



HOUSING SECURITY FUND APPLICATION FOR OW AND ODSP RECIPIENTS

If you are **not** receiving assistance from Ontario Works or the Ontario Disability Support Program, please complete the **Housing Security Fund Application for Non Social Assistance Recipients**.

I am a recipient of: OW ODSP

My Caseworker is _____

Applicant Information

Given Name:	Surname:	Date of Birth/member ID:
Spouse's Given Name:	Spouse's Surname:	Date of Birth/Member ID:
Address:		
Home Phone Number:	Alternate Phone Number:	

Section 1: Reason for Request

- Establishing a new residence *please submit rent verification*
- Maintaining an existing residence
- Non-start-up situation

Please explain your situation including arrangements to ensure costs are paid in the future:

Section 2: Assistance Requested

NOTE: Completed application forms must include two (2) price quotes from two (2) separate vendors. Satellite offices require only one (1) quote.

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

Did you have these items previously?

No Yes

If yes, what happened to your items?

Section 3: Details of Arrears

If you are requesting assistance with shelter arrears (unpaid or overdue rent or utilities), please complete this section and provide written verification of arrears owing as well as disconnection notice(s). If not, please skip to section 4.

Have arrangements been made with the landlord/utility for your arrears owing?

No Yes

If yes, what arrangements have been made?

Have you received a notice of eviction or service disconnection?

No Yes

If yes, what is your eviction/disconnection date? _____

***** If yes, please submit copy of notice(s) with this application *****

Have you applied to any other agency or program for assistance with Arrears?

No Yes

If yes, please provide the following information:

Name of Agency: _____

Date: _____ Amount: _____

Section 4: Availability of Other Funds

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

No Yes

If yes, please explain.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Caseworker Recommendation:

Approved Issue \$ _____

Items Approved: _____

Denied Reason _____

If HSF is approved, please select the intended outcome: Maintain Housing
Establish Housing

Caseworker: _____

Supervisor: _____

Manager: _____

Date entered into spreadsheet: _____

HSF issued within the last 24 months?
Amount _____

HOUSING SECURITY FUND Declaration, Release and Consent of Information

I/we

_____ (name of applicant)

_____ (name of 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 Housing Security Fund (HSF).

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 HSF.

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 HSF.

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 Children, 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 HSF.

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 HSF 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 children 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 *Ontario Works Act, 1997*, 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.