

## Checklist for Application

### ALL APPLICATIONS REQUIRE THE FOLLOWING DOCUMENTS:

- Canadian ID (birth certificate, status card, health card, driver's license, Ontario ID card, etc.)
- Bank Statements for the last 60 days
- 8 weeks most recent pay stubs or most recent OW/ODSP cheque stub
- Investment statements (if applicable)

<p><input type="checkbox"/> <b>START-UP</b> (<i>I am exiting homelessness or have been at-risk of homelessness &amp; have found safe, affordable housing in the last/next 30 days</i>).</p> <p>Eligible costs include last month's rent, utility arrears and connections and basic household necessities.</p> <p><u>Required Supporting Documents:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rent verification form or copy of lease</li> <li><input type="checkbox"/> Quote from Hometown Furniture or Green's with items required (<b>if accessing this option</b>)</li> <li><input type="checkbox"/> Complete Start-up Request Form(attached)</li> </ul>	<p><input type="checkbox"/> <b>ARREARS</b> (<i>I am at imminent risk of homelessness due to disconnection/eviction</i>).</p> <p>Eligible costs include up to <b>3 months rent arrears or up to 6 months utility arrears</b>.</p> <p><u>Required Supporting Documents:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disconnection or eviction notice</li> <li><input type="checkbox"/> Agreement to Waive Eviction Proceedings (if rental arrears)</li> <li><input type="checkbox"/> Rent verification or rent receipts (if not indicated on eviction notice)</li> <li><input type="checkbox"/> Proof of partial debt payment attempts (receipts, outstanding balance, etc.)</li> <li><input type="checkbox"/> Proof of initiating rent/utility direct pay</li> </ul>
<p><input type="checkbox"/> <b>EMERGENCY SHELTER</b> (<i>I am homeless &amp; have nowhere to stay tonight</i>).</p> <p>Eligible costs include <b>up to 7 nights</b> in a hotel in temporary crises, transportation to the closest shelter or food vouchers.</p> <p><u>Required Supporting Documents:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quote from hotel/motel</li> <li><input type="checkbox"/> Confirmation of a plan once stay is over</li> </ul>	
<p><b>NOTE: If items requested are over the allotted amount, please note what items are most important to you. If you wish to pay the amount that is over and above what is approved, please note that on this form. Items requested must be final choices, changes to the application upon submission are not permitted.</b></p>	

**Your application will not be accepted, and no action will be taken on your behalf until all documents indicated above are attached.**



# HOMELESSNESS PREVENTION PROGRAM (HPP) APPLICATION

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

**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:

<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			
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	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>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>Employment</b>			
Applicant Name of occupation	Employer		
Spouse Name of occupation	Employer		

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<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 _____					
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 _____					
Have you ever applied for COHB (Canada-Ontario Housing Benefit) in the past <input type="checkbox"/> Yes <input type="checkbox"/> No					
<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	
Have you recently moved to the Rainy River District? <input type="checkbox"/> No <input type="checkbox"/> Yes – Where? _____					
Are you moving to a new location? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type (as above) _____					
<b>PLEASE ATTACH VERIFICATION</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/PPP-D		Hydro		Vehicle	
Pensions (OAS/GIS)		Home Insurance		Property	
EI		Loans		Other	
WSIB		Transportation			
Room/Board Income		Vehicle Insurance			
Rent Revenue		Phone			



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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>	

**I/We Request:**

Start-Up Funds (Go to Section A)
  Rent/Utility Arrears (Go to Section B)  
 Emergency Shelter Assistance (Go to Section C)  
 Have you ever applied for COHB (Canada-Ontario Housing Benefit) in the past  Yes  No

**A: Complete if applying for START-UP funds**

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?

I am currently homeless
  Former residence is no longer available due to eviction  
 I could not afford my rent or utilities
  Former residence was harmful to my health/welfare  
 Other (please describe):
  I was discharged from an institution that provided my shelter/basic needs

Why are you in need of new household items?

Items damaged (fire, pests, generally unsafe)
  Items not in possession due to family breakdown  
 Items lost, stolen or destroyed
  I am exiting homelessness and have no items  
 Family size has grown
  Other: \_\_\_\_\_



# HOMELESSNESS PREVENTION PROGRAM (HPP) APPLICATION

**START-UP REQUEST FORM:** If approved, you can receive up to \$1200.00 if you are a single person/a couple with no dependents, or up to \$2500.00 if you have dependents toward the following:

- Rent Deposit (Last Month's Rent)
- Utility, Water/Sewer, Gas, Connection Fees
- Furniture, Appliances, Basic Necessities

**I am requesting the following items:**

- I have provided a Quote from Hometown or Green's for Furniture
- I would like Walmart Gift Cards (\$500) or Dollarama Gift Cards (\$200) to purchase basic necessities in (Please circle which one you would prefer):
  - Full amount Eligible; or
  - Partial amount and Leon's/Green's Quote

**Other Required Items or Retailers** (please include the information below and attach a quote).

Item	Retailer (include contact info of seller if item is used)	Price w/ Tax

### Household Essentials Checklist

Please check items currently needed for the household.

Living Room	Bedroom	Kitchen	Bathroom	Cleaning & Laundry
<input type="checkbox"/> Sofa/Couch	<input type="checkbox"/> Mattress	<input type="checkbox"/> Table/Chairs	<input type="checkbox"/> Hand Towels	<input type="checkbox"/> Cleaning Supplies
<input type="checkbox"/> Lamp	<input type="checkbox"/> Box Spring	<input type="checkbox"/> Pots/Pans	<input type="checkbox"/> Bath Towels	<input type="checkbox"/> Broom/Dustpan
<input type="checkbox"/> Curtains	<input type="checkbox"/> Bedframe	<input type="checkbox"/> Silverware	<input type="checkbox"/> Shower Curtain	<input type="checkbox"/> Mop/Pail
	<input type="checkbox"/> Comforter	<input type="checkbox"/> Plates	<input type="checkbox"/> Toilet Brush	<input type="checkbox"/> Laundry Basket
	<input type="checkbox"/> Pillows	<input type="checkbox"/> Glasses		<input type="checkbox"/> Washer
	<input type="checkbox"/> Blanket	<input type="checkbox"/> Dish Towel		<input type="checkbox"/> Dryer
	<input type="checkbox"/> Bed Sheets	<input type="checkbox"/> Dish Soap		
	<input type="checkbox"/> Dresser	<input type="checkbox"/> Trash Can/Bags		
	<input type="checkbox"/> Hangers	<input type="checkbox"/> Kitchen Utensils		
		<input type="checkbox"/> Microwave		
		<input type="checkbox"/> Fridge		
		<input type="checkbox"/> Stove		

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## B: Complete 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 and/or utilities? Please select all that apply.

- Unexpected expenses arose  No household budget in place  
 Rent/utility bills regularly higher than income  Other: \_\_\_\_\_

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

- Amount attempted to pay: \$ \_\_\_\_\_  Set up equal billing  
 Set up direct pay  Other: \_\_\_\_\_

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

- Set up direct pay for rent/utilities  Set up equal billing  Budgeting class  
 COHB  Rent Supplement  Apply for OESP

## C: Complete 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 to this event? Select all that apply.

- Illness or addictions causing homelessness  Job Loss  
 Evicted for nonpayment of rent/mortgage  Evicted for damages, behaviors  
 Conflict or abuse with spouse/partner  Conflict or abuse with other adult  
 Incarceration  Hospitalization/treatment  
 Housing unsafe  Other \_\_\_\_\_

What will you do once your stay is over?

- Move into new housing (Move in Date: \_\_\_\_\_)  Go to treatment  
 Other \_\_\_\_\_

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

- I have housing lined up  I have started applying for long term housing  
 I have no plan started  Other \_\_\_\_\_

What other resources have you explored?

- Stayed with friends – has this been exhausted?  No  Yes  
 Stay with family – has this been exhausted?  No  Yes  
 Leave community to go to shelter – is there a reason you cannot leave?  No  Yes  
 Other \_\_\_\_\_

# **HOMELESSNESS PREVENTION PROGRAM (HPP) APPLICATION**

**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 Rainy River District Services Board.
- 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. I understand the Rainy River District Services Board may collect and keep on file information as it relates to my/our request for HPP.

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



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OFFICE USE ONLY	
<b>Is Applicant/Spouse/Partner on the By-Name List</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WAS APPLICANT OFFERED:</b>	
<b>COHB</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>OESP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>RENT SUPPLEMENT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>LEAP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<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