



HURON WOMEN'S SHELTER  
SECOND STAGE HOUSING  
and COUNSELLING SERVICES

*Providing shelter, support, housing, counselling & advocacy for abused women & their children*

## Second Stage Housing Program Application

### Important Information:

**If you need immediate support, please call our 24/7 crisis and support line at 1-800-265-5506.**

Please read the following information prior to filling out the application. The applicant and any household members over the age of 16 must sign the application. **Please attach birth certificates for all those listed, proof of income (OW/ODSP stub, pay stubs, etc.), 3 months of current bank account statements, and your most recent Notice of Assessment from Canada Revenue Agency. Applications that do not have this information included will not be accepted.** All information will be kept strictly confidential.

### What is the Second Stage Housing Program?

Second Stage Housing is an independent living, transitional program that focuses on women and their children that have experienced gender based violence. The program has a focus of healing, connection and support from staff, and safe housing. Once an application is received, a Discovery Conversation will be had to determine if the Second Stage Program is a suitable fit for a woman's needs and goals. If/once accepted to the program, the woman would be placed on the waitlist and be notified when a space in the program becomes available.

The Second Stage Program provides secured entry, rent geared to income apartments for up to one year. One, two and three bedroom apartments are available in Goderich, Clinton and Exeter. Apartments are non-furnished but are equipped with a fridge and stove, and there are free shared laundry facilities at each site. The Second Stage Program is not an emergency, long term or a high security program.

You will experience a safe, non-judgmental environment with support staff available and links to community support services while in the program. To ensure security and safety of everyone, we have implemented the following rules that all residents must adhere to:

- No male visitors 16 years of age and older
- No abuse of any kind on property
- No smoking in building or individual apartments
- Confidentiality must be upheld
- Identified abusers (male or female) are not permitted on property

Please email completed Applications to Second Stage Program Coordinator, Emilie Hogan, at [emilie@huronwomensshelter.com](mailto:emilie@huronwomensshelter.com) , fax to 519-524-1490 or drop off at the Emergency Shelter or any Second Stage location.

OFFICE USE ONLY  
Received: \_\_\_\_\_  
Called: \_\_\_\_\_  
Intake Date: \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**APPLICANTS FULL NAME:**

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Attach Birth Certificates M D Y

**SIN #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**SEX:** F \_\_\_\_ M \_\_\_\_ **IDENTIFYING GENDER:** F \_\_\_\_ M \_\_\_\_ OTHER \_\_\_\_

**SAFE PHONE #:** \_\_\_\_\_ **SAFE EMAIL:** \_\_\_\_\_

**APPLICANTS DESCRIPTION** (for safety reasons):

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Hair Style: \_\_\_\_\_

Tattoos/Piercings/Scars: \_\_\_\_\_

**CURRENT MARITAL STATUS:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**HOW LONG CAN YOU STAY THERE?** \_\_\_\_\_

**CHECK ALL SITES OF INTEREST:** Goderich: \_\_\_\_\_ Clinton: \_\_\_\_\_ Exeter: \_\_\_\_\_  
Is an accessible unit required? Y \_\_\_\_ N \_\_\_\_ How many children would be living/visiting: \_\_\_\_\_  
Are you pregnant: Y \_\_\_\_ N \_\_\_\_ Due date: \_\_\_\_\_  
How were you referred to the program? \_\_\_\_\_

OFFICE USE ONLY  
Reg TSW \_\_\_\_ Reg WL \_\_\_\_ Notified on WL \_\_\_\_  
Arrears \_\_\_\_ BC \_\_\_\_ Income \_\_\_\_

## CURRENT SITUATION

Have you experienced any of the abuse or situations below? Check all that apply.

Physical Abuse \_\_\_\_\_ Emotional Abuse \_\_\_\_\_ Financial Abuse \_\_\_\_\_ Sexual Abuse \_\_\_\_\_

Verbal Abuse \_\_\_\_\_ Human Trafficking \_\_\_\_\_ Homelessness \_\_\_\_\_ Other \_\_\_\_\_

Abusers Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

Abusers Address: \_\_\_\_\_

Date of Separation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Length of Relationship: \_\_\_\_\_  
(if applicable) M D Y

Type of Relationship (ex: ex-partner, parent, roommate, etc.): \_\_\_\_\_

Please briefly describe what has led to your application:

## FAMILY COMPOSITION

Please include all children who would reside with or visit you, and provide Birth Certificates. Male children over 18 years old will need to be discussed/approved by staff.

1 – Childs Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth      /      /      Alternate Parent: \_\_\_\_\_  
                  M          D          Y

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Hair Style: \_\_\_\_\_

2 – Childs Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth      /      /      Alternate Parent: \_\_\_\_\_  
                  M          D          Y

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Hair Style: \_\_\_\_\_

3 – Childs Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth      /      /      Alternate Parent: \_\_\_\_\_  
                  M          D          Y

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Hair Style: \_\_\_\_\_

4 – Childs Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth      /      /      Alternate Parent: \_\_\_\_\_  
                  M          D          Y

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Hair Style: \_\_\_\_\_

If space is needed for additional children, please attach extra page detailing requested information above.

## FINANCIAL INFORMATION

Please provide Proof of Income (ex: OW/ODSP stub or employment pay stubs), 3 months current bank account statements, and your most recent Notice of Assessment. Please see Appendix A at the end of application for sources of income to declare.

Please input monthly amount of income received below:

\$ \_\_\_\_\_ OntarioWorks

\$ \_\_\_\_\_ Ontario Disability Support Program

\$ \_\_\_\_\_ Canada Child Tax Benefit

\$ \_\_\_\_\_ Ontario Child Tax Benefit

\$ \_\_\_\_\_ Old Age Security

\$ \_\_\_\_\_ Employment Insurance

\$ \_\_\_\_\_ Wages from Employment

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Other (please specify) \_\_\_\_\_

If employed, please complete the following:

Name of Employer: \_\_\_\_\_

Location of Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_ # Hrs/week: \_\_\_\_\_

## PETS

Do you have a pet that you would hope to bring to the Second Stage Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

1. Does each member of the household meet at least on one of the following criteria?

Is a Canadian Citizen? Yes \_\_\_\_ No \_\_\_\_

Has made application for status as a permanent Yes \_\_\_\_ No \_\_\_\_

Is a resident under the Immigration and Refugee Protection Act (Canada)? Yes \_\_\_\_ No \_\_\_\_

Has made a claim for refugee protection under the Immigration and Refugee Protection (Canada)? Yes \_\_\_\_ No \_\_\_\_

2. Has a removal order become enforceable under the Immigration and Refugee Protection Act (Canada)? Yes \_\_\_\_ No \_\_\_\_

3. Have you previously resided in subsidized accommodation in Ontario? Yes \_\_\_\_ No \_\_\_\_

4. Does any member of the household owe arrears for rent or damages as a result of a tenancy with any Social Housing Provider for rent-geared to income rental assistance? Yes \_\_\_\_ No \_\_\_\_

5. Has any member of the household ever been convicted of an offense in relation to the receipt of rent-geared-to income assistance? Yes \_\_\_\_ No \_\_\_\_

6. Has any member of the household been found by the Ontario Rental Housing Tribunal or a court of law to have misrepresented income in relation to the receipt of rent-geared-to-income assistance? Yes \_\_\_\_ No \_\_\_\_

7. Does any member of the household have special needs due to a medical condition or disability? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details: \_\_\_\_\_

**GENERAL INFORMATION**

Information gathered in this application is done so in accordance with the **Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.F.31) or the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O, 1990. c.M.56)**

All members of the household, 16 years or age or older must sign the application below and provide their consent to the disclosure to Second Stage Housing of Huron and the County of Huron of information and documents required by Second Stage Housing of Huron and the County of Huron for the purpose of processing the application including but not limited to:

- Determining the eligibility of the household for Second Stage Housing of Huron.
- Determining the eligibility of the household for rent-geared-to-income assistance.
- Determining the eligibility of the household for special needs housing.
- Determining the size and type of unit in respect of which the household is eligible to receive rent-geared-to-income assistance and/or special needs housing.
- Determining the placement of the household on waiting lists.
- Determining the amount of rent-geared-to-income rent payable by the household.
- Information provided by the household may be shared as necessary for the purposes of making decisions or verifying eligibility for assistance under the Social Housing Reform Act, 2000, the Ontario Disability Support Program Act, 1997, The Ontario Works Act, 1997 or the Day Nurseries Act.
- **The applicant(s) also acknowledge their understanding that information regarding outstanding arrears with another social housing provider may be obtained through a province wide, centralized, arrears database.**

Questions and/or comments regarding collection, use or disclosure of information collected can be directed to the Manager of Housing Services for the County of Huron, c/o Huron County Housing Corporation, 77722B London Road, Clinton, ON. NOM 1LO. Telephone: 519-482-8505.

Applicant's Signature	Witness	Date
-----------------------	---------	------

Applicant's Signature	Witness	Date
-----------------------	---------	------

**NOTE:** Completion of this application does not guarantee acceptance into the Second Stage Housing Program. Once your application is received, you will be contacted to have a further Discovery Conversation. If your contact information changes, please contact 1-800-265-5506.

THANK YOU FOR YOUR APPLICATION.  
WE WILL BE IN TOUCH WITHIN A WEEK.

## **APPENDIX A**

### **Definitions of Income**

**“INCOME”** means all incomes, benefits and gains of every kind and from every source including, but not limited to, the following:

1. Gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
2. Grants, scholarships or bursary payments;
3. The greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of any member of the family or of the applicant who is self-employed in a business.
4. The gross amount of Employment Insurance benefits;
5. The gross amount of Worker’s compensation payments or other industrial accident insurance payments or payments made because of illness or disability;
6. The gross amount of any Old Age Security, Federal Guaranteed Annual Income (GAINS);
7. The gross amount of every kind of pension allowance, benefit and annuity whether from a federal, provincial, or municipal government of Canada or any level of government of any other country or state from any other source;
8. The gross amount of alimony, separation, maintenance or support payments made to the applicants;
9. The gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time;
10. The gross interest income from savings or chequing accounts in a bank, trust company, or credit union;
11. The gross amount of interest earned or payable from bonds, debentures, term deposits, or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
12. An imputed income account equal to the total appraised value of all assets, which do not produce interest income multiplied by a rate of return, set by the Ministry of Municipal Affairs and Housing from time to time.

**“GROSS FAMILY INCOME”** means the aggregate sum of:

1. The resident and every person residing in the leased premises;
2. Every resident on the lease temporarily resident elsewhere.