

## Housing Allowance Application

### Information about the IAH Housing Allowance Benefit

The Housing Allowance assists renter households by providing a housing allowance payment directly to eligible households. The allowance paid to eligible households is based on eligible unit size, or occupied unit size, whichever is less:

Bachelor	One Bedroom	Two Bedrooms	Three + Bedrooms
\$100	\$140	\$160	\$170

### Household Eligibility

1. Applicants must be renting within Leeds and Grenville.
2. At least one member of the household must be 16 years old or older and able to live independently;
3. Each member of the household must meet the following citizenship criteria:
  - a) Is a Canadian citizen, **or**
  - b) Has made application for permanent resident status under the *Immigration and Refugee Protection Act* (Canada), **or**
  - c) Has made a claim for refugee protection under the *Immigration and Refugee Protection Act* (Canada), **and**
  - d) No removal order has become enforceable against any member of the household under the *Immigration and Refugee Protection Act* (Canada).
4. No member of the household may owe arrears to any social housing provider in Ontario, or owe any amounts for any Affordable Housing Program (AHP) or Investment in Affordable Housing (IAH) program components. Arrears/amounts owed must be verified paid in full.
5. No member of the household was convicted of misrepresenting their income for the purposes of receiving RGI assistance within the last two years.
6. Households in receipt of rent-geared-to-income assistance are not eligible to receive the Housing Allowance benefit.
7. Household income must not exceed the household income limits.

### Unit Eligibility

1. Unit rent must not exceed the Average Market Rent established by CMHC for Leeds and Grenville or the Alternate Average Market Rent for the area as approved by the Ministry of Municipal Affairs and Housing.
2. The unit must be self-contained (i.e. must have its own kitchen and bathroom), and must be in a satisfactory state of repair.
3. A unit in a hotel/motel, congregate living arrangement, nursing home or retirement home is not eligible.

**Please leave this as a blank page so applicants can tear off top sheet**

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 *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 cF. 31) or the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, cM.56) and the *Personal Information Protection and Electronic Documents Act* S.C. 2000, c. 5. The information collected in this application is for the purpose of determining eligibility for the Investment in Affordable Housing (IAH) - Housing Allowance Program. The IAH Housing Allowance Program is funded by the Ministry of Municipal Affairs and Housing.

**Has any household member applied to the Social Housing Registry for subsidized housing ?** Yes  No

APPLICANT INFORMATION			
<b>Applicant:</b>			
Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
Status in Canada – Attach Documentation			Social Insurance Number
<b>Contact Information:</b>			May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Telephone:	Work Telephone:	Alternate Telephone (cell, etc.)	
<b>Current Address</b>			
Unit No.	Street Address	City/Town	Postal Code

All other household members residing at this address:								
Last Name	First Name	Relationship to Applicant	Gender		Canadian Citizen		Date of Birth (mm/dd/yyyy)	Social Insurance Number
			M	F	Yes	No		

**Social Housing History**

Have you or any member of your household previously lived in rent-geared-to-income (subsidized) or social housing in the province of Ontario? Yes  No

If **yes**, complete the following:

Housing Provider Name and Address	Name on Lease or Tenancy Agreement	From (date)	To (date)

Does any member of the household owe monies (i.e. rent or charges for damages) to any social housing provider in Ontario?    Yes                       No

**Income From All Sources**

**Definition of Income** - Income includes money of every kind and source including full time, part time or temporary employment ( gross salary, overtime payments, commissions), personal salary or benefits of self-employment, pension income from any public or private source, income from any government source (employment insurance, worker's compensation, Ontario Works, Ontario Disability Insurance), annuities, inheritance, alimony/support payments, interest from saving accounts, investments and term deposits, grants, scholarships, etc.

**INCOME**

**Income from all sources must be reported for all members of the household. If no income was received, indicate "Nil".**

Supporting documentation may be requested if required.

Income Source - check Yes or No				Applicant/Tenant Gross Monthly	Co-applicant/Tenant Gross Monthly
	Yes	No	NIL		
<b>Employment Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Employer Name: _____					
Employer Phone No.: _____					
<b>Self-Employed Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Type of Business: _____					
<b>Tips/Gratuities/Commissions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Indicate Business: _____					
<b>Strike Pay</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Lockouts require verification from the employer					
<b>Employment Insurance (EI)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Canada Child Benefit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Visitation/Custody/Support Agreements for any dependents</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Support Payments Received (Child, spousal)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Support Payments Paid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Workplace Safety and Insurance Board (WSIB)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Pension Income(s) (include all)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Canada Pension Plan (CPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Old Age Security (OAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Guaranteed Income Supplement (GIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Veterans Pension/Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Disability Pension(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Survivor Pension(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$


**INCOME**

**Income from all sources must be reported for all members of the household. If no income was received, indicate "Nil".**  
Supporting documentation may be requested if required.

Income Source - check Yes or No				Applicant/Tenant Gross Monthly	Co-applicant/Tenant Gross Monthly
	Yes	No	NIL		
Foreign Pension(s) including U.S. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other – please specify: Do not include lump sum payments (if the money is invested, include the interest only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Annuity Income</b> (includes life and fixed term annuity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Registered Retirement Income Fund (RRIF) payments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>OSAP (Loan or Grant)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Student Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>ANY other income not listed*</b> (annual bonuses, shift bonuses, self-employment, etc.) <b>Please indicate source of income:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Are you receiving income from any government grant or compensation program</b> (e.g. Canada Extraordinary Assistance Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Name of Recipient and Government Program:</b>					
Recipient _____ Government Program _____					
<b>Social Assistance Ontario Works (OW) cheque stub</b> Number of family members on cheque stub:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Social Assistance Ontario Disability Support Program (ODSP)</b> Number of family members on cheque stub:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

<b>RENTAL UNIT INFORMATION</b>			
<b>Address of Rental Unit</b>	<b>Civic Address (No. and Street Name)</b>		<b>Unit No. (if applicable)</b>
	<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Size of Rental Unit</b>	<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1-bedroom	<input type="checkbox"/> 2-bedroom
	<input type="checkbox"/> 3 or more bedrooms		
<b>Type of Rental Unit</b>	<input type="checkbox"/> Apartment	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Single detached
	<input type="checkbox"/> Other (Specify):		
<b>Is the rental unit in a satisfactory state of repair?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is the rental unit self-contained (i.e. unit has its own kitchen and bathroom)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>LANDLORD INFORMATION</b>		
<b>Landlord's Name:</b>		
<b>Landlord's Address:</b>		
<b>Street (civic address and street name)</b>	<b>Unit Number</b>	
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Landlord's Mailing Address if different from above:</b>		
<b>Landlord's Contact Information:</b>	<b>Telephone No.</b>	<b>Fax No.</b>

<b>Documentation to be submitted with this Application</b>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of citizenship for each household member (e.g. birth certificate, citizenship certificate, or other status in Canada);</li> <li><input type="checkbox"/> Divorce Order and/or Support Order, as applicable;</li> <li><input type="checkbox"/> Canada Child Benefit Notice, as applicable;</li> <li><input type="checkbox"/> Most recent Notice of Assessment (NOA) for each adult member of the household;</li> <li><input type="checkbox"/> Copy of Lease or Tenancy Agreement, rent receipts or Rent Report;</li> <li><input type="checkbox"/> An Electronic Funds Transfer (EFT) Request (attached) and a VOID cheque must be submitted.</li> </ul>

**Declaration and Consent**

I/We the undersigned, understand and declare,

1. That the information provided in this application and supporting documentation is true and complete.
2. That the United Counties of Leeds and Grenville, Community and Social Services Division may make any inquiries deemed necessary to verify the information I/we have provided, and I/we consent to 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. That the United Counties of Leeds and Grenville, Community and Social Services Division may contact my current or previous landlord to verify my initial and going eligibility for the Housing Allowance Benefit.
4. That this application and supporting documents (see last page of this application) is to be used by the United Counties of Leeds and Grenville, Community and Social Services Division to determine my/our eligibility for Housing Allowance.
5. That I/we must promptly inform the Community and Social Services Division of any changes in address, income, marital status, or household composition.
6. That failure to report changes in address, income, or household composition, may result in termination of the Housing Allowance.
7. That the Ministry of Municipal Affairs and Housing, which provides funding for this program, has the right to review my/our Housing Allowance Application and any supporting documentation for audit purposes, and may contact me/us to verify information provided.
8. That funding for this program ends immediately upon move in to a rent-geared-to-income unit or on **March 31, 2023**, whichever comes first.

All household members over the age of 18 must sign this declaration and consent.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Other Household Member Signature

\_\_\_\_\_  
Other Household Member Signature

\_\_\_\_\_  
Other Household Member Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Other Household Member Signature (if required)

<b>FOR OFFICE USE ONLY</b>	
<b>Arrears</b>	
<input type="checkbox"/> Coordinated Access <input type="checkbox"/> No arrears Confirmed	<input type="checkbox"/> Property Management <input type="checkbox"/> No funds owing to AHP/IAH Programs (Home Ownership, Ontario Renovates, Housing Allowance)
<input type="checkbox"/> Provincial Database	
Applicant is included on the centralized waitlist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application is determined: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	
Unit is: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	
If application/unit is ineligible, enter reason:	
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<hr style="border: 0; border-top: 1px solid black; margin: 0 auto; width: 30%;"/> Case Manager Signature	<hr style="border: 0; border-top: 1px solid black; margin: 0 auto; width: 30%;"/> Date



United Counties of Leeds and Grenville encourages Electronic Funds Transfer (EFT as a fast, accurate, safe, and efficient means of payment delivery. Simply return this form and a void cheque to enroll in our EFT payment plan option.

**VENDOR INFORMATION**

Vendor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code : \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
*(For payment notification)*

**BANKING INFORMATION FOR ELECTRONIC FUNDS TRANSFER (EFT)**

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Transit: \_\_\_\_\_ Bank Code: \_\_\_\_\_ Account No.: \_\_\_\_\_

**PLEASE ATTACH A VOID CHEQUE (Financial Institution Letter is Acceptable)**

Signature of Authorized Official: \_\_\_\_\_  
Signature of Authorized Official: \_\_\_\_\_  
*(If account requires more than one signing officer)*

**All information collected will be protected and used solely for direct deposit processing.**

**For office use only:**

Please check one of the following: Received in hard copy  Received by fax  Received by Email

**Note:** All EFT Authorization Forms received by Email will require a second verification phone call authorization prior to finalization.