

Arrears <small>**Verification is required</small>		Monthly Rental Expenses <small>**Verification is required</small>	
Month	Amount	Electricity: \$ _____	
_____	\$ _____	Heat: \$ _____	
_____	\$ _____	Water: \$ _____	
_____	\$ _____	Rent: \$ _____	
Total Arrears:		Rental Insurance: \$ _____	
		Total Rental Expenses: \$ _____	
Total Requested:			
\$ _____			
\$ _____ *			

* **Cannot exceed three months arrears.**

Monthly Household Budget	
Rental Expenses (total from above)	\$ _____
Transportation (e.g. car payment, gas, insurance, bus pass)	\$ _____
Food	\$ _____
Telephone	\$ _____
Internet/TV	\$ _____
Child Care	\$ _____
Other	\$ _____
Total	\$ _____ B

Net Monthly Household Income ("Net" income means all income after taxes and other deductions.)		
<ul style="list-style-type: none"> Enter amount from line 23600 of Notice of Assessment divided by 12, or List ALL sources of income from applicants. Sources of income may include, employment, pensions, WSIB, Employment Insurance Benefits, other insurance payments, social assistance, child/spousal support, OCB/CCB, investments or business income. <p style="margin-left: 20px;">Net Monthly Income is calculated using four weeks of pay statements.</p> <ul style="list-style-type: none"> Where income is not social assistance, verification of gross income for the past 4 weeks for all applicants is required. Attach employment pay stubs, pension and benefit statements. 		
Household Member	Source of Income	Net Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Net Monthly Income for all Household Members		\$ _____ A
<p>If earnings were reported for a dependent adult over the age of 18, please indicate who, and if they are enrolled in full-time schooling and list the school name:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (dependent adult) _____ School Name</p>		

Housing Sustainability

$$\begin{array}{rcccl}
 \$ & & - & \$ & = & \$ \\
 \hline
 \text{Total Monthly Income} & \text{(A)} & & \text{Monthly Household Expenses} & \text{(B)} & \text{Surplus/Loss}
 \end{array}$$

If the difference between income and expenses is a negative or loss, please describe how you will manage the rent going forward.

Household Assets

- Liquid assets include cash-on-hand and bank account balances
- Verification of liquid assets **is required**.

Household Member:	Type and Description of Asset:	Value:
		\$
		\$
		\$
		\$
		\$
		\$

Have you applied for any other financial assistance for these rent-related emergency costs? Yes No

If Yes, please provide details:

The Rent Bank assists with unexpected circumstances impacting a household's ability to pay rent.

Reasons for arrears:

- Illness of the applicant and/or dependents
- Exhausted funds due to payment(s) of utilities
- Unanticipated maintenance costs incurred, such as car repairs, etc.
- Additional unforeseeable increase in daily living costs such as day care, etc.
- Loss of Job
- Other: _____

Is there any other information you would like us to consider? *(please attach an additional sheet if more space is required)* Yes No

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 Rent Bank Program.

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 above facts 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 that 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: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____