



## HOUSING SECURITY FUND APPLICATION FOR NON OW/ODSP RECIPIENTS

Given Name			Surname			DOB/member ID		
Spouse Given Name			Spouse Surname			DOB/member ID		

<b>Address Information</b>							
Street #		Street				Unit #	
City			Province	Postal Code	Home phone #	Alternate phone #	

<b>Landlord Information</b>					
Name:		Address:		Phone #:	

Are you renting from a Relative or a Relative of another household member?      No      Yes

List names of all other individuals living in the home	Date of Birth	Relationship to applicant

### 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?*

<b>Assets for everyone living in the home</b>	<b>(Name(s) on account, Financial Institution Name, Account #)</b>	<b>(Current Balance)</b>
Cash		
Bank Accounts (8 weeks of activity)		
Investments (ie GIC, Bonds, RRSP)		
Other Assets (can be easily converted to cash)		
Vehicle(s)		
Property		
<b>Total Assets</b>		

Total Monthly Income for everyone living in the home	Gross	Net	Total Monthly Accommodation Costs	
Total earnings ( <i>for the previous 8 weeks</i> )			Mortgage	
Ontario Works/ODSP			Rent	
Child tax/Universal Benefit			Gas	
Support			Hydro	
Employment Insurance (EIB)			Oil	
Canada Pension (CPP)			Water	
Old Age Security (OAS)			Hot Water Tank Rental	
Private Pensions			Taxes	
Workplace Safety Insurance Benefit (WSIB)			House Insurance	
OSAP (Ontario Student Assistance)			Lot Rental	
Native Band Allowance			Other (specify)	
Rental or Roomer/Boarder Income				
Investment Income				
Self- Employment Income				
Other Income (please specify)				
<b>Total Monthly Income</b>			<b>Total Monthly Accommodation Costs</b>	

Other Persons Paying Shelter Costs at this address				No	Yes, list details below
Name		Name			
Rent	Gas	Rent	Gas		
Hydro	Water	Hydro	Water		
Name		Name			
Rent	Gas	Rent	Gas		
Hydro	Water	Hydro	Water		

## Applying For

Please Complete the table below for all funds requested.

	Rent	Gas	Hydro	Water	Tank Rental	Other(specify)
Arrears Owing						
Reconnect fee						
Other						

For Non Start Up Items – (2 quotes must be provided, Satellite offices require only 1 quote)

## Additional Information

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

Eviction/Disconnection Date

Have you applied to any other agency/program for assistance with Arrears?       No       Yes

If “yes”, please provide name of agency, date applied and if funds issued

the amount. Name of Agency: \_\_\_\_\_

Date: \_\_\_\_\_      Amount: \_\_\_\_\_

## Changes of Financial Situation

Are you expecting a change to your current financial situation within the next two months?

No       Yes, if “yes” please explain:

Are you planning to live at this address for the next 12 months?       No       Yes

**Please Note: Applications are considered complete  
when all required documentation is received.**

## 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.

## TIPS FOR FILLING OUT YOUR APPLICATION

1. Complete all sections of the Housing Security Fund application form and attach copies of the required documentation listed below. If your application is incomplete and/or the required documentation is not attached, your application will be deemed incomplete and further follow up will be required, which may delay the processing of your application.
2. Remember to sign and date your application. All household members 18 years of age and over must sign and date the application.
3. Submit all the required documentation to support your application.

### **Income and Assets** (for all household members 18 years of age and over)

- a) Bank statements for all bank accounts for the last 8 weeks
- b) Current statement for all investments (GIC, bonds, RRSP, etc)
- c) Pay stubs for the previous 8 weeks
- d) Employment Insurance Benefits for the last 4 weeks
- e) Support Payments
- f) Child Tax Credit
- g) Universal Benefit
- h) Canada Pension
- i) Old Age Security
- j) Private Pensions
- k) WSIB
- l) Ontario Student Assistance (OSAP)
- m) Native Band Allowance
- n) Rental or Roomer/Boarder Income
- o) Self-Employment Income

### **Arrears Owning (attach eviction or service disconnection notice):**

- a) Rent
  - b) Gas
  - c) Hydro
  - d) Water
  - e) Taxes
  - f) Hot Water Tank Rental
  - g) Propane/Oil (attach copy of most recent invoice or statement)
4. If you have any difficulty completing the application, please contact The District of Thunder Bay Social Services Administration Board at (807) 766-2111.
  5. Once your application is received, along with all required documentation it will be assessed for eligibility.
  6. If your application is deemed eligible, a cheque will be issued to the vendor on your behalf. You will be notified in writing of your eligibility.
  7. If you do not meet eligibility requirements you will be notified in writing.

### **Completed applications may be mailed, faxed or hand delivered to:**

The District of Thunder Bay Social Services Administration Board  
231 South May St. Thunder Bay ON P7E 1B5  
Fax (807) 345-7921