



HOMELESSNESS PREVENTION PROGRAM (HPP) APPLICATION

INSTRUCTIONS: Complete all sections 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

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



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



242 Scott Street
Fort Frances, ON
(P): (807) 291-0015
(F): (807) 274-0761

Applicant Information			
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			
Spouse/Partner Last Name	Spouse/Partner First Name	Date of Birth	Gender
Current Address		<input type="checkbox"/> No Fixed Address	
New Address (if moving in the next 30 days)		Date of Move In	
Telephone Number	(Alternate)	Email Address	
Name (s) and birth date (s) of all other household members:			
Name	Date of Birth	Gender	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
I / We are applying for the following assistance			
<input type="checkbox"/> Start-Up Funds		<input type="checkbox"/> Rent/Utility Arrears <input type="checkbox"/> Food	
<input type="checkbox"/> Emergency Shelter Assistance		<input type="checkbox"/> Housing Allowance (administered by RRDSSAB only)	
Have you/your spouse received HPP 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 _____
Assistance for what _____		Amount Received \$ _____	
Have you ever applied for COHB (Canada-Ontario Housing Benefit) in the past <input 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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What type of accommodation do you currently reside in?

<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

Have you recently moved to the Rainy River District? No Yes – Where? _____

Are you moving to a new location? No Yes – Type (as above) _____

Ethnicity

Applicant Indigenous (First Nation, Metis, Inuit) Canadian French-Canadian Other
 Spouse Indigenous (First Nation, Metis, Inuit) Canadian French-Canadian Other

Employment

Applicant Name of occupation	Employer
Spouse Name of occupation	Employer

Social Assistance

Are you/a member of your household receiving OW? No Yes-Caseworker _____
 Are you/a member of your household receiving ODSP? No Yes-Caseworker _____

PLEASE ATTACH VERIFICATION

Household Monthly Income		Household Monthly Expenses		Household Assets	
Source of income	Amount	Expenses	Amount	Asset	Amount
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			
TOTAL INCOME (A)		TOTAL EXPENSES (B)		TOTAL ASSETS (C)	



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A: Complete if applying for START-UP funds	
Does your new location provide you with a safe and stable living situation? <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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
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: Complete if applying for ARREARS	
Are you facing eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you facing a Disconnection of your Power and/or Heat? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Apply for housing allowance	<input type="checkbox"/> Budgeting class
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Apply for OESP
C: Complete if applying for EMERGENCY SHELTER ASSISTANCE	
Is your need for shelter assistance due to a temporary, unexpected event? <input type="checkbox"/> No <input type="checkbox"/> 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 this 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 Homelessness Prevention Program (HPP) funding will only be provided once all eligibility criteria have been met to the satisfaction of the RRDSSAB/UNFC/Victim Services/Salvation Army.
- 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/Salvation Army. I understand these agencies may collect and keep on file information as it relates to my/our request for HPP.

Please attach all required documents and complete all information before signing	
Signature Of Applicant	Date:
Signature of Spouse/Partner	Date:

OFFICE USE ONLY	
Is Applicant/Spouse/Partner on the By-Name List	<input type="checkbox"/> Yes <input type="checkbox"/> No
% Of Income Spent On Housing: _____%	Household Within LICO? <input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Community outreach & supportive services 53450-400-4170-4422 <input type="checkbox"/> Housing assistance 53450-400-4170-4423 <input type="checkbox"/> Emergency Shelter 53450-400-4170-4424

<i>Caseworker -Signature</i>	<i>Approved – Manager Signature</i>	<i>Denied – Manager Signature</i>
Date	Date	Date