

APPLICANT INFORMATION			
Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
Social Insurance Number	Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Submit proof of citizenship (i.e. birth certificate, citizenship certificate, etc.) Visually verified by Case Manager? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Contact Information:</b>			
Telephone:	Work Telephone:	Alternate Telephone (cell, etc.)	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Current Address:</b>			
Unit No.	Street Address		PO Box (if applicable)
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**

Is any member of the household in receipt of any rental assistance (i.e. rent-geared-to-income assistance, housing allowance, or portable housing benefit)? Yes  No

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

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  Unsure

<b>Source of Income</b>			
Income Source - check Yes or No	Yes	No	Approximate Gross Monthly
Ontario Works (OW) Statement of Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Ontario Disability Support Program (ODSP)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	\$

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

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

<b>Documentation to be submitted with this Application</b>	
<input type="checkbox"/>	Proof of citizenship for each household member (e.g. birth certificate, citizenship certificate, or other status in Canada);
<input type="checkbox"/>	Verification of income - most recent monthly Statement of Assistance (benefit statement) if receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) benefits <b>or</b> most recent Notice of Assessment (NOA) or current paystubs for each adult member of the household if not in receipt of social assistance;
<input type="checkbox"/>	Copy of Lease/Tenancy Agreement or Rent Report (or visually verified by IPD Case Manager).

Personal information contained in this application and/or in documentation submitted to support this application 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 Ontario Priorities Housing Initiative (OPHI) Housing Allowance program. The OPHI Housing Allowance program is funded by a joint initiative between the federal and provincial governments.

**Declaration and Consent**

I/We the undersigned, understand and declare,

1. That I/we have been provided and understand the OPHI Housing Information Part 1.
2. That the information provided in this application and supporting documentation is true and complete.
3. That this application and supporting documents required will be used by the United Counties of Leeds and Grenville, Community and Social Services Division to determine my/our eligibility for OPHI Housing Allowance.
4. 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.
5. That the United Counties of Leeds and Grenville, Community and Social Services Division may contact my landlord to verify my initial and ongoing eligibility for the OPHI Housing Allowance.
6. That I/we must promptly inform the Community and Social Services Division of any changes in address or household composition.
7. That failure to report changes in address or household composition, may result in termination of the OPHI Housing Allowance.
8. That eligibility for the OPHI Housing Allowance will be reviewed annually, and the OPHI Housing Allowance may be terminated if I/we do not provide information requested for such annual review.
9. That payment of the OPHI Housing Allowance will be by Electronic Funds Transfer (EFT) direct to my/our bank account. I/we agree to maintain an active bank account and provide details of such account to the Counties.
10. That if I/we are no longer eligible or terminated for the OPHI Housing Allowance for any reason, payments will stop at the end of the month following notice of ineligibility/termination.
11. That the Ministry of Municipal Affairs and Housing, which provides funding for this program, has the right to review my/our OPHI Housing Allowance Application and any supporting documentation for audit purposes, and may contact me/us to verify information provided.
12. That funding for this program ends immediately upon move in to a rent-geared-to-income unit or on **March 31, 2022**, 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

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

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

<b>FOR OFFICE USE ONLY – Verification of Arrears and other Rental Assistance</b>		
<b>Applicant Name: First Name, Middle Name, Last Name</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Social Insurance #</b>
<b>Social Housing Registry</b>		
<b>Arrears</b>	<b>Rental Assistance</b>	
<input type="checkbox"/> Rent Café	<input type="checkbox"/> Property Management	
<input type="checkbox"/> Provincial Arrears Database	<input type="checkbox"/> Rent Café (i.e. not housed in RGI unit with non-profit provider)	
<input type="checkbox"/> No arrears confirmed	<input type="checkbox"/> Is not in receipt of IAH Housing Allowance	
Applicant is included on the centralized waitlist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Housing Registry Signature		Date
<b>Ontario Works or Housing Case Manager</b>		
Application is determined: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible		
If application is ineligible, enter reason:		
Case Manager Signature		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.