多伦多网上申请老人屋:

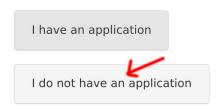
1. 进入网站:

 $\underline{https://www.rentcafesocialhousing.com/onlineleasing/city-of-toronto-rent-geared-to-income-application/guestlogin.aspx}$

2.

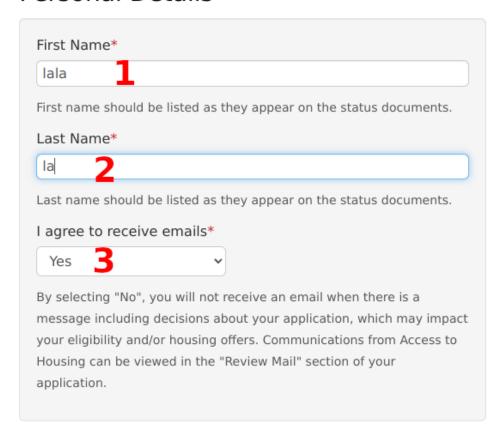


3.

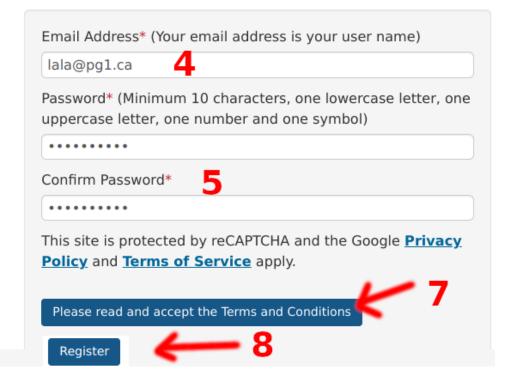


* Denotes a required field

Personal Details



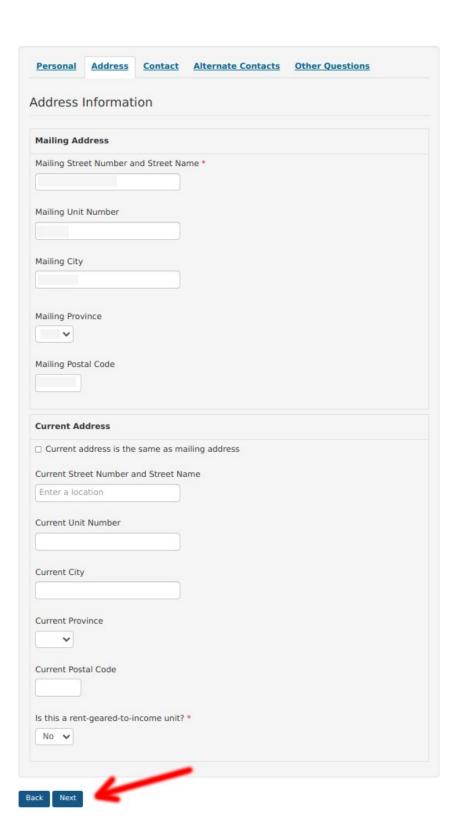
Account Information



5. 填资料:

a

Personal Address	Contact	Alternate Contacts	Other Questions
Primary Applicant	Details		
registered Birth Certifica	ate or Chang		you because you have either a aring a Single Name. If you check elow.
First Name *			
First name should be listed as	they appear	on the status documents.	
Middle Name			
Last Name			
Last name should be listed as	they appear	on the status documents.	
Preferred Name:			
Preferred Name:			
of status in Canada (e.g. Cana	dian Citizens	hip, Permanent Resident, Ref	l household members must show proof ugee claimant, etc.). A full list of
acceptable status documents	can be found	on Rent-Geared-to-Income	e Subsidy
Gender			
Man 🗸			
Pronoun			
Tonoun			
Date of Birth (dd/mm/yyy)	/) *		
Error: Please enter a valid	date for Dat	te of Birth (dd/mm/yyyy)	
Preferred Language			
English 🗸			
Are you a full-time studen	t? *		
No V			
			blanch 60 and analysis of 10 and 10 a
as determined from the cours	e calendar of	the educational institution, o	t least 60 per cent of a full course load, r at least 40 per cent of a full course
load in the case of a student v	with a perman	ent disability.	

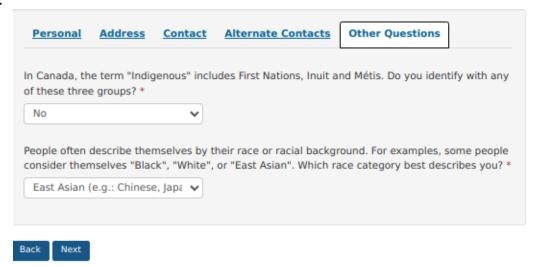


Contact Inform	ation
rou can change your en	nail address or agreement to receive emails in My Profile.
Email Address	
agree to receive notif	fications about the status of my application and housing offers by email
Yes 🗸	
application, which may in	Il not receive an email when there is a message including decisions about your npact your eligibility and/or housing offers. Communications from Access to Housing view Mail" section of your application.
application, which may in can be viewed in the "Rev	npact your eligibility and/or housing offers. Communications from Access to Housing view Mail" section of your application.
application, which may in can be viewed in the "Rev Primary Phone Numbe	npact your eligibility and/or housing offers. Communications from Access to Housing view Mail" section of your application.
application, which may in	npact your eligibility and/or housing offers. Communications from Access to Housing view Mail" section of your application. er * er Type *

Personal	Address	Contact	Alternate Contacts	Other Questions
Persons to Co	ontact in your	Absence		
Alternate	Contact			
Contact Nar	me			
Contact Rel	ationship			
Contact Pho	one Number			
Contact Em	ail Address			
Agency Co	ntact			
Agency Con	tact Name			
Agency Nan	ne			
Agency Pho	ne Number			
Agency Ema	ail Address			

Back

Next



Co-applicant Information

Include only those co-applicants, 16 years of age and older, who will be leaseholders and will live with you. If you have an overnight caregiver for medical purposes please go to the "Accessibility" section of the application and complete the Medical Request for Additional bedroom form. Do not add the individual as a co-applicant in your application.



Dependent Information

Please include any dependents who will live with you. A dependent is anyone under the age of 16. If custody or access rights are shared for a child of the household, this means that a household member is legally required or permitted to provide overnight accommodation for the child for at least 78 nights per year.



* Required field

Income Information

You will be required to provide income information and documentation (i.e. Notice of Assessment) for each household member 16 years of age or older.



* Required field

Notice of Assessment

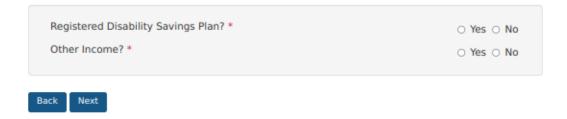
Please enter the most recent Notice of Assessment line 23600 (Net Income before Taxes) for each household member 16 years of age or older.



Source of Income

Please indicate which of the following sources of income you have. Newcomers who have been in Canada for less than one year are not required to provide a Notice of Assessment. Housing providers will accept alternative proof of income documents at the time of offer.

Do you or any member of your household have the following :



Survivors of Domestic Violence, Victims of Sponsorship Abuse or Human Trafficking

This section is for applicants who are survivors of domestic abuse or human trafficking. To apply for the Special Priority Program, applicants are required to complete the Special Priority application, provide proof of joint residency with the named abuser, and verification of abuse signed by a qualified professional, as detailed on the application form.

- Are you applying for Special Priority status because you are currently living with a person who is abusing you or a member of the household and you intend to separate permanently? (Download and complete the application for Special Priority at <u>Special</u> <u>Priority Program</u>.)
- Are you applying for Special Priority status because you are a survivor of human trafficking? (Download and complete the application for Special Priority at <u>Special</u> <u>Priority Program</u>.)

Back Next

Homelessness

If you are experiencing homelessness*, please fill out this section of the application.

- *Homelessness includes:
- Staying outdoors, in an encampment, other place not fit for human habitation (e.g. vehicle, abandoned building)
- Staying in a homeless shelter (e.g. emergency/transitional shelter, hotel/motel shelter program, Violence Against Women shelter)
- · Staying in a homeless overnight service (e.g. 24-hour respite site, warming centre)

Note: Couch surfing or staying temporarily with others is not considered homelessness for the purpose of the rent-geared-to-income disadvantaged priority.

Are you currently experiencing homelessness? *	
Where are you currently sleeping? *	
Dools Most	

Terminally III Priority

This section is for applicants or members of their household who are terminally ill. To apply for the Terminally Ill Priority, applicants are required to have a medical professional complete the Terminally Ill Application indicating the applicant has a less than two-year life expectancy. As part of the application, an additional bedroom for medical reasons can be requested.

A member of my household has a terminally ill diagnosis, meaning the verified life expectancy is less than two years. (Download and complete the Request for Priority - Terminally Ill Application form at Request for Priority for Terminally III.)



Back

Next

Accessibility Needs

This section is for applicants or members of their household who use a mobility device or have mobility issues and require a fully or partially modified unit.

By indicating your accessibility needs on the Medical Request for Modified Unit form, you may be eligible for a modified unit, however, you may accept an offer for a non-modified unit and discuss needed accessibility modifications with your housing provider.

Households can also request an additional bedroom for medical reasons, including for an overnight caregiver.

When making housing offers, a housing provider cannot discriminate based upon a number of prohibited grounds of discrimination, including physical disability. The Duty to Accommodate, as set out in the Ontario Human Rights Code, means that housing providers are required to accommodate a prospective tenant's accommodation needs arising from a physical disability to the point of undue hardship.

I am requesting a wheelchair accessible or modified unit. (Download and complete the Medical Request for Modified Unit form at <u>Medical Request for a Wheelchair Modified Unit</u>.)

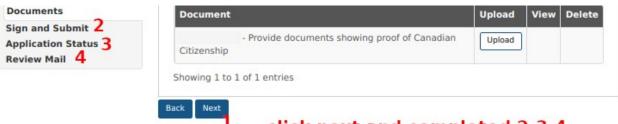


Many locations have units that are accessible to people who require a wheelchair. If you need a unit that is wheelchair accessible, please mark that selection of the application. When you make your housing choices, you will only see sites that have wheelchair accessible housing. The centralized waiting list administrator and the housing provider will require more information from you to ensure that the unit meets your housing needs.

 I am requesting an additional bedroom for my household for medical reasons. (Download and complete the Medical Request for Additional Bedroom form at <u>Medical Request for</u> <u>Additional Bedroom</u>.)

Back

i.



click next and completed 2,3,4.