

## What is the Homelessness Prevention Benefit?

The Homelessness Prevention Benefit assists low-income households within Leeds and Grenville to obtain and retain housing, and supports those at risk of homelessness to remain housed.

### Eligible Items\*:

- Housing start-up costs: *Utility fees, last month's rent, moving costs, appliances*
- Rental arrears: *up to two months rental arrears*
- Utility arrears: *Hydro, water, fuel, wood, propane*
- Bed Bug treatment and personal item replacement

*\*please note some conditions apply*

### Non Eligible Items:

- Clothing
- Home repairs
- Mortgage arrears
- Property tax
- Household items

## Benefit Amounts:

1. The maximum Homelessness Prevention Benefit (HPB) to be issued within a 24 month period:
  - \$950.00 for a one person household;
  - \$1,800.00 for an individual exiting an institution or emergency shelter for rent, utility, and limited housing startup costs; or
  - \$1,800.00 for households with more than one person.

\* Households may be eligible to receive Homelessness Prevention Benefit assistance 12 months after last issuance only in extenuating circumstances.

## Who Can Apply for the Homelessness Prevention Benefit?

1. Applicants applying for **last month's rent and/or utility hook-ups** must be in one of the following circumstances:
  - Homeless households;
  - Precariously-housed households at risk of homelessness and relocating to a new rental unit because household is unable to afford their current rent, or are experiencing an "extenuating circumstance". Household needs to relocate to a more sustainable or appropriate unit.
  - Other circumstances of homelessness as approved by a Program Supervisor.
2. Applicants applying for **housing or utility arrears** must be one of the following circumstances:
  - Applicant has received an Eviction Notice, a written threat of eviction, or verification by the landlord of arrears; or
  - Applicant's utilities at a crisis point with high utility arrears leading to disconnection; or
  - Applicant has exhausted their fuel supply and does not have the means to replenish it;
3. Households in receipt of Ontario Works, or Ontario Disability Support Program may only be eligible for assistance with housing arrears in exceptional circumstances.
4. Households receiving rent-geared-to-income assistance are not eligible for assistance with rental arrears.
5. For applicants not in receipt of OW or ODSP, household income must be equal to or less than the following household income limits.

Gross (Pre-tax) Household Income Limits for Determining Eligibility				
1 Occupant	2 Occupants	3 Occupants	4 Occupants	5 Occupants
\$25,000	\$34,250	\$38,000	\$43,500	\$54,000

6. Income and assets must be declared for all persons 18 years and older in the household.
7. Available cash-on-hand and upcoming expenses will be considered when calculating the eligible benefit amount.
8. Total accommodation costs (rent and utilities) must be sustainable.
9. Applicant has exhausted all other options such as negotiating a repayment agreement, lowering interest rates, utilizing other resources (e.g. Low-Income Energy Assistance Program, COVID Energy Assistance Program).
10. The applicant has not received the maximum Homelessness Prevention Benefit amount within the past **24 months**. Households may be eligible to receive Homelessness Prevention Benefit assistance 12 months after last issuance only in extenuating circumstances.

**Applications must be completed in full with required documents attached.**

<b>Applicant Information</b>			
All persons in the household that are 18 and older must be included as applicants. Photo Identification is required for all applicants.			
<b>Name(s):</b>			
_____	_____	_____	_____
(first)	(last)	Date of Birth (dd/mm/yyyy)	Member ID, if applicable
_____	_____	_____	_____
(first)	(last)	Date of Birth (dd/mm/yyyy)	Member ID, if applicable
<b>Address:</b> _____			
(street number, P.O. Box No., R.R. #)		(city)	(Postal Code)
<b>Number of persons in household:</b> _____ <b>adults</b> _____ <b>children</b>			
<b>Telephone No.:</b> _____			
Work	Home	Alternate (cell, etc.)	

<b>Assistance Requested</b> - Documentation of the situation must be provided to verify the situation (e.g. quotes, lease indicating rental amount, eviction notice, utility bills)	
<b>Current Situation:</b> please check that which applies:	
<b>Moving/Obtain Housing</b> <input type="checkbox"/> Discharged from institution <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Catastrophic event <input type="checkbox"/> Homeless due to eviction <input type="checkbox"/> Other: _____	<b>Retain housing</b> <input type="checkbox"/> Eviction Notice/threat of eviction/Landlord notice of rental arrears <input type="checkbox"/> Utility arrears at crisis point/disconnection imminent <input type="checkbox"/> Bedbug treatment

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;">Item/Service Required</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Total Requested:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Total Approved:</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>	Item/Service Required	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	Total Requested:	\$ _____	Total Approved:	\$ _____	If applying for energy arrears (e.g. gas, hydro, water, fuel), have you tried to arrange a payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Item/Service Required	Amount												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
Total Requested:	\$ _____												
Total Approved:	\$ _____												

Assistance may be provided for last month’s rent, utility deposits, moving costs, rental or utility arrears. The following items are not eligible: Clothing, home repairs, mortgage arrears, property taxes, household items.

**Given the emergency nature and intent of the Homelessness Prevention Benefit, extenuating circumstances may be considered in determining eligibility for assistance. Is there any other information you would like us to consider? (please attach an additional sheet if more space is required)**    Yes    No

\_\_\_\_\_

\_\_\_\_\_

<b>Current Housing Details</b> - Provide verification of your current accommodation (e.g. lease/documentation from landlord) indicating address, number of bedrooms, included utilities and any additional charges.	
Are you currently without housing and/or moving into new accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate what type of housing you are, or will be living in:	
<input type="checkbox"/> Apartment Unit	<input type="checkbox"/> Single Family Home, Duplex or Row House
Indicate the number of bedrooms in the unit:	
<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3+ Bedrooms
If currently living at the above address, how long has your household lived here?	

### Monthly Expenses

Supporting documents must be verified for expense amounts, such as a rent receipt and current bills.

Utilities \$ _____	Rent \$ _____
Fuel \$ _____	Food \$ _____
Water \$ _____	
<b>Total Expenses:</b> \$ _____	

**Household Income** – Provide verification of most recent Notice of Assessment. If the Notice of Assessment does not reflect current household income, provide the recent ‘Net’ income for the past 4 weeks for all applicants. ‘Net’ income means all income after taxes and other deductions. Sources of income may include employment, pensions, WSIB, Employment Insurance Benefits, other insurance payments, social assistance, child/spousal support, investments or business income. Attach employment pay stubs, pension, etc.  
\* OW/ODSP recipients are not required to complete this section. Information is on file.

Adjusted Family Net Income – line 23600 of most recent Notice of Assessment:

_____	\$ _____
Tax Year	Line 23600

If the Notice of Assessment is not reflective of current household income, list ALL sources of income from your household, otherwise continue to ‘Household Liquid Assets’.

		\$
_____ Household Member	_____ Source of Income	_____ Monthly Net Income
_____ Household Member	_____ Source of Income	_____ Monthly Net Income
_____ Household Member	_____ Source of Income	_____ Monthly Net Income
_____ Household Member	_____ Source of Income	_____ Monthly Net Income
_____ Household Member	_____ Source of Income	_____ Monthly Net Income

**Total Monthly Net Income for all Household Members:** \$ \_\_\_\_\_

If earnings were reported for a dependant adult over the age of 18, please indicate who, and if they are enrolled in full-time schooling and list the school name: \_\_\_\_\_

Office use only: Net Annual Income is calculated using the sum of four weeks of pay statements ÷ 4.333 X 52 (weeks), or monthly amount x 12.

**Household Liquid Assets** – Verification of liquid assets (e.g. bank statements for the past 30 days showing the current account balances, etc.)

Household Member	Type and Description of Asset	Value of Asset (\$)
<i>e.g. John Smith</i>	<i>Bank account - Chequing</i>	<i>\$300.00</i>

### DECLARATION AND CONSENT

**This is your legal agreement with us. Please read it carefully and sign below.**

1. I certify that the information provided on this form is true and complete.
2. I authorize the United Counties of Leeds and Grenville, Community and Social Services Division to make any inquiries necessary to verify the information provided and determine eligibility. And I authorize any person, corporation, or social agency with this information to release it to the United Counties of Leeds and Grenville Community and Social Services Division.
3. I understand this application is not an agreement on the part of the United Counties of Leeds and Grenville, Community and Social Services Division to grant assistance.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Personal information contained in this form or in attachments is collected by the United Counties of Leeds and Grenville, Community and Social Services Division pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O.1990cM.56) and *Personal Information Protection and Electronic Documents Act*, and is used exclusively to determine eligibility for the Homelessness Prevention Benefit.

#### Documentation Checklist (to be completed by the Case Manager):

All of the following documents must be attached to your application form:	Verified
Photo identification with signature for each adult resident at the address.	<input type="checkbox"/>
<b>Housing:</b> Current lease/ documentation from landlord indicating monthly rent, address, included utilities, and any additional monthly charges.	<input type="checkbox"/>
<b>Income:</b> NOA, or most recent <b>four weeks</b> of pay statements or verification from employer of pay period and year to date earnings. Pay statements are required for each type of income identified on application (NCB, CPP, Pension, etc.). OW/ODSP income testing not required.	<input type="checkbox"/>
<b>Assets:</b> Bank statement for the past <b>30 days</b> showing balances in the account required.	<input type="checkbox"/>
<b>Requested Assistance:</b> Copies of relevant invoices, disconnection notices, eviction notices, written verification of arrears from Landlord, moving company quotes, furniture/appliance quotes, rent report form, new lease, bed bug treatment quote, as appropriate.	<input type="checkbox"/>
<b>Expenses:</b> Copies of <b>current</b> (one month) shelter costs, such as rent/mortgage, utilities, heating, and any other costs of living such as child care, medical, loan payment.	<input type="checkbox"/>

All completed applications will be accepted, reviewed and approved on a first come basis until funds are exhausted.

#### Submit your completed application form to:

The United Counties of Leeds and Grenville  
Community and Social Services Division  
25 Central Ave. West, Suite 200  
Brockville, ON K6V 4N6  
Fax: 833-775-0561

#### For more information or for assistance with completing your application, please call:

Telephone: 613-342-3840 ext. 2129 or  
Toll Free: 1-800-267-8146 ext. 2129

#### FOR OFFICE USE ONLY

**Approved**

**Denied**

**Amount Approved:** \$ \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Approved/Denied By:** \_\_\_\_\_

**IPD Supervisor Approval\*:** \_\_\_\_\_

\*Required only if income/assets exceed maximums or exceptional circumstances apply.