine eligibility.

Application for Special Priority Status – Human Trafficking or Abuse

Complete this section only if you are applying for Special Priority Status because of human trafficking, or you or your children are experiencing or have recently experienced abuse by someone you live with or have lived with in the past 3 months.

DASH will send you a Special Priority Application package to complete.

I want to apply for special priority due to human trafficking by (name)_____

I want to apply for special priority due to abuse by (name)_____

How are you related to this person?_____

Select one of the three living arrangements below:

- I am currently living with this person and intend to permanently live apart from them
- I stopped living with this person on (day/month/year)_____
- I have never lived with this person

Select one of the two contact options below:

- It is safe to contact me using the information given in the **Contact Information** section
- I want to be contacted **only** at the following address, telephone number(s) and/or email address: _____

Application for Modified Housing or Additional Bedroom for Medical Purposes

Do you or a member of your household require a modified unit (e.g. unit that is wheelchair accessible)? Yes No

Do you or a member of your household require an additional bedroom due to medical-related reasons? Yes No

Do you require an additional bedroom due to an employed live-in caregiver? Yes No

If you answered yes, please tell us about the modifications that you need.

If you answered yes to any of the above, you may be sent an additional form for your health care provider to complete to provide confirmation of your requirements.

Can you live independently? Yes No

If you need support to live independently, is it currently in place? Yes No

Declaration

1. I/We declare that all information given for this application is true to the best of my/our knowledge and that I/we have not withheld or left out any required information.
2. I/We declare that no member of the household is currently under a removal order to leave Canada.
3. I/We agree to inform a representative of Housing Services for the Regional Municipality of Durham, or their designate, of any changes in my/our income, assets, contact information or household composition.
4. I/We understand that the information given for this application may be used for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997, or the Child Care and Early Years Act, 2014.

Applicant's Name _____

Signature _____ Date _____

Co-Applicant's Name _____

Signature _____ Date _____

To be signed by all other household members 16 years and older

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____



Housing Services Division
Durham Access to Social Housing

Housing Services Act, 2011
Consent to Disclosure of Information and Documents

1. I/We consent to the release of information to an authorized representative of the Region of Durham and Durham Access to Social Housing (DASH) for the purpose of determining past, initial or continuing eligibility for rent-geared-to-income (RGI), modified and/or supportive housing, other housing program, including placement on any applicable wait lists.
2. Without restricting the generality of the consent in section 1, I/we specifically consent to the release of information relating to the income, assets or status in Canada of myself and any other members of the household.
3. I/We consent to the Region of Durham and Durham Access to Social Housing (DASH) disclosing to any party personal information about me and any other member of the household for the purpose of determining initial or continuing eligibility for RGI, modified and/or supportive housing, other housing programs, including placement on any applicable wait lists.
4. I/We consent to the exchange of information with any agency, Ministry or department of the Region of Durham, the Government of Ontario, the Government of Canada, the government of any other province or territory, or any other party for the purpose of determining initial or continuing eligibility for RGI, modified and/or supportive housing, other housing programs, including my placement on any applicable wait lists. This includes the exchange of information with authorized representatives under the Ontario Works or the Ontario Disability Support Plan (ODSP) programs.

Applicant's Name _____

Signature _____ Date _____

Co-Applicant's Name _____

Signature _____ Date _____

To be signed by all other household members 16 years and older

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____