

APPLICATION



APPLICATION FOR REGISTRATION OF A SUPPORTIVE HOUSING RESIDENCE TYPE 1 OR SUPPORTIVE HOUSING RESIDENCE TYPE 2

SUPPORTIVE HOUSING RESIDENCE TYPE 1 shall mean a single dwelling unit in a residential dwelling of any kind that is licensed, approved or funded under Federal or Provincial statute (Ministry of Children, Community, and Social Services, or Ministry of Health, or the Retirement Home Regulatory Authority etc.) for the accommodation of three (3) to ten (10) residents, exclusive of staff, that provides a group living arrangement under responsible supervision.

A Supportive Housing Residence Type 1 may provide accommodation, supervision and treatment for:

- The persons being cared for or obtaining services at a facility established under the *Developmental Services Act* or any Act passed to replace the forgoing Act;
- Individuals who are primarily sixty-five (65) years of age or older under the *Retirement Homes Act, and O.Reg. 166/11* or any Act passed to replace the forgoing Act;
- *Children, Youth and Family Services Act* or any Act passed to replace the forgoing Act; and
- Persons under the *Mental Hospitals Act, and Homes for Special Care Act*, or any Act passed to replace the forgoing Acts.

No supervision or treatment shall be provided to any persons not residing in the supportive housing residence.

A Supportive Housing Residence Type 1 shall not include a residence defined as a Supportive Housing Residence Type 2, Residential Care Home, Supportive Lodging House, Lodging House, or a Foster Home.

SUPPORTIVE HOUSING RESIDENCE TYPE 2 shall mean a single dwelling unit that is licensed, approved or funded under Federal or Provincial statute for the accommodation of three (3) to ten (10) residents, exclusive of staff, that provides housing and rehabilitation for persons on probation, parole, early or re-release, or any other form of executive, judicial or administrative release from a penal institution, which shall be operated primarily for:

- Persons who have been placed on probation under the *Ministry of Correctional Services Act*, the *Criminal Code* or any Act passed to replace the forgoing Acts;
- Persons who have been released under the provisions of the *Ministry of Correctional Services Act, Corrections and Conditional Release Act* or any Act passed to replace the foregoing Acts;
- Persons who have been charged under the Youth Criminal Justice Act, but who have been placed in open or secure custody;
- Persons who require temporary care, and transient or homeless persons;
- Persons requiring treatment and rehabilitation for addiction to drugs or alcohol; or
- Persons housed in a supportive housing residence that satisfies all of the requirements of a Supportive Housing Residence Type 1, except that it accommodates in excess of ten (10) residents.

A Supportive Housing Residence Type 2 shall not include a residence defined as a Supportive Housing Residence Type 1, Residential Care Home, Supportive Lodging House, Lodging House, or a Foster Home.

Note: Any supportive housing residence application intended for seniors is subject to the regulatory requirements of the RHRA (Retirement Home Regulatory Authority) and recent updates to the Ontario Building Code.

THIS APPLICATION IS FOR THE REGISTRATION OF A:

SUPPORTIVE HOUSING RESIDENCE TYPE 1

SUPPORTIVE HOUSING RESIDENCE TYPE 2

1. FOR THE PURPOSE OF PROCURING THE REGISTRATION OF A SUPPORTIVE HOUSING RESIDENCE AS NOTED, THE FOLLOWING INFORMATION IS REQUIRED:

(A) NAME OF APPLICANT:

(B) ADDRESS OF SUPPORTIVE HOUSING RESIDENCE

(C) NAME UNDER WHICH SUPPORTIVE HOUSING RESIDENCE WILL BE OPERATED:

(D) APPLICANT'S BUSINESS ADDRESS

(STREET) (CITY) (PROVINCE) (POSTAL CODE)

(PHONE NUMBERS)

(E) MAILING ADDRESS FOR SERVICES (IF DIFFERENT FROM ABOVE)

(STREET) (CITY) (PROVINCE) (POSTAL CODE)

2. THIS SECTION TO BE COMPLETED BY APPLICANTS WHO ARE CORPORATIONS OR PARTNERSHIPS ONLY.

List below the names and addresses of all corporate officers and directors or members of the Partnership. * **see note below**

(A) _____
(SURNAME) (FIRST NAME)

(CONTACT ADDRESS)

(B) _____
(SURNAME) (FIRST NAME)

(CONTACT ADDRESS)

(C)

(SURNAME)

(FIRST NAME)

(CONTACT ADDRESS)

- *NOTE:**
- (a) If the applicant is a corporation a copy of the certificate of incorporation must be included with the application.
 - (b) If the applicant is a partnership or a sole proprietorship using a business style (trade name), enclose proof of registration under The Partnership Registration Act.

3. IS THE APPLICANT (OR ANY PARTNER, IN THE CASE OF A PARTNERSHIP OR ANY OFFICER OR DIRECTOR, IN THE CASE OF A CORPORATION), CURRENTLY OPERATING A REGISTERED SUPPORTIVE HOUSING RESIDENCE IN BRAMPTON OR ANY OTHER ONTARIO MUNICIPALITY?

YES NO

IF YES, GIVE DETAILS OF LOCATION & NATURE OF SUPPORTIVE HOUSING RESIDENCE

4. HAS THE APPLICANT (OR ANY PARTNER, IN THE CASE OF A PARTNERSHIP OR ANY OFFICER OR DIRECTOR, IN THE CASE OF A CORPORATION) PREVIOUSLY HAD REGISTERED SUPPORTIVE HOUSING RESIDENCES IN BRAMPTON OR ANY OTHER ONTARIO MUNICIPALITY?

YES NO

IF YES, GIVE PARTICULARS

5. HAS THE APPLICANT (OR ANY PARTNER, IN THE CASE OF A PARTNERSHIP, OR ANY OFFICER OR DIRECTOR, IN THE CASE OF A CORPORATION) EVER HAD REGISTRATION OF A SUPPORTIVE HOUSING RESIDENCE REFUSED, SUSPENDED, REVOKED OR CANCELLED?

YES NO

IF YES, GIVE DETAILS

6. IS THERE ANY PERSON OR CORPORATION WHOSE NAME IS NOT DISCLOSED IN THIS APPLICATION, WHO HAS ANY FINANCIAL INTEREST IN THE APPLICANT, OR WHO OTHERWISE EXERCISES CONTROL OR DIRECTION OVER THE APPLICANT.

YES NO

IF YES, PROVIDE NAME AND ADDRESS

7. A CERTIFIED CHECK OR MONEY ORDER PAYABLE TO THE TREASURER OF THE CITY OF BRAMPTON IN THE AMOUNT PRESCRIBED FOR THE REGISTRATION UNDER SCHEDULE "A" SHALL ACCOMPANY THIS APPLICATION.

REGISTRATION BY-LAW # 254-2021

8. THE MAXIMUM NUMBER OF OCCUPANTS EXCLUDING STAFF MAY NOT EXCEED TEN (10) FOR A SUPPORTIVE HOUSING RESIDENCE TYPE 1 AND TEN (10) FOR A SUPPORTIVE HOUSING RESIDENCE TYPE 2

THE NUMBER OF RESIDENTS: _____

THE NUMBER OF SLEEPING ROOMS AVAILABLE: _____

THE NUMBER OF BATHTUBS: _____

THE NUMBER OF SHOWERS: _____

THE NUMBER OF WASH BASINS: _____

THE NUMBER OF WATER CLOSETS: _____

9. THE NAME AND CONTACT FOR MANAGER TO RESIDE ON THE PREMISES:

10. INITIAL REGISTRATION FEE: \$100.00 _____ ENCLOSED

- NOTE:** (1) FOR CORPORATIONS - THE APPLICATION MUST BE SIGNED BY AN OFFICER AND DIRECTOR OR TWO OFFICERS.
 (2) FOR PARTNERSHIPS - THIS APPLICATION MUST BE SIGNED BY ALL PARTNERS.
 (3) THE APPLICATION MUST BE BOTH SIGNED AND SWORN.

AFFIDAVIT

(BY AN INDIVIDUAL APPLICANT, OR BY EACH OF THE PARTNERS, AS CASE MAY BE)

I (We) _____
 of the _____ of _____
 in the _____ of _____
 make oath and say:

1. I am (we are) the applicant(s) herein for registration and I (we) signed the application.
2. The information given by me (us) in this application is true.
3. The business will not commence operation until registration by the City is confirmed.

 Signature(s)

this _____ day of _____ 20__.

AFFIDAVIT

(BY CORPORATE APPLICANT)

I, _____ of the _____ of _____
 in the _____ of _____
 make oath and say:

1. I am the _____ of _____ the applicant herein for registration and I signed the foregoing application.
2. To the best of my knowledge, information, and belief, the information given in the application is true.
3. The corporation will not commence operation until it receives the registration.

_____ of _____
 _____ of _____

 (Signature (s) of Officer)

this _____ day of _____ 20__.