

HOUSING STABILITY BANK PROGRAM

12 Gilbertson Drive, 519-426-6170
PO Box 570, 905-318-6623
Simcoe, Ontario N3Y 4N5 519-582-3579

housing@hnhss.ca

A. What is the Housing Stability Bank?

The Housing Stability Bank is a program offered by Housing Services in collaboration with the Homeless Prevention Team on behalf of Norfolk County and Haldimand County for residents of these two municipalities.

The program is to help eligible people and families with housing stabilization. If you have found a new apartment and need help with last month's rent, or utility deposits; if you are currently in rental housing and are facing utility disconnection because of arrears, or are behind on rent and facing eviction, this program may be able to help you.

Last Month's Rent: If you are moving to a new accommodation that requires "first and last month's rent" you may apply to the program for last month's rent only. You will need to provide a copy of a rent receipt or lease agreement to verify the amount required. You will be required to pay first month's rent with your regular monthly income.

Utility connection: If you are moving to a new accommodation that requires you pay "rent plus utilities", and you incur a cost to "setup" utilities at the new address, we will consider support with the security deposit or set up fee associated with setting up gas, hydro, water, or propane or alternate source of heating.

Rent arrears: If you have been living somewhere and paying rent but have fallen behind in paying your rent and are at risk of losing your housing, you may apply for help with your rent arrears. If you have received an eviction notice, you must provide a copy, and we will verify with both the Landlord and Tenant Board (LTB) and your landlord whether the eviction order has been filed and/or whether paying the arrears will save your tenancy. If you do not want to put your tenancy at risk and have not yet received an eviction notice, but are behind in your rent, please contact our office to talk about funding assistance.

Utility disconnect: If you have been living somewhere and paying rent plus utilities and have fallen behind in paying your utilities to the point of receiving a disconnect notice, you may apply for help with the arrears to avoid a disconnect. You must provide a current bill in addition to the disconnect notice. We will consider paying any/all arrears required to bring your account current.

Hoarding: If it has been determined that your tenancy or ability to remain living in any home is at risk due to a 'hoard' situation, you may submit an application for consideration. Each application is considered on a case-by-case basis, and further information may be required prior to approval of any funding.

B. Who qualifies?

1. You must demonstrate that you are under threat of utility service disconnection, eviction or are homeless or living in a temporary shelter.
2. You must be a resident of Haldimand County or Norfolk County and intend to continue living in either Haldimand or Norfolk. Consideration will be given to applications in cases where a household is moving in or out of the community for reasons such as work, health, or care.
3. Residency exceptions can be granted in the following cases:
 - a. Assistance with rent may be granted to residents who want to move from Haldimand or Norfolk to another community; or
 - b. Assistance with rent may be granted to residents who want to move into Haldimand or Norfolk from another community.
4. You must not have used this program in the previous 2 years (24 months).
5. You are a renter, if you are a homeowner, we do give consideration on a case-by-case basis; however, funding is not provided for the coverage of property taxes.
6. You must be a Canadian Citizen or have current legal status in Canada as a refugee or Permanent Resident.
7. You must complete an application and submit all the required documentation. Incomplete applications will not be approved. If you need help to complete the application or you don't have access to some of the required back-up documents, please contact our office to help you.
8. You must have an income and have completed your income tax for the previous year.
9. Your combined gross annual household income must be less than the Household Income Limits¹ (see chart below) for your household composition based on the occupancy standards², to be approved for a grant or a loan. If your gross household income is more than the HILS but does not exceed the Maximum Household Income Level for Haldimand and Norfolk you may still be eligible, as reviewed on a case-by-case basis. ***
10. Dependent on your source of income, you may be eligible for either a grant or a loan from the housing stability bank.

Household Income Limits (HILS) – for Haldimand and Norfolk (2020 Amounts)

| | Bachelor | One bedroom | Two bedroom | Three bedroom | Four bedroom |
|-------------------------|----------|-------------|-------------|---------------|--------------|
| Household Income Limit* | \$27,000 | \$33,000 | \$39,500 | \$43,500 | \$59,500 |

Maximum Household Income Level -- for Haldimand and Norfolk: \$91,900 (2020 Amount)

***These amounts are subject to change and updated annually and posted on the Housing Website at: www.hnhousing.org or www.hnhss.ca.

¹ Housing Services Act 2011, Ontario Regulation 367/11, s.34(4) subsection 40(4)

² Occupancy Standards are the same as those used for RGI Housing, Housing Services Act 2011, Ontario Regulation 367/11, s.42

C. How to I apply?

1. Complete the Housing Stability Bank Application Form
2. Make sure you include all of the required information and documents
3. The form can be sent, faxed, or dropped off to Housing Services:

Attention: Housing Resource Coordinator
Housing Services
PO Box 570
12 Gilbertson Drive
Simcoe, ON N3Y 4N5

Phone: 519.426.6170 or 905.318.6623 or 519.582.3579 ext. 3234

Fax: 519.426.9974

Email: housing@hnhss.ca

D. What documents do I need for a Housing Stability Bank Application?

1. 2 pieces of identification. One of the two pieces must be photo ID, and/or provide proof of status in Canada. Options include:
 - Valid birth certificate (validates status in Canada)
 - Valid driver's license
 - Valid permanent resident card (validates status in Canada)
 - Valid passport (Canadian passport validates status in Canada)
 - Valid Health Card
2. Verification of monthly income – OW/ODSP stub, paystub, bank account statement with 2 months activity.
3. Proof of annual income for each adult included in the application.
Income tax Notice of Assessment (NOA):
 - for current year; or
 - income tax filing summary page verifying taxes filed (i.e. confirmation number or H&R Block letter, etc.); or
 - income tax filing summary pages with T4/T5 attached
4. Proof of expenses:
 - Rent receipt/mortgage payment
 - Lease agreement/property taxes
 - Utility bills
5. Copy of rental agreement or letter from your landlord, including date of expected move-in (Applications for Last Month's Rent)
6. Copy of notice from utility company for connection fees with expected move-in date (Applications for utility connections)
7. Copy of hydro bill, gas bill, or water bill with notice of arrears, or a disconnect notice for utility arrears (Applications for utility arrears)
8. Copy of eviction notice or pending eviction due to arrears (Applications for rental arrears)
9. Signed application form.

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HOUSING STABILITY BANK APPLICATION FORM

12 Gilbertson Drive,
PO Box 570,
Simcoe, Ontario N3Y 4N5
housing@hnhss.ca

519-426-6170
905-318-6623
519-582-3579

Section 1: Personal Information

Have you previously applied for and used HSB in the last 24 months? YES NO

If "yes" date last used _____ (mm/dd/yyyy)

Applicant #1

Applicant #2

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

D.O.B.: _____ (mm/dd/yyyy)

D.O.B.: _____ (mm/dd/yyyy)

SIN#: _____

SIN#: _____

Phone # _____ Home Cell Other

Phone # _____ Home Cell Other

Phone # where message can be left: _____

Current Address:

Street: _____ Unit #: _____

P.O. Box: _____ City: _____ Postal Code: _____

The above address is:

- Permanent (this is the home that I rent, and I have a lease or agreement to live here)
- Temporary (where I am staying right now, but only for a short time)
- Shelter (emergency housing)
- I am currently homeless and don't have an address

List Every Person Residing in the Home If Not Already Listed Above Under Age 18

| LAST NAME | FIRST NAME | RELATIONSHIP TO APPLICANT #1 | DATE OF BIRTH (M/D/Y) | GENDER M/F | SOCIAL INSURANCE NUMBER | CANADIAN CITIZEN Y/N |
|-----------|------------|------------------------------|-----------------------|------------|-------------------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section 2: Total Household Income

Total household income is the **monthly** gross income (before taxes and other deductions) of all members of the household who are 18 years of age and over. **This is mandatory information for eligibility.** Refer to Appendix A for the types of income to include and acceptable supporting documentation.

| Income Type | Applicant #1 | Applicant #2 | Other Adult |
|--|--------------|--------------|-------------|
| Ontario Works | | | |
| ODSP | | | |
| CPP | | | |
| OAS | | | |
| Employment Insurance | | | |
| WSIB | | | |
| Employment | | | |
| Other | | | |
| Total Income for Each | \$ | \$ | \$ |
| Total Gross Income for All Adults | \$ | | |

Section 3: Rental Unit Information

Please complete the details of the rental unit you intend to move into or where you currently live (if the application applies to your current residence) and your landlord information. **This is mandatory information for eligibility**, including landlord information.

| Rental Unit Information | | | |
|--|------------------------------------|---|---|
| This is where I currently live, and the application is for this location. Yes <input type="checkbox"/> No <input type="checkbox"/> | | This is where I am moving to, and the application is for this new location. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Address: | | Unit #: | |
| City: | | Prov: | Postal Code: |
| Monthly Rental Amount: | | Monthly Utility Costs: | |
| Type of Rental Unit | Apartment <input type="checkbox"/> | Townhouse <input type="checkbox"/> | Detached <input type="checkbox"/> Other <input type="checkbox"/> |
| Size of Rental Unit | Bachelor <input type="checkbox"/> | One Bedroom <input type="checkbox"/> | Two bedroom <input type="checkbox"/> Three + Bedroom <input type="checkbox"/> |
| Is the unit in a satisfactory state of repair? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Is the rental unit self-contained? (Does it have its own kitchen and bathroom?) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| Landlord / Property Management Information | | | |
|--|-------------------------------|-------------------------------|--|
| Landlord's Name: | | | |
| Landlord's Address: | | | Unit # |
| City/Town: | Province: | Postal Code: | |
| Landlord's Mailing Address (if different from above): | | | |
| Landlord's phone# | home <input type="checkbox"/> | cell <input type="checkbox"/> | work <input type="checkbox"/> other <input type="checkbox"/> |
| Landlord's email | | | |
| Is the Landlord the owner of the property? Yes No If not, who is the property owner? | | | |

Section 4: Requested Assistance

4.1 Moving - Rent and Utilities required for new residence

Monthly rent \$_____ Last Month's Rent Required: Yes No Amount \$_____

Date of move in: _____ Please pay: Applicant Landlord

Hydro Connection Required: Yes No Gas Connection Required: Yes No

Water/Waste Required: Yes No Other connection Required: Yes No

4.2 Arrears - Rent and/or Utility

Rent Arrears Required: Yes No Amount \$_____ Eviction Date: _____

Hydro Arrears Required: Yes No Amount \$_____ Cut-off Date: _____

Gas Arrears Required: Yes No Amount \$_____ Cut-off Date: _____

Other Arrears: _____ Amount \$_____ Cut-off Date: _____

4.3 Other Housing Stability Bank Funds Request

Requested Funding Support (explain request):

Amount \$_____ (attach quotes, if applicable)

Section 5: Application Assistance and Consent

Did someone provide you with assistance completing this application form? If so, please check the box that describes the person and fill in their contact information in case clarification is needed.

Medical Professional Social Worker Volunteer Family, Friend or Neighbour

Other (Please specify)

First Name: _____ Last Name: _____

Phone: _____ Home Cell Work Other

Email: _____

I give consent to contact the person listed above if any clarification or more information is needed about this application. Yes No

Signature: _____

Section 5: Declaration, Release, & Consent

1. I/We hereby confirm that, to the best of my/our knowledge, the information provided in this application is complete and accurate in every respect.
2. I/We acknowledge that in the event that a false declaration is knowingly made, Norfolk County as Service Manager shall have the right to cancel the approval and recover any paid funds.
3. I/We hereby authorize Norfolk County and/or its authorized representatives to make any inquiries deemed necessary to verify the information I/We have provided, and I/We give consent to any person, corporation or social agency with this information to release it to Norfolk County, Housing Department in relation to this application only; and /or to contact the person (Identified in Section 1) who provided assistance in completing this form should clarification be necessary.
4. I/We agree to promptly inform the Housing Department of any changes in intended address, income, marital status, or household composition.
5. I/We acknowledge that failure to report these changes may result ineligibility for the program.
6. This application and all schedules and attachments are subject to the Municipal Freedom of Information and Protection of Privacy Act (referred to as "MFIPPA"). Any information collected by Norfolk County as Service Manager pursuant to this application is subject to the rights and safeguards provided for in MFIPPA. Personal information contained in this form is collected by Norfolk County as Service Manager for the purpose of determining eligibility for assistance under the Community Homelessness Prevention Initiative.
7. Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the applicant(s) gives consent and authorization to Norfolk County as Service Manager to share select information in the application form as required. Any questions regarding the collection or release of this information should be directed to the Program Manager, Homelessness Prevention Services.

All applicants please sign below.

(Name, please print)

(Signature)

(Date)

(Name, please print)

(Signature)

(Date)

(Name, please print)

(Signature)

(Date)

Completed applications with all required information, documentation and verification attachments must be returned to:

housing@hnhss.ca

ATTENTION: HOUSING RESOURCE COORDINATOR

Housing Services
Gilbertson Drive, PO Box 570
Simcoe ON N3Y 4N5
519.426.6170 or 905.318.6623 or 519.582.3579

| |
|---------------------|
| Date Received Stamp |
|---------------------|

Appendix A

Household Income Examples and Supporting Documentation Required

| Household Income/Assets | Documentation Required |
|---|--|
| <p>A) Employment</p> <ul style="list-style-type: none"> • Full-time, part-time, or casual • Commissions, tips or bonuses • Illness and/or disability pay | <ul style="list-style-type: none"> • Copy of last Notice of Assessment and; • Letter from employer or employment agency – on company letterhead indicating monthly income or average earnings or; • Pay stubs for at least two months (employer identified) or; • Bank statement for two months showing income direct deposit |
| <p>B) Self-Employment</p> <ul style="list-style-type: none"> • Tutoring • Babysitting or child care • Taxi • Business • Other | <ul style="list-style-type: none"> • Copy of last Notice of Assessment and; • Self-employment tax filing |
| <p>C) Pensions & Allowances</p> <ul style="list-style-type: none"> • Old Age Security (OAS) • Canada/Provincial Pension (CPP,QPP) • Pensions (Widow's, Retirement, War, Disability, Other) • War Veterans Allowance (DVA) • Training Allowance | <ul style="list-style-type: none"> • Copy of last Notice of Assessment and; • Cheque stubs from disability, pension or insurance or; • Bank statement for two months showing income direct deposit |
| <p>D) Investment Income/Assets</p> <ul style="list-style-type: none"> • Interest and dividends from all investments, including stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities. • Registered Retirement Savings Plans (RRSP's) • Guaranteed Income statements (GIC's) • Property you own or have an interest in | <ul style="list-style-type: none"> • Copy of last Notice of Assessment and; • Copy of tax filing form declaring the income or asset |
| <p>E) Other Income</p> <ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) • Employment Insurance (EI) • Ontario Works (OW) • Ontario Disability Support Program (ODSP) • Compensation for Victims of Crime • Alimony, child support or separation payments | <ul style="list-style-type: none"> • Copy of last Notice of Assessment and; • Cheque stub or letter from source of income or; • Sworn affidavit with both the applicant and ex-spouse's signature or legal statement/letter from lawyer or; • Copy of most recent year income tax filing with any/all T4/T5's to verify income declared |