



# REQUEST FOR ASSISTANCE WITH ARREARS

**THE DISTRICT OF THUNDER BAY**  
SOCIAL SERVICES ADMINISTRATION BOARD

APPLICANT NAME	I.D. #	DATE OF REQUEST
ADDRESS	POSTAL CODE	TELEPHONE /CONTACT NO.

I am requesting assistance to pay for arrears I have with:

Landlord Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

	Account #	Arrears Dates	Arrears Amount
Rent-Landlord's Name			
Union Gas			
Union Energy			
Thunder Bay Hydro			
Hydro One			
City of Thunder Bay Water			
Other-Indicate			

**FINANCIAL INFORMATION:**

MONTHLY INCOME		MONTHLY EXPENSES		
Income	Amount	Expenses	Paid by You	Paid by Co-Residents
Ontario Works		Rent		
Earnings		Hydro		
Support		Fuel		
Child Tax Benefit		Water		
Roomers/Boarders		Other		
Other: a)		Groceries		
(indicate) b)		Clothing		
		Other: a)		
		(indicate) b)		

Are you facing eviction?  Yes  No If yes, when? \_\_\_\_\_

Are you facing service disconnection?  Yes  No If yes, when? \_\_\_\_\_

Do you pay your bills on time?  Yes  No

If no, why not? \_\_\_\_\_

Have you contacted your landlord or energy provider regarding the arrears?  Yes  No

Do you have a repayment plan set up for the arrears?  Yes  No

If yes, provide details of the plan. \_\_\_\_\_

What actions have you taken to deal with arrears? \_\_\_\_\_

What has caused you to fall into arrears on your shelter costs? \_\_\_\_\_

Have you received Community Start-up and Maintenance Benefit in the last 24 months?  Yes  No

If yes, how much did you receive and what were the funds used for? \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATUREDATE

**ARREARS ASSESSMENT:**

Date: \_\_\_\_\_ Caseworker Assistant / CW: \_\_\_\_\_

Has the applicant demonstrated the ability to maintain his/her shelter expenses up until this time?  Yes  No  n/a

Has something occurred to prevent the applicant from being able to pay his/her shelter expenses?  
(i.e. reduced hours, recently laid off, increase in consumption, hydro/gas rate increase, reduction in income)  Yes  No  n/a

Indicate: \_\_\_\_\_

If the arrears are the result of participation in a program through an Energy Provider (i.e. Universal Energy, Energy Direct, etc.) Has assistance been provided to cancel the contract? (attach a copy of letter to energy supplier)  Yes  No  n/a

Has it been confirmed that unless the arrears are paid, the applicant is facing eviction or service disconnection?  Yes  No  n/a

Will payment of the arrears prevent service disconnection?  Yes  No  n/a

Is this the first occurrence of arrears?  Yes  No  n/a

If this situation has occurred in the past, when did it occur? \_\_\_\_\_

Has Ontario Works previously issued funds for a similar occurrence in the past?  Yes  No  n/a

If yes, when? \_\_\_\_\_

Is the applicant's explanation reasonable?  Yes  No  n/a

Is the applicant's situation beyond his/her control?  Yes  No  n/a

Are there other financial resources available to the applicant to assist with paying arrears?  
(i.e. Provincial Rent Bank, Emergency Energy Fund, Winter Warmth)  Yes  No  n/a

Are total accommodation costs within 80% of the Ontario works budgetary entitlement?  Yes  No  n/a

Is the benefit unit receiving maximum shelter allowance?  Yes  No  n/a

Is there CSUMB eligibility?  Yes  No  n/a

Compare actual shelter expense with bill and/or premise history against entitlement issued (for the past 6 months) to determine if shelter arrears may be generated (attach additional sheet if necessary).

Expense (indicate)	Month	Amount Issued	Actual Amount	Variance	Month	Amount Issued	Actual Amount	Variance

Does the review generate arrears?  Yes  No  n/a

Will Hydro/Gas waive the deposit once if pay directs are set up?  Yes  No  n/a

If there is a repayment plan that has been agreed to, has the pay direct amount been adjusted to include an additional amount from BFA and a task set up to review the arrears so the pay direct is adjusted?  Yes  No  n/a

Is the applicant able to contribute funds to any portion of the arrears?  
If yes, indicate amount, source and to who funds will be issued. \_\_\_\_\_  Yes  No  n/a

**ASSESSMENT OUTCOME:**

Able to assist with arrears?  Yes  No

If yes, benefit(s) issued \_\_\_\_\_ Amount issued \_\_\_\_\_

Has the applicant been notified that pay direct(s) will be set up for their shelter expenses?  Yes  No  n/a

Service Delivery Flag (Trustee-Pay Directs required) set up?  Yes  No  n/a

Approval Letter issued (attach copy)?  Yes  No  n/a

Pay Direct(s) set up?  Yes  No  n/a

Task set up to follow up on arrears owing if additional funds from BFA are being applied to arrears due to a Repayment Plan.

Verification Checklist updated with fuel/hydro bills?  Yes  No  n/a

If no, indicate reason: \_\_\_\_\_

Denial Letter issued (attach copy)?  Yes  No

Arrears spreadsheet updated?  Yes  No

SDMT note completed in Accommodation & Payments/Benefits note strings?  Yes  No

**SUPERVISOR REVIEW & APPROVAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE

SUPERVISOR