



# COMMUNITY HOMELESSNESS PREVENTION INITIATIVE (CHPI) APPLICATION

**INSTRUCTIONS:** Complete all sections in ink and forward to the appropriate agency as checked off below. If you require help, please phone the appropriate number listed below:



516 Portage Avenue  
Fort Frances, ON  
(P): (807)274-8541  
(F): (807) 274-4110



450 Scott Street  
Fort Frances, ON  
(P): (807)-274-5349  
(F): (807)-274-0678



Rainy River District  
Victim Services Program

Rawn Road Centre  
Atikokan, ON  
(P): (807)597-1431  
(F): (807)597-1493

334 Scott Street  
Fort Frances, ON  
(P): (807) 274-5687  
(F): (807) 274-5690

<b>Applicant Information:</b>			
Applicant Last Name:	Applicant First Name:	Date of Birth:	Gender:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered/Common Law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed			
Spouse/Partner Last Name:	Spouse/Partner First Name:	Date of Birth:	Gender:
Current Address (complete below or <input type="checkbox"/> <b>No Fixed Address</b> ):			
New Address (if moving in the next 30 days):			Date of Move In:
Telephone Number: (Home)	(Alternate)	Email Address:	
Name (s) and birth date (s) of all other household members:			
Name	Date of Birth	Gender	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>I / We are applying for the following assistance:</b>			
<input type="checkbox"/> Start-Up Funds		<input type="checkbox"/> Rent/Utility Arrears	
<input type="checkbox"/> Emergency Shelter Assistance		<input type="checkbox"/> Housing Allowance (administered by RRDSSAB only)	
Have you/your spouse received CHPI in the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (answer questions below)			
<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	Assisting Agency: _____	Date: _____ Amount Received: \$ _____
Have you ever applied for CHPI in the past?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
What other agencies/resources have you applied/inquired for assistance?			
<input type="checkbox"/> United Native Friendship Centre		<input type="checkbox"/> Rainy River District Victim Services	
<input type="checkbox"/> Ontario Works Emergency Assistance		<input type="checkbox"/> Salvation Army	
<input type="checkbox"/> Canadian Mental Health Association		<input type="checkbox"/> Other: _____	
Were you successful in getting help?			
<input type="checkbox"/> No – Why Not?		<input type="checkbox"/> Yes – Why do you require further assistance?	
_____			
_____			
_____			
_____			



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<b>What type of accommodation do you currently reside in?</b>					
<input type="checkbox"/> Temporary Facility	<input type="checkbox"/> Unsheltered	<input type="checkbox"/> Sheltered			
<input type="checkbox"/> Correctional Facility (jail)	<input type="checkbox"/> Squatting	<input type="checkbox"/> Market Housing			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Subsidized Housing			
<input type="checkbox"/> Treatment Centre	<input type="checkbox"/> Campsite	<input type="checkbox"/> Aboriginal Housing			
<input type="checkbox"/> Shelter	<input type="checkbox"/> Public Space	<input type="checkbox"/> Your own home			
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Staying with others			
Does your current situation accommodate your family size? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have you lived in another area recently? <input type="checkbox"/> No <input type="checkbox"/> Yes – Where? _____					
Are you moving to a new location? <input type="checkbox"/> No <input type="checkbox"/> Yes – List type as above: _____					
<b>Additional Information - Ethnicity</b>					
Applicant: <input type="checkbox"/> Indigenous (First Nation, Metis, Inuit) <input type="checkbox"/> Canadian <input type="checkbox"/> French-Canadian <input type="checkbox"/> Other					
Spouse: <input type="checkbox"/> Indigenous (First Nation, Metis, Inuit) <input type="checkbox"/> Canadian <input type="checkbox"/> French-Canadian <input type="checkbox"/> Other					
<b>Education Level</b>					
Applicant: <input type="checkbox"/> Completed High School/GED <input type="checkbox"/> Primary School Only <input type="checkbox"/> Some Post-Secondary					
<input type="checkbox"/> Completed College <input type="checkbox"/> Completed University					
Spouse: <input type="checkbox"/> Completed High School/GED <input type="checkbox"/> Primary School Only <input type="checkbox"/> Some Post-Secondary					
<input type="checkbox"/> Completed College <input type="checkbox"/> Completed University					
<b>Employment</b>					
Applicant Name of occupation:			Employed by:		
Spouse Name of occupation:			Employed by:		
<b>Social Assistance</b>					
Are you/a member of your household receiving OW? <input type="checkbox"/> No <input type="checkbox"/> Yes-Caseworker: _____					
Are you/a member of your household receiving ODSP? <input type="checkbox"/> No <input type="checkbox"/> Yes-Caseworker: _____					
<b>PLEASE ATTACH VERIFICATION OF:</b>					
Household Monthly Income		Household Monthly Expenses		Household Assets	
<b>Source of income</b>	<b>Amount</b>	<b>Expenses</b>	<b>Amount</b>	<b>Asset</b>	<b>Amount</b>
Net Earnings (4 Wks)		Rent		Cash	
Self Employment		Water		Bank Account	
OW/ODSP		Heat		Investments	
CPP/CPP-D		Hydro		Vehicle	
Pensions (OAS/GIS)		Home Insurance		Property	
EI		Loans		Other:	
WSIB		Transportation			
Room/Board Income		Vehicle Insurance			
Rent Revenue		Phone			
Support Payments		Medical			
Investment Income		Debt Payment (Max 500)			
Child Tax Credit		Child Care			
OSAP/Student Loan		Family Support			
Band Allowance		Food			
Other:		Other:			
<b>TOTAL INCOME (A)</b>		<b>TOTAL EXPENSES (B)</b>		<b>TOTAL ASSETS (C)</b>	



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## **A: To complete only if applying for START-UP funds**

Will your new location accommodate your family size (if applicable)?  No  Yes

Does your new location provide you with a safe and stable living situation?  No  Yes

What is the event that led you to establish a new residence?

- |  |  |
|--|--|
| <input type="checkbox"/> I am currently homeless                 | <input type="checkbox"/> Former residence is no longer available due to eviction                   |
| <input type="checkbox"/> I could not afford my rent or utilities | <input type="checkbox"/> My former residence was harmful to my health/welfare                      |
| <input type="checkbox"/> Other (please describe):                | <input type="checkbox"/> I was discharged from an institution that provided my shelter/basic needs |

For applicants requiring start-up items or furnishings: Why are you in need of new household items?

- |  |  |
|--|--|
| <input type="checkbox"/> Items damaged (fire, pests, generally unsafe) | <input type="checkbox"/> Items not in possession due to family breakdown |
| <input type="checkbox"/> Items lost, stolen or destroyed               | <input type="checkbox"/> I am exiting homelessness and have no items     |
| <input type="checkbox"/> Family size has grown                         | <input type="checkbox"/> Other: _____                                    |

## **B: To complete only if applying for ARREARS**

Are you facing eviction?  Yes  No

Are you facing a Disconnection of your Power and/or Heat?  Yes  No

Why were you unable to pay your rent/mortgage and/or utilities? Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Unexpected expenses arose                       | <input type="checkbox"/> No household budget in place |
| <input type="checkbox"/> Rent/utility bills regularly higher than income | <input type="checkbox"/> Other: _____                 |

What steps have you have already taken to pay your debt? Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Amount attempted to pay: \$ _____ | <input type="checkbox"/> Set up equal billing |
| <input type="checkbox"/> Set up direct pay                 | <input type="checkbox"/> Other: _____         |

How will you prevent arrears from occurring again in the future? Select all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Set up direct pay for rent/utilities | <input type="checkbox"/> Set up equal billing | <input type="checkbox"/> Budgeting class |
| <input type="checkbox"/> Apply for housing allowance          | <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Apply for OESP  |

## **C: To complete only if applying for EMERGENCY SHELTER ASSISTANCE:**

Is your need for shelter assistance due to a temporary, unexpected event?  No  Yes

How long will you require shelter? \_\_\_\_\_ nights

What circumstances led up to this event? Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Illness or addictions causing homelessness | <input type="checkbox"/> Job Loss                           |
| <input type="checkbox"/> Evicted for nonpayment of rent/mortgage    | <input type="checkbox"/> Evicted for damages, behaviors     |
| <input type="checkbox"/> Conflict or abuse with spouse/partner      | <input type="checkbox"/> Conflict or abuse with other adult |
| <input type="checkbox"/> Incarceration                              | <input type="checkbox"/> Hospitalization/treatment          |
| <input type="checkbox"/> Housing unsafe                             | <input type="checkbox"/> Other: _____                       |

What will you do once your stay is over?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Move into new housing (Move in Date: _____) | <input type="checkbox"/> Go to treatment | <input type="checkbox"/> Other: _____ |
|--|--|---------------------------------------|

How will your stay help you get closer to long-term housing?

- |  |  |
|--|--|
| <input type="checkbox"/> I have housing lined up | <input type="checkbox"/> I have started applying for long term housing |
| <input type="checkbox"/> I have no plan started  | <input type="checkbox"/> Other: _____                                  |

What other resources have you explored?

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| <input type="checkbox"/> Stayed with friends – has this been exhausted?                         | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Stay with family – has this been exhausted?                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Leave community to go to shelter – is there a reason you cannot leave? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Other: _____   |                             |                              |



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## Declaration and Consent to Obtain & Release Information

- I/We declare that all information provided in this application is correct and complete and failure to provide accurate information may result in repaying funds provided or ineligibility from the program.
- I/we understand that Community Homelessness Prevention Initiative (CHPI) funding will only be provided once all eligibility criteria have been met to the satisfaction of the RRDSSAB/UNFC/Victim Services.
- I/we specifically consent to the release of financial information relating to any bank account, income verification, safety deposit box, assets of any nature or kind whatsoever held by me or on my behalf or by or on behalf of my spouse, any of my dependants or children for the purpose of determining or verifying my eligibility for this initiative.
- I/we hereby agree to a quarterly income verification during the period of time that I/we are in receipt of the monthly housing allowance.
- I/we hereby consent to the disclosure, exchange or transmittal of information as it relates to my/our request for assistance between RRDSSAB/UNFC/Victim Services. I understand these agencies may collect and keep on file information as it relates to my/our request for CHPI.
- I/we are willing to implement the action plan *(if applicable)*.

<b>Please attach all required documents and complete all information before signing.</b>	
Signature Of Applicant:	Date:
Signature of Spouse/Common Law Partner:	Date:
Witness:	Date:

<b>OFFICE USE ONLY: CASE NOTE FROM CASEWORKER</b>	
% Of Income Spent On Housing: _____%	Household Within LICO? <input type="checkbox"/> No <input type="checkbox"/> Yes
Recommendation:	<input type="checkbox"/> Emergency Shelter 53450-400-4150-4401 <input type="checkbox"/> Housing Related Support /Housing Allowance 53450-400-4150-4402 <input type="checkbox"/> Other Services/ Supports 53450-400-4150-4403 <input type="checkbox"/> Homelessness Prevention 53450-400-4150-4404

Caseworker -Signature	Approved – Manager Signature	Denied – Manager Signature
Date:	Date:	Date:
<input type="checkbox"/> Copy sent to Housing (housing allowance only)		CHEQUE #: