

## Important Information for Households and Housing Providers

➤ Before starting, please review the In-situ Priority policy, processes and eligibility requirements.

Terms and Definitions	CCC – Client Contact Centre	PATH – Peel Access to Housing
	CWL – Centralized Waiting List	RGI – Rent Geared to Income
	Household – refers to all its members or an individual living alone	ROP – Region of Peel



➤ **Forward the In-situ Priority Request package to the Housing Supply Supervisor (10 Peel Centre Drive, Suite B - 5<sup>th</sup> floor).**

### (A) Household Information

*(must be completed by Household member and Housing Provider)*

#### 1. PATH APPLICATION INFORMATION

Does the household have an **active** PATH file on the CWL? **Yes**      **No**

If **No**, do not complete the request form. Advise the household to apply to **PATH** first.

If **Yes**, contact ROP CCC at 905-453-1300 with the household, to confirm the file number.

**Important:** *Inactive file numbers or leaving this field blank will void this request.*

**Do not attach the PATH application to this form.**

**Active PATH File #:**

#### 2. ADDRESS & CONTACT INFORMATION

Address/Unit number: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

#### 3. HOUSEHOLD COMPOSITION (household members residing at this address)

Household Members Information	Leaseholder (Yes/No)	If Yes, since when? (mm/dd/yyyy)	Income from all Sources (Gross Monthly)
<b>Full Name</b> <i>(First name/Last name):</i>			
DOB (mm/dd/yyyy):			
<b>Full Name</b> <i>(First name/Last name):</i>			
DOB (mm/dd/yyyy):			
<b>Full Name</b> <i>(First name/Last name):</i>			
DOB (mm/dd/yyyy):			
<b>Full Name</b> <i>(First name/Last name):</i>			
DOB (mm/dd/yyyy):			
<b>Full Name</b> <i>(First name/Last name):</i>			
DOB (mm/dd/yyyy):			

**Total Household Income (Gross Monthly): \$** \_\_\_\_\_

**Household RGI Rent/Housing Charge Portion: \$** \_\_\_\_\_

**Market Rent in the Current Unit: \$** \_\_\_\_\_

# In-situ Priority Request

Does the household have good rent paying history prior to the loss of income?	<b>Yes</b>	<b>No</b>
Does the household have prior subsidy violations or subsidy loss due to non-compliance?	<b>Yes</b>	<b>No</b>

## 4. Current Arrears

Does the household have current arrears because of the reported financial loss?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , the household may be eligible for financial assistance. Provide resources or advise the household to visit the ROP website for information on <a href="#">Financial Help and Ontario Works</a> .		

## 5. Occupancy Standards

Is the household Overhoused?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , Overhoused households are <b>not</b> eligible to apply for the In-situ Priority.		
If <b>No</b> , what is the current bedroom size? _____		

## 6. Income Loss (household member who influenced the change)

Is the household's loss of income, involuntary and permanent?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , select the appropriate reason:		
<input type="checkbox"/> suffered permanent disability and on long-term disability <input type="checkbox"/> hospitalized (palliative) <input type="checkbox"/> admitted into long-term care <input type="checkbox"/> passed away		
Is the applicable household member an income contributor?	<b>Yes</b>	<b>No</b>
Is the applicable household member a leaseholder/member with the same housing provider for a minimum of 1 year prior to the loss of income?	<b>Yes</b>	<b>No</b>

Applicable Household Member Information <i>(household member who influenced the change)</i>	If leaseholder, since when? <i>(mm/dd/yyyy)</i>	Income from all sources <i>(Gross Monthly)</i>
Full Name <i>(First name/Last name):</i>		
DOB <i>(mm/dd/yyyy):</i>		
<b>Total Income Before Loss: \$</b> _____		
<b>Total Income After Loss: \$</b> _____		
<b>Effective Date of Income Loss (mm/dd/yyyy):</b> _____		

## 7. Declaration (must be signed by the Household member who completed the form with the Housing Provider)

- I declare and fully understand that:
1. By signing below, I acknowledge that I have read and understood the In-situ Priority policy, process and eligibility requirements; and it is my responsibility to communicate the information to appropriate members of my household.
  2. It is my responsibility to ensure that everything I have reported and written in this application is true and I have not withheld or omitted any required information.
  3. My household must provide supporting documentation to complete the In-situ Priority Request form. If I do not submit a complete In-situ Priority package or the required documents and information to update my active PATH file within the 6-month income-loss reporting timeframe, my household will be deemed ineligible for the In-situ Priority status and may affect my PATH file and/or place on the CWL.
  4. My housing provider must complete sections A and B with me and sign the In-situ Priority request form.

# In-situ Priority Request

5. By signing below, I acknowledge that sending documents and/or information via fax or email over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

<b>Name of Household</b> <i>(who completed this form):</i>	<b>Signature of Household:</b>	<b>Date Completed:</b> <i>(mm/dd/yyyy)</i>
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## (B) Housing Provider Information *(must be completed by the Housing Provider)*

### 1. Vacancies and Subsidies

<p><b>Check the applicable box</b></p> <p><input type="checkbox"/> On Target</p> <p><input type="checkbox"/> Under (-) Target by: _____</p> <p><input type="checkbox"/> Over (+) Target by: _____</p>	<p><b>Indicate the current count</b></p> <p>Number of Vacant Units: _____</p> <p>Number of Pending Move-outs: _____</p>
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### 2. In-situ Package Checklist and Signature *(must be signed by the Housing Provider who completed the form)*

<b>Complete this checklist before sending the form</b>	<p><input type="checkbox"/> 1. I have confirmed the household's active PATH file.</p> <p><input type="checkbox"/> 2. I have reviewed and discussed the In-situ Priority policy with the household.</p> <p><input type="checkbox"/> 3. I have completed an Income and Assets Verification review with the household.</p> <p><input type="checkbox"/> 4. I have attached the required documents including proof of before &amp; after loss of income.</p> <p><input type="checkbox"/> 5. I have completed sections A &amp; B of the In-situ Priority Request form.</p>
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<b>Housing Provider:</b>	<b>Address of Housing Provider:</b>
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<b>Name of Representative</b> <i>(who completed this form)</i>	<b>Signature of Representative:</b>	<b>Date Completed:</b> <i>(mm/dd/yyyy)</i>
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## NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION

(Municipal Freedom of Information and Protection of Privacy Act and Housing Services Act, 2011)

Personal information provided within this application or in any attachments to it is collected by Peel Access to Housing, Housing Supply, Region of Peel's Housing Services support units and the Housing Provider, under the authority of the Housing Services Act, 2011, c. 6, Sched. 1, s. 172 and will be used only as set out in this form. Questions or concerns about the collection, use or disclosure of personal information, should be directed to The Regional Municipality of Peel, Human Services, Document Services Supervisor at 10 Peel Centre Dr., Suite B, PO Box 2800, STN B, Brampton ON L6T 0E7, or by telephone at 905-453-1300, extension 3577.



Please keep a copy of the completed In-situ Priority Request form and supporting documents. Forward the In-situ Priority Request package to the Housing Supply Supervisor.

PRINT

## (C) Housing Supply Information *(must be completed by Housing Specialists)*

### Pre-Eligibility Checklist

<p><input type="checkbox"/> 1. The In-situ Priority Request form is complete.</p> <p><input type="checkbox"/> 2. The Income and Assets Verification review is complete.</p> <p><input type="checkbox"/> 3. The required documents are attached.</p> <p><input type="checkbox"/> 4. The housing provider's target has been reviewed and confirmed.</p> <p><input type="checkbox"/> 5. The housing provider's available units have been confirmed. (if units are available, must pull from the CWL first)</p> <p>6. Is RGI subsidy available to be offered immediately?</p>	<p>no. of confirmed available RGI: _____</p> <p>no. of confirmed vacant units: _____</p> <p>no. of confirmed pending m/o: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<b>Recommendation:</b>	<b>Housing Specialist:</b>	<b>Date Completed:</b> <i>(mm/dd/yyyy)</i>
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Clear Form