



St.Thomas - Elgin Social Housing



APPLICATION
FOR SUBSIDIZED HOUSING

If you pay 30% or more of your gross income for rent, you may be eligible for rent-geared-to-income assistance.

The income information provided with this application will be used to determine if you are eligible for financial assistance.

Complete all sections of this application form and mail or take in person, with copies of all supporting documentation, to:

**ELGIN – ST. THOMAS
HOUSING APPLICATIONS CENTRE**
*c/o Elgin and St. Thomas Housing Corporation
9 Princess Ave., Unit 5
St. Thomas, Ontario N5R 3V3
Phone: (519) 631-4580
Toll-free: 1-800-324-4474
Fax: (519) 633-8035*

Are you eligible for rent-geared-to-income housing?

You must be a Canadian citizen, Landed Immigrant, or have Refugee Claimant Status, or you have made application for status as a permanent resident under the *Immigration and Refugee Protection Act (Canada)* or for refugee protection under the *Immigration and Refugee Protection Act (Canada)*, and no removal order has become enforceable against any member of the household under the Act.

If you own a house, any offer of rental accommodation as a result of this application will be conditional upon you listing your house for sale. If sale of the house is not completed within six months of accepting accommodation, you will not be eligible to continue receiving RGI assistance (exceptions may be made in extenuating circumstances or if a sale is imminent).

You must not owe rent or damage arrears to any social housing provider. (Exceptions may be made in extenuating circumstances or if an agreement to repay is in place.)

At least one person in your household must be 16 years of age or older, and able to live independently with or without support services.

No member of your household has been convicted during the past two years of an offence arising from misrepresentation of income for rent-geared-to-income purposes.

Office Use Only:

<i>INFORMATION MISSING:</i>	<i>RECEIVED STAMP</i> <i>TIME RECEIVED:</i>
------------------------------------	--

Instructions:

- Please ***print*** all information in black or blue ink.
- All household members aged 16 years and older must read and sign the Declaration and Consent section on Page 7.
- Please provide copies of the following documents:
 1. Birth certificates of all members of the household or application for status as a permanent resident or claim for refugee protection
 2. Documents such as court orders to support child visitation arrangements or to support a request for an extra bedroom.
- A completed “Confirmation of Abuse” form to support Special Priority status (for victims of family violence)
- It is your responsibility to notify our office of any changes in your circumstances within 30 days of the change.
- If we are unable to contact you at the telephone number or address that you have provided on this form, your application ***may be cancelled.***

Applications received incomplete will not be processed.

Definitions

- “**abuse**” means (a) one or more incidents of physical or sexual violence, controlling behavior, or intentional destruction of or intentional injury to property, or (b) words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety;
- “**child**”, in relation to an individual, includes a child who the individual has demonstrated a settled intention to treat as a child of his or her family, but does not include a child placed in the individual’s home as a foster child for consideration;
- “**gross household income**”, for the purposes of this application, means the combined incomes of the applicant(s) and every person in the household;
- “**full-time attendance at school**” – a child of a member of the household is a member of the household if the child (a) is in regular full-time attendance at a recognized educational institution and, while in attendance, does not live with the household; (b) lives with the household while not attending that educational institution; and (c) is dependent, in whole or in part, on the household for financial support.
- “**non-profit housing co-operative**” means a non-profit housing co-operative under the *Co-operatives Corporations Act*;
- “**rent**” means (a) in relation to a unit in a non-profit housing co-operative occupied by a member of the co-operative, housing charges as defined in the *Co-operative Corporations Act*, other than sector support levies and initial membership fees, or (b) in all other cases, rent as defined in the *Residential Tenancies Act 2006*;
- “**rent-geared-to-income assistance**” means financial assistance provided in respect of a household to reduce the amount the household must otherwise pay to occupy a unit;
- “**spouse**”, in relation to a member of a household, means (a) an individual who, together with the member, has declared to the Service Manager or special needs housing administrator that the individual and the member are spouses, or (b) an individual who is residing in the same dwelling place as the member, if the social and familial aspects of the relationship between the individual and the member amount to cohabitation and the individual is providing financial support to the member, the member is providing financial support to the individual, or the individual and the member have a mutual agreement or arrangement regarding their financial affairs. For the purposes of the definition of “spouse”, sexual factors shall not be investigated or considered in determining whether or not an individual is a spouse.
- “**recognized educational institution**” means any of the following or a similar institution outside Canada: (a) a school, as defined in the *Education Act* (b) a university (c) a college of applied arts and technology established under the *Ministry of Training, Colleges and Universities Act* (d) a private career college, as defined in the *Private Career Colleges Act 2005*, or (e) a private school, as defined in the *Education Act*, for which a notice of intention to operate has been submitted to the Ministry of Education in accordance with that Act.

Section 1 – Applicant Information

Last Name	First Name and Initial
P.O. Box #/Apt.#	Street Address
Town/City	Province & Postal Code
Home Phone #	Date of Birth
Other Phone #	Email Address
Work: _____ Cell: _____	Is email your preferred method of communication? <input type="checkbox"/> YES <input type="checkbox"/> NO
Social Insurance # (optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Deportation Order <input type="checkbox"/> Specify _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Other	

Special Priority Status: (This pertains to all members listed on this application.)

Complete only if you are applying for Special Priority Status as a victim of family violence.

1. I am applying for special priority status because I or someone in my household is currently a victim of abuse.
2. I am or I have lived with my abuser within the last three months* or I am sponsored by my abuser as an immigrant.
3. I intend to live permanently apart from my abuser.

* Not applicable to applicants currently residing in Second Stage Housing. Proof of co-habitation must be provided such as recent lease or rent agreements, joint assets or loans, income tax documents, etc.

I hereby confirm that this information is true and I give my consent to the disclosure to the Service Manager or the Elgin-St. Thomas Co-ordinated Access Centre of information and documents required for the purpose of verifying these statements.

_____ Signature _____ Date

Note: Please have a professional such as a doctor or social worker complete a "Confirmation of Abuse" form to support your application for Special Priority Status. Ask for this form at our office.

☎ At what phone number can you be safely reached? _____

Home Ownership:

Present Accommodation:
 Own Rent Temporary Co-Own

Section 2 – Co-Applicant Information

Last Name	First Name and Initial
P.O. Box #/Apt.#	Street Address
Town/City	Province & Postal Code
Home Phone #	Date of Birth
Other Phone #	Email Address
Work: _____ Cell: _____	Is email your preferred method of communication? <input type="checkbox"/> YES <input type="checkbox"/> NO
Social Insurance # (optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Deportation Order <input type="checkbox"/> Specify _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Other	

Home Ownership: Same as first applicant

Present Accommodation:
 Own Rent Temporary Co-Own

Alternate Contacts:

<i>Name:</i>	<i>Address:</i>	<i>Phone #:</i>	<i>Relationship:</i>
--------------	-----------------	-----------------	----------------------

Section 3 – Other Members of the Household

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>M/ F</i>	<i>Relationship to Applicant</i>
1.				
2.				
3.				
4.				
5.				

Section 4 – Rental History

Current Landlord:

<i>Applicant Name:</i>	<i>Co-Applicant Name:</i>
<i>Occupancy from (date):</i>	<i>Occupancy from (date):</i>
<i>Occupancy to (date):</i>	<i>Occupancy to (date):</i>
<i>Address:</i>	<i>Address:</i>
<i>City and Province:</i>	<i>City and Province:</i>
<i>Landlord Name:</i>	<i>Landlord Name:</i>
<i>Landlord's Phone Number:</i>	<i>Landlord's Phone Number:</i>
<i>Subsidized?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Subsidized?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Arrears?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Arrears?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Previous Landlords:

<i>Occupancy from (date):</i>	<i>Occupancy from (date):</i>
<i>Occupancy to (date):</i>	<i>Occupancy to (date):</i>
<i>Address:</i>	<i>Address:</i>
<i>City and Province:</i>	<i>City and Province:</i>
<i>Landlord Name:</i>	<i>Landlord Name:</i>
<i>Landlord's Phone Number:</i>	<i>Landlord's Phone Number:</i>
<i>Subsidized?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Subsidized?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Arrears?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Arrears?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

<i>Occupancy from (date):</i>	<i>Occupancy from (date):</i>
<i>Occupancy to (date):</i>	<i>Occupancy to (date):</i>
<i>Address:</i>	<i>Address:</i>
<i>City and Province:</i>	<i>City and Province:</i>
<i>Landlord Name:</i>	<i>Landlord Name:</i>
<i>Landlord's Phone Number:</i>	<i>Landlord's Phone Number:</i>
<i>Subsidized?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Subsidized?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Arrears?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Arrears?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Section 5 – Household Income and Asset Information

5(a). Household Income

Please provide proof of gross household income for all persons in the household, including photocopies of:

1. cheque stub(s) from work
2. ODSP statement and drug card
3. Ontario Works statement and drug card
4. Pension and Insurance Income cheque stubs (for seniors and those on disability)
5. Bank book(s) showing recent deposits
6. Interest or investment income statements
7. Income Tax Notice of (Re)Assessment from previous year

If space on this form is insufficient, please attach additional page.

Detailed Statement of Monthly Income and Assets.

Income means ALL gross income (before deductions), benefits, and gains of every kind from ALL sources of ALL who will be living in the household.

NAME			
Ontario Works (OW)	\$	\$	\$
Ont. Disability Support Program (ODSP)	\$	\$	\$
Full-time employment (salary, overtime bonuses, tips, etc.)	\$	\$	\$
Part-time employment	\$	\$	\$
Self-employment	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
W.S.I.B.	\$	\$	\$
Old Age Security (OAS) and federal GIS	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$
GAINS – Aged	\$	\$	\$
Company Pension	\$	\$	\$
Other Country Social Security	\$	\$	\$
Other Pensions _____	\$	\$	\$
Annuity (R.I.F.)	\$	\$	\$
/Support Payments	\$	\$	\$
O.S.A.P./	\$	\$	\$
Student Loans & Grants	\$	\$	\$
Interest – Investments	\$	\$	\$
Interest – Other	\$	\$	\$
Other income (specify) _____ _____	\$	\$	\$
TOTAL INCOME	\$	\$	\$

5(b). Value of Assets

(Written appraisals, at applicant’s expense, are required for “other assets”)

Statement of Assets	Applicant #1	Applicant #2	Other Household Members
Investments (RRSP’s, GIC’s, etc.)			
Other assets (specify):			
TOTAL ASSETS			

Home Ownership:

Do you presently own real estate? Yes No

If yes, please provide copy of most recent Property Notice of Assessment. Value: \$ _____

Address: _____

Joint Ownership?: Yes No

Business:

Do you own a business or are you self-employed? Yes No

If yes, please attach the most recent Income Tax Return for the business and describe your business:

Sale or Transfer of Assets:

Have you transferred or sold any assets (including real estate) within the last three years? Yes No

If yes, give date of transfer and details:

5(c). Full-Time Attendance at School

Please list names of members of the household aged 16 and older who are full-time students:

Name:	Name of school:	Other Income:

Section 6 – Additional Information

Do you own a vehicle? Yes No Do you require parking? Yes No

Do you require additional parking? Yes No

If yes, provide Make _____ Model _____ Licence # _____

Have you previously applied for subsidized accommodation in Ontario? Yes No

If yes, date applied _____ Where? _____

Have you previously resided in subsidized accommodation in Ontario? Yes No

Name and Address of accommodation: _____

Date of Move-In: _____

Date of Move-Out: _____

Reason for Leaving: _____

Have you or a member of your household ever been convicted of an offence arising from misrepresentation of income for geared-to-income rent purposes? Yes No

Do you owe rent or damage arrears to any social housing provider? Yes No

If yes, do you have a rent or damage arrears repayment plan in place? Yes No

Section 7 – Sharing Information/ Declaration and Consent

I/We give consent and authorization for the sharing of information about me/us as follows:
 The Minister of Municipal Affairs and Housing, the Ontario Mortgage and Housing Corporation, the Housing Services Corporation, each service manager, each delegate under section 17 of the *Housing Services Act 2011*, each housing provider, and each person or organization providing services by contract to any of them may share with any of the following persons personal information that is in their possession and was collected under this Act, the *Ontario Works Act 1997*, the *Ontario Disability Support Program Act 1997*, or the *Day Nurseries Act*, if the information is necessary for the purposes of making decisions or verifying eligibility for assistance under this or those Acts,

- With one another
- With the Director appointed under the *Ontario Disability Support Program Act 1997* and any person exercising the Director’s powers and duties under section 37 or 39 of that Act
- With the Director appointed under the *Ontario Works Act 1997* and any person exercising the Director’s powers and duties under section 47 of that Act
- With the Director or an administrator appointed under the *Day Nurseries Act*

or as authorized by an agreement under Section 171, 172 or 174 of the *Housing Services Act 2011*.

I/We give my/our consent and authorization for personal information in this form to be shared with those agencies supplying socially assisted housing, the Elgin – St. Thomas Housing Applications Centre, and agencies who assist in the provision of affordable housing in St. Thomas and Elgin County (pursuant to 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).

I/We understand that my/our rent and damage arrears information will be shared with the Housing Services Corporation and among other Service Managers through the Housing Services Corporation’s Provincial Arrears Database for the purpose of verifying eligibility for assistance under the *Housing Services Act 2011*.

I/We make the following representations and warranties knowing that they will be relied on by the Elgin-St. Thomas Housing Applications Centre and housing providers in St. Thomas and Elgin County to assess my/our qualifications for initial and continued rental accommodation and establish the rent and/or subsidy:

- The information given in this application form is accurate and complete.
- **I/We understand that it is my/our responsibility to inform the Elgin – St. Thomas Housing Applications Centre of any changes within thirty (30) business days while my/our application is on the Centralized Waiting List. Failure to do so may result in this application being cancelled.**
- I/We understand that this application is not an agreement on the part of the Elgin – St. Thomas Housing Applications Centre or their agents to provide me with rental accommodation.
- I/We have read over the definitions of income and gross household income set out in this form and fully understand them and know that any subsidized rent is based on these definitions.
- I/We understand that any accommodation provided to me/us will be occupied only by those persons who are listed on this application.
- If at any time it comes to the attention of the housing provider that any of the information I/we have provided on this form is incomplete/incorrect or has been falsified, legal action may be taken against me/us by the housing provider.

Questions about this application should be directed to: Elgin – St. Thomas Housing Applications Centre at 1-800-324-4474 or (519) 631-4580.

Witnesses must not be applicants or household members of the applicant, but may be any other persons at least 18 years of age (e.g. friends or other relatives).

Applicant #1 (Sign here)

Applicant #2 (Sign here)

Witness (Print name)

Witness (Print name)

Witness (Signature)

Witness (Signature)

Witness Address (please print)

Witness Address (please print)

Date

Date

This Application for Rental Accommodation must be signed by all persons in the household aged 16 years or older

Other household member

Other household member

Other household member

Witness (Print name)

Witness (Print name)

Witness (Print name)

Witness (Signature)

Witness (Signature)

Witness (Signature)

Section 8 – Housing Preferences

Type of Housing Requested: (Please check preferences)

1. Family Senior (age 65+) Adult (age 16+) Modified
- o Modified Unit means a unit that has been altered to be accessible for an individual using a wheelchair or with a physical disability to allow that individual to live independently
2. Bachelor 1-bedroom 2-bedroom 3-bedroom 4-bedroom
 5-bedroom 6-bedroom
3. Can you climb stairs? Yes No
4. Do you require assistance to live independently? Yes No

Request for Extra Bedroom (not included in #2 above)

- Please indicate if an extra bedroom is required for any of the following reasons:
- to store medical equipment required by a member of the household because of a disability or medical condition
 - if a spouse requires a separate bedroom because of a disability or medical condition
 - for a personal care provider who is not a member of the household
 - if overnight accommodation is required for a child under a joint custody arrangement
 - if a member of the household is pregnant
(If pregnant, what is the due date? _____)
 - if accommodation is a condition of visiting rights for a child who is not a member of the household

Note: Please provide documentation with your application to support the above requests (for example, a doctor’s note, court custody orders). Doctor’s notes must clearly specify why an extra room is needed.

Co-operative Housing

(This applies wherever the word “co-operative” appears in the name of a Housing Provider.)

Members usually participate in some aspect of the co-op’s operation and management. Applicants will be interviewed separately by the Co-op’s Membership Committee at a later date.

Do you wish to apply to live in co-operative housing? Yes No

Section 9 – Building Selection

Subsidized rental accommodation is available in the following areas. Please check the box for one or more Housing Providers to which you would like your application sent, or select one or more city/town. If you make no selection, it will be assumed that you are interested in appropriate housing in any area.

<u>LEGEND:</u>		
Bach. = Bachelor apt.	1B = one-bedroom unit	2B = two-bedroom unit
3B = three-bedroom unit	4B = four-bedroom unit	5B = five-bedroom unit
6B = six-bedroom unit	A = Adult Housing	F = Family Housing
M = Modified Units	S = Seniors Housing	

Aylmer

Menno Lodge of Aylmer Inc.: (519) 765-1083

- Menno Lodge, 215 South St. W., Aylmer 20-1B, 5-2B, apartments, S, M
- Elkview Gardens, 50 Melanie St., Aylmer 4-2B, 20-3B, 14-4B, 10-5B, 2-6B, townhouses, F, M

- Troy Village Housing Co-operative Inc., (519) 765-3686
230 South St. W., Aylmer 10-1B, 20-2B, 15-3B, 5-4B, townhouses/apts., A, F, M

Aylmer (continued)

- Elgin & St. Thomas Housing Corporation, (519) 631-4580 or 1-800-324-4474
- 60-88 Myrtle St., Aylmer 6-2B, 8-3B, 1-4B, townhouses, F, M
 - 49 Chestnut St., Aylmer 36-1B, 2-storey walk-up apartments, A
 - 58 Myrtle St., Aylmer 28-1B, 1-2B, 2-storey walk-up apartments, A

Dutton

- Dutton & District Lions Non-Profit Housing Inc., (519) 762-0089
Caledonia Gardens, 1 Lions Road, 17-1B, 8-2B, apartments, S, M

Port Burwell

- Port Burwell Family Residences, (519) 874-4543
Maple Meadows, 58 Elizabeth St., 8-2B, 6-3B, 14-4B, 7-5B, townhouses, F, M
- Port Burwell Non-Profit Housing Corp., (519) 874-4229
Milton Towers, 5 Milton St., 16-1B, 4-2B, M

Rodney

- Kiwanis Non-Profit Homes of Rodney Inc., (519) 785-2328
Kiwanis Seniors Apartments, 229 Fourth St., 17-1B, 7-2B, apartments, S, M
- Elgin & St. Thomas Housing Corporation, (519) 631-4580 or 1-800-324-4474
Twin Pines, 253 Ridout St., 2-Bach, 8-1B, 2-storey walk-up apartments, A

St. Thomas

- EFBC Non-Profit Housing Corp. (519) 633-5375
- Eastwood Court, 180 South Edgeware Rd., 15-2B, 27-3B, F, townhouses, M
 - Eastwood Heritage Park, 200 Burwell Rd., 18-2B, 48-3B, 4-4B, townhouses, F, M
 - Eastwood Park Terrace, 3 South Edgeware Rd., 6-2B, 19-3B, townhouses, F
 - Eastwood Village, 405 Wellington, 3-2B, 43-3B, 8-4B townhouses, F, M

- Elgin & St. Thomas Housing Corporation, (519) 631-4580 or 1-800-324-4474
- 1-27 Airey Ave., 20-3B, 4-4B, semi-detached, F
 - 16 Celestine St., 28-1B, apartments (elevator), A
 - 200 Chestnut St., 100-1B, 1-2B, apartments (elevator), A, M
 - 76 Churchill Cres., 16 Bach, 12-1B, 2-storey walk-up apartment, A
 - 96 Confederation Dr., 22-3B, townhouses, F
 - 40-87 Dunkirk Dr., 8-2B, 32-3B, single family detached, F
 - 425-483 Elm St., 4-2B, 10-3B, 8-4B, semi-detached, F
 - 192 Fairview Ave., 1-4B, 1-storey single family detached, F
 - 81-85 (odd) Fairview Ave., 8-2B, 12-3B, 6-4B, townhouses, F
 - 5 Morrison Dr., 30-1B, 2-storey walk-up apartments, A
 - 1-35 Simcoe St., 5-2B, 28-3B, 2-4B, single family detached, F
 - 45 St. Anne's Place, 38-1B, apartments, (elevator), A

- Elmview Estates Housing Co-operative, (519) 637-2503
240 Burwell Rd., 14-1B, 24-2B, 24-3B, 5-4B, apts./townhouses, A, F, M

- Meadowdale Community Co-operative Inc., (519) 633-8416
345 Highview Dr., 14-1B, 31-2B, 12-3B, 3-4B, townhouses/apts., A, F, M

- Pinafore Station Co-operative Homes Inc., (519) 637-1611
351 Manor Rd., 14-1B, 23-2B, 22-3B, 4-4B, townhouses/apts., A, F, M

West Lorne

- Elgin & St. Thomas Housing Corp., (519) 631-4580 or 1-800-324-4474
144 Main St., 25-1B, 2-storey apartments (elevator), A

***The following Housing Providers
are not part of the Centralized Waiting List System.
These Housing Providers keep their own waiting lists.***

**Do NOT use this application form to apply for housing at these locations.
Please contact the Housing Provider directly at the number listed.**

- Canadian Mental Health Association – Elgin Branch: (519) 633-1781
Affordable supported housing for individuals with serious mental illness.
- 50-52 Steele St., St. Thomas (walk-up), 4-1B units, 4-2B units
- 282 Highview Dr., St. Thomas, 12-1B units
- 35 Metcalfe, St. Thomas, rehabilitative transition homes, 7 beds
- 37 Steele St., St. Thomas, high support group home with 9 beds
- 67 Hiawatha St., St. Thomas, 4-1B units
- Head Leases with private landlords throughout Elgin County

- EFBC Non-Profit Housing Corporation: (519) 633-5375
 1. Eastwood Seniors, 410 Wellington St., 19-1B, 7-2B, apartments, S
 2. Pinetree Gardens, 150 First Ave., St. Thomas, 11-1B, 2-2B, apartments, S
 3. Festival Gardens, 17 Morrison Dr., St. Thomas, 40 seniors apartments

- Elgin Association for Community Living: (519) 631-9222, SH, M
Supported housing for developmentally disabled adults, several homes with 24-hour staffing supervision available in St. Thomas.

- Stirling Meadows Co-operative: (519) 633-7690, 17 Holland St., F, M

- Violence Against Women Services - Elgin County Emergency Shelter
(519) 633-0155 or toll-free 1-800-265-4305
1-1B, 2-2B, 3-3B, 1-4B, M, short-term residential crisis/emergency shelter for abused women aged 16 and older and their children

- St. Thomas – Elgin Second Stage Housing: (519) 637-2288
3-1B, 4-2B, 5-3B, supportive affordable housing for up to one year for abused women and their children; generally referred from the emergency shelter

- Aylmer Area Christian Community Association: Heritage Place, 110 Caverly Rd., Aylmer,
Contact (519) 637-1302 – Annette Weesjes
16-1B, 9-2B adult apartments

- Bel Parc Inc.: (519) 644-1644, 203 Union St., Belmont, 18-1B, 2-2B adult apartments

- Kiwanis Garden Court: (519) 631-4580 (Elgin & St. Thomas Housing Corporation), 139
First Ave., St. Thomas, 4-Bach., 14-1B adult apartments

- Cherry Street: (519) 866-3751 (Sherry Whitcroft), single-family homes and duplexes in
Aylmer and area

- Central Elgin Municipal Non-Profit Housing Corp., (519) 631-4860 ext. 280
Kettle Creek Villa, 289 Frances St., Port Stanley, 18-1B, 12-2-B, S, apartments with elevators

- YWCA of St. Thomas-Elgin, (519) 631-9800
 - 16 Mary St., St. Thomas, 15-1B, 5-2B, furnished rooms for single women aged 16 and over
 - Harmony House, Wellington St., St. Thomas – a residential program for young women aged 16-24
 - Fair Winds, Fairview Ave., St. Thomas – a residential program for young men aged 16-24
 - Second Story on Talbot, 657 Talbot St., St. Thomas – transitional men's housing
 - Emergency family housing, Elizabeth St., St. Thomas

- Rural and Native Housing Program, 1-866-391-1061
Geared-to-income rental and homeowner housing units available in Rodney, West Lorne, Dutton, Port Stanley, Belmont, Springfield, Port Burwell, Straffordville, and Aylmer. The program is administered by OAHSSC (Ontario Aboriginal Housing Support Services Corporation).