



**HOUSING ASSISTANCE PROGRAM
REACHING HOME – RURAL & REMOTE
APPLICATION**

Applicant Information		
Given Name:	Surname:	Date of Birth:
Spouse's Given Name:	Spouse's Surname:	Spouse's Date of Birth:
Address:		
Home Phone Number:	Alternate Phone Number:	

Section 1: Reason for Request

Please check off items if funding is needed to **establishing a new residence**

- First and last month's rent
- 3 months' rental subsidy
- Groceries
- Household supplies
- Furniture
- Propane/oil/wood to heat home

Please submit an **Intent to Rent signed by the owner of the property.

Please check off item if funding is needed to **maintain an existing residence:**

- Rental Arrears
- Propane/oil arrears

Why are you in need of this funding?

Section 2: Assistance Requested

Please list the item(s) you are requesting and the cost(s) of each:

Additional information is needed if you are requesting the following:

- 1) **First and Last Month's Rent** - completed Intent to Rent form
- 2) **Furniture** - 2 quotes provided per piece of furniture requested
- 3) **Rental Arrears** – copy of eviction notice for unpaid rent

Section 3: Availability of Other Funds

Do you have funds available to pay all or part of the costs?

- No Yes

If yes, please explain.



Section 4: Declaration of Homelessness or Risk of Homelessness

Are you at risk of homelessness due to an eviction notice or a current loss of accommodation?

No Yes

Are you currently experiencing homelessness (couch surfing, unsheltered, living at an emergency shelter, leaving a provincially funded institution with no accommodations upon release or short-term housing situation)?

No Yes

If you answered yes to any of the questions in Section 4, please provide further details:

Applicants Signature

Date

FOR OFFICE USE ONLY

Approved Issue \$ _____

Denied Reason _____

Vendor # _____



**Housing Assistance Program
Reaching Home
Declaration, Release and Consent of Information**

I/we _____ (Applicant) and _____ (Co-Applicant) consent to the collection, disclosure, transmittal and release of information to an authorized representative of The District of Thunder Bay Social Services Administration Board (TBDSSAB), for the purpose of verifying information and establishing eligibility for assistance from the Reaching Home fund.

I/we declare that all information that I/we have provided for this application is true, correct and complete. If it is determined that information has been omitted or is incorrect, TBDSSAB may cancel my/our application, and I/we may be responsible for repayment of any funds issued on my/our behalf under the Reaching Home fund.

Without restricting the generality of the consent I/we specifically consent to the collection of and release of information relating to income, assets or accommodation costs, as well as the release to TBDSSAB by utility companies, landlords or other related entities information concerning my/our arrears and other ongoing or outstanding obligations.

I/we further consent to an authorized representative of TBDSSAB disclosing personal information about me/us, any of my/our dependent children or children temporarily in my/our care, to third parties for the purpose of determining or verifying my/our eligibility for financial assistance under the Reaching Home fund.

I/we further consent to the information being exchanged with a representative of The District of Thunder Bay Social Services Administration Board, the Ministry of Community and Social Services or the Ministry of Municipal Affairs and Housing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our eligibility for financial assistance and administering my/our financial assistance under the Reaching Home fund.

I/we understand that this consent will apply to inquiries made relating to my/our eligibility for, as well as my/our receipt of financial assistance under the Reaching Home fund from which funding is issued.

I/we further understand that the inquiries may take the form of electronic data exchanges.

_____ Signature of Applicant	_____ Witness	_____ Date
_____ Signature of Co-Applicant	_____ Witness	_____ Date
_____ Signature of Child Over 18	_____ Witness	_____ Date
_____ Signature of Child Over 18	_____ Witness	_____ Date

****All household members over the age of 18 must sign the application****

The personal information on this form is collected under the legal authority of the *District Social Services Administration Boards Act*, or the *Housing Services Act, 2011* by TBDSSAB. The information is used to determine eligibility for the HSF and aggregate statistical reporting. Questions about this collection can be directed to the Chief Privacy Officer/Freedom of Information Coordinator, The District of Thunder Bay Social Services Administration Board, telephone (807) 766-2111 or toll free 1-877-281-2958, 231 May St. S., Thunder Bay, Ontario P7E 1B5.

Important Notice:
If you are requesting assistance through the Reaching Home fund, the **Intent to Rent Form** must also be completed in full and submitted with your Reaching Home application.



Intent to Rent

If you are requesting assistance through the Reaching Home fund to establish a new residence, this form must be completed in full and submitted with your Reaching Home Application.

Surname:	First Name:	Caseworker:
Current Address:		Telephone # or Contact #:

Section A: To be completed by the Landlord

I, _____ agree to rent the unit listed below to _____
 (Landlord) (Applicant)
 for the amount of \$ _____ per month beginning on _____.
 (Date)

Landlord's Name:	Landlord's Address:
Landlord's Phone #:	Landlord's Signature:
Address of Rental Unit:	
Pay Direct Requested: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete & attach Authorization for Pay Direct form)	

Please check all that apply:

- Room
- Room and Board (meals provided)
- Apartment
- House
- Last Month's Rent Required
- Last Month's Rent Not Required
- Utilities Included
- Utilities Not Included
- Gas Included
- Gas Not Included

Section B: To be completed by the Tenant

Will you be paying the total rental costs at this new address? No Yes

If **no**, please complete the following:

Name	Relationship to you	Reason	Male or Female	Amount Paid
		<input type="checkbox"/> Roomer <input type="checkbox"/> Boarder		\$
		<input type="checkbox"/> Roomer <input type="checkbox"/> Boarder		\$
		<input type="checkbox"/> Roomer <input type="checkbox"/> Boarder		\$

Will any other person be living at and/or using this address for any other reason? No Yes

If **yes**, please complete the following:

Name	Relationship to you	Reason
		<input type="checkbox"/> Living at address <input type="checkbox"/> Using address
		<input type="checkbox"/> Living at address <input type="checkbox"/> Using address

Signature _____

Date _____