Health and Social Services
Haldimand and Norfolk

Housing Stability Bank Application

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

Social Services & Housing Department
Housing Services
PO Box 570, 12 Gilbertson Drive
Simcoe ON N3Y 4N5
ATTENTION: Housing Resource Coordinator
Email: housing@hnhss.ca
519.426.6170 or 905.318.6623 Ext. 3234 or 3235

Date Received Stamp

Please complete and return this form to the above address. Applications are not considered complete until all required and supporting documentation has been provided. Please see Appendix A.

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/yy)

Applicant:		**Co-Applicant:**	
Last Name:		Last Name:	
First Name:		First Name:	
Date of Birth:		Date of Birth:	
Address:		Address:	
Unit#:		Unit#:	
City:		City:	
Postal Code:		Postal Code:	
Phone Number:		Phone Number:	
Email:			

Section 1: Personal Information continued...

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

I am or have been:

- ☐ Indigenous
- ☐ Chronically homeless (Refers to people or households who are currently homeless and have been homeless for six months or more in the past year)
- ☐ Released from provincial institution (includes hospitals, treatment facilities, detention centers)

List every person residing in the home, if not already listed above

Last Name	First Name	Relationship to Applicant #1	Date of Birth DD/MM/YY	Gender

Section 2: Gross Household Income

Please include all income (before taxes and deductions) from all members of your household who are 18 years of age and over, who are residing at home. Please see Appendix A for the types of income to include and please ensure the correct supporting documents are provided with your application.

List of Income Sources	Gross Monthly total (before deductions)		
	Applicant	Co-Applicant	Others on Application
Employment (full time, part time, casual)	$	$	$
Self-employment or business income	$	$	$
Ontario Works (OW)	$	$	$
Ontario Disability Support Program (ODSP)	$	$	$
Employment Insurance (EI)	$	$	$
Workplace Safety Insurance Board (WSIB)	$	$	$
Old Age Security (OAS)	$	$	$
Canada Pension Plan (CPP)	$	$	$
Other pensions (e.g. company, private, foreign)	$	$	$
Guaranteed Income Supplements (GIS)	$	$	$
Child support and/or spousal support payments	$	$	$
Student Grants	$	$	$
Ontario Student Assistance Program (OSAP)	$	$	$
Other, please specify:	$	$	$

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 ☐ No ☐

This is where I am moving to, and the application is for this new location. Yes ☐ No ☐

Address: Unit#:

City: Province: Postal Code:

Monthly Rental Amount: Monthly Utilitiy Costs:

☐ Hydro ☐ Gas ☐ Water ☐ Other

Rental Unit Type

☐ Apartment ☐ Townhouse ☐ Room for Rent ☐ Detached ☐ Other

Size of Rental

☐ Bachelor ☐ 1 bedroom ☐ 2 bedroom ☐ 3+ bedroom

Is the unit in a satisfactory state of repair? Yes ☐ No ☐

Is the rental unit self-contained? (Does it have its own kitchen and bathroom?) Yes ☐ No ☐

Landlord / Property Management Information

Landlord's Name: Address:

Unit#: City: Province: Postal Code:

Landlord's mailing address if different from above:

Landlord's phone#: ☐ Home ☐ Cell ☐ Work ☐ Other

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:

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:		Disconnection Date:	
Gas Arrears Required:	☐ Yes ☐ No	Amount:		Disconnection Date:	
Water Arrears Required:	☐ Yes ☐ No	Amount:		Disconnection Date:	

☐ 4.3 Hoarding Requests

Requested Funding Support (explain request as further information/additional documentation needed):

Amount: (attach quotes, if applicable)

☐ 4.4 Other Requests

If you're requesting something that is not included above, please describe your request here and include any necessary documentation/quotes:

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.

Relationship to Applicant:

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

Name (Please Print) Signature Date

Section 6: Declaration, Consent and Release

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, Social Services and Housing in relation to this application only; and/or to contact the person, identified in this application, who provided assistance in completing this form should clarification be necessary.
4. I/We agree to promptly inform the Social Services and Housing department of any changes in current/ intended address, income, marital status, or household composition.
5. I/We acknowledge that failure to report these changes may result in 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 Homelessness Prevention Program.
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.
8. The applicant(s) acknowledges and agrees that an electronic copy of the Housing Stability Bank Application will be binding upon them as if it were a hard copy with original signature and/or that an electronic copy of the Housing Stability Bank Application will be deemed to constitute a duplicate original.
9. I/we understand that I/we may be contacted at any phone number or email address listed in this application.

Name (Please Print)	Signature	Date
Name (Please Print)	Signature	Date
Name (Please Print)	Signature	Date

Mandatory Documents to be Submitted with the Housing Stability Bank Application

1. One piece of identification, if ID does not provide proof of status in Canada additional document's may be required.
   - ☐ 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)
2. Verification of monthly income
   - ☐ OW/ODSP stub
   - ☐ paystub (two months)
   - ☐ bank account statement with two 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. Copy of rental agreement or letter from your landlord, including date of expected move-in (Applications for Last Month's Rent)
5. Copy of notice from utility company for connection fees with expected move-in date (Applications for utility connections)
6. Copy of hydro bill, gas bill, or water bill with notice of arrears, or a disconnect notice for utility arrears (Applications for utility arrears)
7. Copy of eviction notice or pending eviction due to arrears (Applications for rental arrears)
8. Signed application form.

Appendix A - Household Income Examples and Supporting Documentation Required

Household Income/Asset	Documentation Required
A) Employment • Full-time, part-time, or casual • Commissions, tips, or bonuses • Illness and/or disability pay	• Copy of last Notice of Assessment and; • Letter from employer or employment agency – on companyletterhead 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
B) Self-Employment • Tutoring • Babysitting or child care • Taxi • Business • Other	• Copy of last Notice of Assessment **and**; • Self-employment tax filing
C) Pensions and Allowances • Old Age Security (OAS) • Canada/Provincial Pension (CPP, QPP) • Pensions, for example: Widow's, Retirement, War Disability, Other • War Veterans Allowance (DVA) • Training Allowance • Ontario Disability Payments (ODSP)	• Copy of last Notice of Assessment and; • Cheque stubs from disability, pension or insurance or; • Bank statement for two months showing income direct deposit
D) Investment Income • Interest and dividends from allinvestments, including stocks,bonds, bank/trust/credit unionaccounts, shares, securities, annuities. • Registered RetirementSavings Plans (RRSP's) • Guaranteed Incomestatements (GIC's) • Property you own or have an interest in	• Copy of last Notice of Assessment
E) Other Income • Workplace Safety andInsurance Board (WSIB) • Employment Insurance (EI) • Ontario Works (OW) • Ontario Disability SupportProgram (ODSP) • Compensation for Victims ofCrime • Alimony, child support or separation payments	• 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'ssignature or legal statement/letter from lawyer or; • Copy of most recent year income tax filing with any/allT4/T5's to verify income declared