

APPLICATION FOR RENT GEARED TO INCOME PROGRAM**Checklist**

To ensure your application package is complete, include the following:

- Application form completed and signed
- One piece of government issued photo identification for all persons 19 years old and over
 - One piece of government issued identification for all persons 18 years old and under
- Current Notice of Assessment from Revenue Canada for all persons 19 years old and over
- Release of Information form (recommended for all applicants not applying for priority status)

Priority consideration for applicants

The Yukon Housing Corporation (YHC) has simplified its priority considerations for applicants. To be considered for a priority status, you must:

- A - Have recently experienced or are currently experiencing intimate family violence; or
- B - Have a severe, chronic or acute medical/health problem which requires prolonged or recurring treatment, care and/or support that is not available in your community of residence; or
- C - Have a health condition that is, or is expected to be, of a prolonged nature and for which the required use of stairs by the mobility-challenged person to access the home or to function independently in the home would present a major health risk or impediment.

To be considered for a priority status you must fill in the **Priority Verification Form** and a **YHC Support Plan** at the end of this application and include them with your application. Included in this package are:

- Priority Verification Form or Priority Verification Form will be sent by third-party verifier
- YHC Support Plan

To be considered for a priority status based on experiencing homelessness, you need to complete this RGI application form AND for Whitehorse applicants contact the Safe at Home Society to put your name on the By-Name List by emailing info@safefathomeyukon.ca or calling 867-334-8987. You also need a **YHC Support Plan** found at the end of this application.

- I have put my name on the By-Name List
- I have included a YHC Support Plan

If you are applying for housing in Whitehorse, are 65 years of age or older, or 55 years and have a disability and/or mobility challenge please check the boxes that apply to your situation:

- I am applying for an RGI unit **in any building in Whitehorse.**
- I am applying for an RGI unit **in a seniors' building** (ex: 1190 Front St., 600 College, etc.)
- I am applying for a **seniors' supportive housing unit** (ex: Normandy Living)

Note: You may check more than one box.

*****IMPORTANT*****

Be advised that we are unable to process incomplete application packages.
If your application package is not complete it may be mailed back to you.

Note: outstanding arrears with YHC must be addressed through the Arrears Policy prior to YHC accepting a re-application.



YUKON HOUSING CORPORATION
APPLICATION FOR RENT GEARED TO INCOME PROGRAM

Part A: Personal information – Print or check appropriate answers			
	Applicant	Additional household member 19 or older	Additional household member 19 or older
Family name			
Given name			
Middle name			
Street/box # (mailing address)		(if different from applicant)	(if different from applicant)
Town/city Territory/province			
Postal code			
Contact phone #	<input type="checkbox"/> Safe to contact at home		
Alternate phone #			
Email address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> M Relationship to applicant: <input type="checkbox"/> F _____	<input type="checkbox"/> M Relationship to applicant: <input type="checkbox"/> F _____
Date of birth	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Citizenship	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident/refugee (provide immigration papers or PR card) <input type="checkbox"/> Other _____	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident/refugee (provide immigration papers or PR card) <input type="checkbox"/> Other _____	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident/refugee (provide immigration papers or PR card) <input type="checkbox"/> Other _____

Part B: Household members – Provide the following information for each household member 18 years and under who lives with you

Full name (last name, first name)	Date of birth	Gender M/F	Relationship to applicant (i.e. child, grandchild, other family member)
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		

***Applicants may be required to provide documentation of custody/guardianship arrangements that are relevant to housing requirements.**

Part C: Residency history – Provide information on where you have lived for the last 5 years – supply reference letters where applicable

Address (street, city)	From	To	Landlord/contact	Landlord/contact #	Reason for leaving?
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			
	YYYY MM/DD	YYYY MM/DD			

Part D: Household information

1A. What is your current monthly portion?	Do you: <input type="checkbox"/> Rent (go to 1B) <input type="checkbox"/> Own (go to 1B) <input type="checkbox"/> Other (go to 1C)
1B. What is your current monthly portion of:	Rent/mortgage \$ _____ / month Electrical \$ _____ / month Heat \$ _____ / month
1C. I/we are not currently paying rent as I/we are temporarily living at:	<input type="checkbox"/> Transition home <input type="checkbox"/> Relative's home <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel, hostel, campground <input type="checkbox"/> Parent's home <input type="checkbox"/> Friend's home <input type="checkbox"/> Other: _____ Note: If you are experiencing homelessness, in addition to filling in this form, call the Safe at Home Society at 867-334-8987 to put your name on the By-Name List and you will be prioritized.
2. Are there any family members fleeing intimate family violence or who need a medical or accessibility accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, provide supporting documentation (i.e. Priority Verification Form AND Support Plan)
3. Do you expect the number of people living with you to change in the next 12 months? (e.g. pregnancy, family changes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide explanation _____ _____
4. Do you have any pets? Be advised that Yukon Housing Corporation has a one (1) pet per household policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female Name of pet: _____ Type of pet: _____ Age of pet: _____ Veterinary clinic name: _____ Note: If you would like your pet to be considered as part of the application please provide a complete pet application which can be obtained at your community housing office or at Yukon Housing located at 410 Jarvis Street.
4. Other:	

Part E: Declaration of assets

Note: To be eligible for Yukon Housing, applicants must not have more than \$100,000 in household assets.

Do you OWN a home or property shared or otherwise (e.g. personal home, vacation home, cabin, trailer, rental property, vacant lot)? If yes, identify location: Yes No

Street number	Street name	Apt. no.	Town/municipality	Prov/terr	Country
Value of property			Mortgage outstanding		

Do you OWN additional homes or properties shared or otherwise? Yes No
 If yes, identify location for each (if more than one, add additional sheet)

<i>Provide dollar values (e.g. \$1, \$2, \$3) or not applicable (N/A)</i>	Applicant	Additional household member 19 years and older	Additional household member 19 years and older
Total cash balance available	\$	\$	\$
Investments	\$	\$	\$
Rental revenue	\$	\$	\$
Business assets	\$	\$	\$
RRSPs or RRIFs	\$	\$	\$
Vehicles (if own more than 1)	\$	\$	\$
Recreational vehicles (incl. motor homes, ATVs, boats, aircraft, snowmobile, etc.)	\$	\$	\$
Other (specify)	\$	\$	\$

Important – read the following carefully, and sign below.

I/We have reported all assets currently owned by every member of the household.

I/We understand that if it is found that information is missing, incorrect or otherwise inaccurate my/our housing application may be denied.

I/We understand once occupancy has been granted, if it is found that any assets were not disclosed prior to occupancy it may result in eviction.

YYYY/MM/DD

Applicant

Date

Additional household member 19 years and older

Additional household member 19 years and older

Part F: Agreement

I/we have read and understood the Yukon Housing Corporation rules and policies that apply to my/our situation. These policies can be found on the Yukon Housing Corporation’s “Apply for Rent-Geared-to-Income housing” website or can be requested in writing.

I/we acknowledge the right of the Yukon Housing Corporation at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we understand that this application does not constitute an agreement on the part of Yukon Housing Corporation, or its agent, to provide me/us with assistance.

I (and any additional household member) am a Yukon resident, meaning that I have made Yukon my permanent and principle home for at least 1 year prior to signing this declaration. I am making this declaration that I am a Yukon resident as part of my application for the Rent Geared to Income Program.

I/we hereby authorize Yukon Housing Corporation, or its agent, to make any or respond to any inquiries necessary to verify the facts contained in this application.

I/we hereby give permission to Yukon Housing Corporation, or its agents, to carry out or respond to any necessary inquiries and to obtain additional information on my/our income, assets, liabilities, and credit.

I/we hereby authorize an inspection of my/our property.

I/we understand that the information in this application may be used for statistical purposes.*

I/we have completed this application truthfully.

Applicant YYYY/MM/DD
Date

Additional household member 19 years and older YYYY/MM/DD
Date

Additional household member 19 years and older YYYY/MM/DD
Date

- To submit your form:
- In Whitehorse contact 867-667-5712
 - Contact the Yukon Housing Office in your community if you live outside of Whitehorse

* Any personal information collected is under the authority of, and in accordance with s.15(c)(i) of the Access to Information and Protection of Privacy Act (ATIPP Act) for the purpose of determining eligibility for housing from Yukon Housing Corporation per the terms of the Rent-Geared-to-Income program. For questions about the collection of information, call Yukon Housing Corporation’s Privacy Office at (867) 667-5712.



Purpose of this form

The purpose of the Priority Verification Form is to collect specific information from a third-party who can verify your need for priority housing under YHC's Priority Policy. Yukon Housing Corporation will use this information to:

- determine your eligibility for priority housing; and
assess your housing needs.

How to use this form

This form is required in addition to the Yukon Housing Corporation Rent-Geared-to-Income (RGI) application form.

Important: You may be required to provide an updated verification form if more than 3 months have passed since you originally provided it.

Step #1: Applicant completes and signs Part 1 of this form. This provides authorization for the verifier to complete the form.

Step #2: Give this form to the person you have chosen to verify your current priority needs and ask them to complete Part 2 of the form.

Step #3: You or your verifier must submit this form to Yukon Housing Corporation by mail, in person, fax or scan/email.

Mail/drop off

410 Jarvis Street
Whitehorse, YT, Y1A 2H5 OR
your local community housing office

Fax

Whitehorse: 867-393-7597

Scan/email

ykhouse@yukon.ca

PART 1: To be completed by applicant

Have you already submitted an RGI rental application form to YHC? [] Yes [] No

If not, make sure that a complete RGI rental application form is submitted with this verification form. If an RGI application form is not received, this form cannot be processed.

Family name Given name Date of birth
YYYY/MM/DD

If you have experienced intimate family violence, please provide a phone number and/or email where we may contact you that will not further jeopardize your safety.

Phone Email

I am currently residing in the community of _____
and I am seeking priority consideration of my application for housing with Yukon Housing Corporation, in the
community of _____.

Note: these can be the same community.

I hereby authorize my third-party verifier to provide my personal information to Yukon Housing Corporation in support of my application for priority housing. I also consent to Yukon Housing Corporation indirectly collecting my personal information.

YYYY/MM/DD

Applicant's signature

Date

Any personal information collected is under the authority of, and in accordance with s.15(c)(i) and s.16(2)(a) of the Access to Information and Protection of Privacy Act (ATIPPA) for the purpose of determining eligibility for housing from Yukon Housing Corporation per the terms of the Rent-Geared-to-Income program. For questions about the collection of information, call Yukon Housing Corporation's Privacy Office at (867) 667-5712.

PART 2: To be completed by third-party verifier

Complete **section A** for applicants seeking priority housing because of intimate family violence.

Complete **section B** for applicants seeking priority housing due to a medical accommodation.

Complete **section C** for applicants seeking priority housing due to a mobility challenge.

Complete and sign **section D** before submitting.

Section A: Victims of intimate family violence

You qualify as a third-party verifier if you are a recognized, practicing professional listed below:

- police officer
- medical or mental health professional such as a doctor, nurse, psychologist or psychiatrist
- a social worker or (social service) case manager
- Yukon government victim services (unit) worker
- executive director of a transition home
- other social service provider in the field of family violence prevention/intervention

Does the applicant currently reside with the perpetrator who is known by you to have committed acts of violence against the applicant? Yes No

If not, how long have they lived apart and what is the current housing situation? Is the applicant living in a staffed or second-stage facility (ex. transition house, second-stage housing, emergency shelter)?

To the best of my knowledge, this applicant qualifies for priority housing because of their continued fear of violence from the perpetrator. Yes No

Section B: Medical accommodation

You qualify as a third-party verifier if you are a physician or nurse practitioner. If there is no physician or nurse practitioner on a regular basis in your community, the third-party verifier can be a community nurse.

This consideration is only given to an individual with a severe, chronic or acute medical/health problem which requires prolonged or recurring treatment, care and/or support that is not available in their community of residence.

This applicant has a severe, chronic or acute medical/health problem. Yes No

This person requires prolonged or recurring treatment, care and/or support not available in their current community of residence. Yes No

Living in Whitehorse is necessary for this person to access their required treatment on a weekly, monthly, or, other _____ recurring basis.

Expected duration of the severe, chronic or acute medical/health problem: _____.

Section C: Mobility Challenge

You qualify as a third-party verifier if you are a physician or nurse practitioner. If there is no physician or nurse practitioner on a regular basis in your community, the third-party verifier can be a community nurse.

This consideration is only given due to a health condition that is, or is expected to be, of a prolonged nature and for which the required use of stairs by the mobility-challenged person to access the home or to function independently in the home would present a major health risk or impediment.

Can the applicant walk without assistance? Yes No

Can they ascend/descend stairs without assistance? Yes No

Applicant requires maximum of no steps, 2 steps, 5 steps, 1 flight of stairs to access the unit.

Applicant requires a barrier-free, wheelchair accessible unit: Yes No

Expected duration of the mobility challenge: _____.

Section D: Third-party verifier information

Family name	Given name
Position/job title	Organization
Email	Phone

I declare that I am a qualified third-party verifier for this applicant, and I attest to the applicant's need for priority housing.

YYYY/MM/DD

Verifier's signature

Date

Yukon Housing Corporation may contact you to confirm the information you have provided.

Any personal information collected is under the authority of, and in accordance with s.15(c)(i) and s.16(2)(a) of the *Access to Information and Protection of Privacy Act (ATIPPA Act)* for the purpose of determining eligibility for housing from Yukon Housing Corporation per the terms of the Rent-Geared-to-Income program. For questions about the collection of information, call Yukon Housing Corporation's Privacy Office at (867) 667-5712.



Please complete this form if you are not required to fill in a support plan. This information release/exchange is for the purpose of determining my (household) eligibility for tenancy with the Yukon Housing Corporation, maintaining eligibility and tenancy, assessment of rent, and to assist in identification of support services that may benefit me, including co-ordination of services. Information released/ exchanged may include personal (including personal health, financial, and other) information about my/household circumstances.

Family name	Given name	Date of birth YYYY/MM/DD
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I, _____, give permission for Yukon Housing Corporation (YHC) to release/exchange information with:

Agency representative	Contact information
Agency representative	Contact information
Agency representative	Contact information
Agency representative	Contact information

I am aware that I may cancel or amend this consent in writing at any time.

_____ Signature	_____ Date YYYY/MM/DD
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_____ Witness	_____ Date YYYY/MM/DD
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If signing on behalf of the applicant please indicate your legal authority to do so.

Provide supporting documents (i.e. POA of legal authority).

_____ Legal authority	_____ Phone
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Any personal information collected is under the authority of, and in accordance with s.15(c)(i) of the Access to Information and Protection of Privacy Act (ATIPP Act) for the purpose of determining eligibility for housing from Yukon Housing Corporation per the terms of the Rent-Geared-to-Income program. For questions about the collection of information, call Yukon Housing Corporation's Privacy Office at (867) 667-5712.



YHC requires that priority applicants to the Rent-Geared-to-Income (RGI) program have a support plan in place to help staff support them when they become tenants. This support plan is a broad description of who is supporting the applicant and how. It includes a consent for release of information for YHC staff to contact the appropriate person when the tenancy is at risk. Support plans must be in place for applicants:

- referred from the By-Name List;
prioritized due to their experience of violence; or
prioritized for a medical reason.

Note: This template is provided for convenience. A different format containing the same information will be accepted. Information in SSECTION 1 and SECTION 3 are required with the application to RGI. SECTION 2 is required by the time of lease signing.

SECTION 1 – required at time of application
Table with fields: Family name, Given name, Date of birth, Date of application, Expected date of tenancy if known, Main supporting agency, Applicant's support person at the agency (Name, Phone).
SECTION 2 – required by the day of lease signing
Text area for: Supports received from this agency, What information should YHC know about how to best support this tenant?, What steps should YHC staff take in the event of any issues that may arise with the tenancy?

Additional supporting agency		
Applicant's support person at the agency	Name	Phone number
Supports received from this agency		
In case of emergency contact (friend, family member or next of kin)	Name	Phone number
Supports received from friend, family member or next of kin listed above		

SECTION 3 – required at time of application

I, _____, give permission for Yukon Housing Corporation (YHC) to release/exchange information with the agencies and people listed above:

I am aware that I may cancel or amend this consent in writing at any time.

Signature YYYY / MM / DD
Date

Witness YYYY / MM / DD
Date

If signing on behalf of the applicant please indicate your legal authority to do so. Provide supporting documents (i.e. Power of Attorney of legal authority).

Legal authority _____
Phone

Any personal information collected is under the authority of, and in accordance with s.15(c)(i) and s.16(2)(a) of the *Access to Information and Protection of Privacy Act (ATIPP Act)* for the purpose of determining eligibility for housing from Yukon Housing Corporation per the terms of the Rent-Geared-to-Income program and providing tenants with appropriate support during their tenancy. For questions about the collection of information, call Yukon Housing Corporation's Privacy Office at (867) 667-5712.