



RENTAL ASSISTANCE SERVICES

Food | Housing | Health | Store

This application is designed to collect specific information from the applicants applying for Rental Assistance Services. The information collected here is for our internal use only. All information collected is considered confidential and will not be discussed with anyone outside our agency other than with your current landlord without your permission.

1 - APPLICANT INFORMATION:

Surname: _____	Given Name: _____
Birth Date: _____	Gender: _____

2 - CITIZENSHIP STATUS:

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Refugee
If landed immigrant or refugee, Date of entry into Canada MM: _____ DD _____ YYYY _____		

3 - CONTACT INFORMATION:

Residential Address _____	Town: _____	PC: _____
You must currently reside in Grimsby to be eligible for Housing Assistance		
Phone (H): _____	(C): _____	Email: _____
Alternate contact person for messages: Name: _____ Phone #: _____		
By providing an authorized contact, you are giving permission to GBF to exchange information with that authorized contact in order to maintain and update your file. To remove an authorized contact, please contact the Client Services Manager.		

OFFICE USE ONLY

Client # _____	Assistance Amount \$ _____
Effective Date: _____	Intake Staff: _____
Payment Option:	<input type="checkbox"/> Direct deposit to Landlord <input type="checkbox"/> Direct deposit to Client <input type="checkbox"/> Void cheque received



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Confidentiality Agreement and Release of Information Waiver

The information you give will be kept confidential. The Freedom of Information and Protection of Privacy Act covers the collection, use and disclosure of personal information in the GBF Housing Assistance files. The application form is designed to collect specific information from clients seeking assistance through the Rental Assistance Program.

I/We declare:

- This is my/our application and all information in it is true and complete to the best of my/our knowledge.

I/We permit:

- Grimsby Benevolent Fund to verify any of the information I/we provided in this application in order to access my/our eligibility for the Rental Assistance Program.

I/We acknowledge and understand that:

- Failure to submit an income return with CRA will result in my/we becoming ineligible for ongoing assistance through the Rental Assistance Program.
- This consent is in effect for two taxation years prior to and including the year of signature, and each consecutive year that I/we continue to receive subsidy from the Rental Assistance Program.
- It is my/our responsibility to immediately inform GBF of any changes in my/our address, rent, income, marital status, family size, or the people sharing my/our accommodation so that my/our subsidy can be adjusted accordingly.

Failure to report changes in my/our address or household composition may result in an interruption or suspension of benefits and may also result in an overpayment, which I/we will be required to repay.

Failure to report if I/we begin to receive income assistance any source not previously identified will result in an over payment which I/we will be required to repay.

If I /we wish to withdraw consent, I/we may do so at any time in writing to the Grimsby Benevolent Fund, however withdrawal of this consent will result in my/we being ineligible for assistance through the Rental Assistance Program.

Consent authorized by Client: _____ Date of Consent: _____ -

Name of GBF Staff Witness: _____ Date of Witness: _____

Sign Application: Sign the declaration above; unsigned applications will be returned for signature.

Attach all required documentation

4 - DEPENDANTS:

List yourself on line one, then list all other persons who are residing with you.

Name	Gender (M/F)	Birth Date	Full/Part Time	Relationship to Applicant
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is a baby expected? YES NO If yes, date expected _____

Note: Proof of identity is required for all family members. See required documents section.

5 - RESIDENTIAL HISTORY:

Please list your address(es) for the last 12 months:

Address(es)	From Date dd/mm/yyyy	To Date dd/mm/yyyy	Name of Landlord	Landlord Phone #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you currently live in subsidized housing? YES NO

6 - DWELLING TYPE (CURRENT):

House Apartment Social Housing Other (please specify) _____

7 - RENT INFORMATION:

Your current monthly rent \$ _____ (do not include utilities)

Is your monthly rent subsidized? YES NO

Does your rent include heat? YES NO

Does your rent include hydro? YES NO

Note: Proof of current rent is required. See required documents section.

8 - EXPENSES PER MONTH:

Rent \$ _____ Mortgage \$ _____ Natural Gas \$ _____ Hydro \$ _____

Water \$ _____ Property Tax \$ _____ Phone/Cable/Internet \$ _____

Childcare \$ _____ Home/Auto Insurance \$ _____

Medical \$ _____ Loans (list type) \$ _____ OSAP/ Tuition \$ _____

9 - INCOME INFORMATION:

		Verified through documentation?
Employment Applicant	\$ _____	<input type="checkbox"/>
Employment Other Household member(s)	\$ _____	<input type="checkbox"/>
Employment Insurance	\$ _____	<input type="checkbox"/>
Ontario Works	\$ _____	<input type="checkbox"/>
Ontario Disability Support Program (ODSP)	\$ _____	<input type="checkbox"/>
Child Tax Benefit	\$ _____	<input type="checkbox"/>
Canada Pension Plan (OAS)	\$ _____	<input type="checkbox"/>
Ontario Student Assistance Program (OSAP)	\$ _____	<input type="checkbox"/>
Private Disability Plan (WSIB)	\$ _____	<input type="checkbox"/>
Support	\$ _____	<input type="checkbox"/>
Rental / Boarder Income	\$ _____	<input type="checkbox"/>
Other (please specify) _____	\$ _____	<input type="checkbox"/>

TOTAL MONTHLY INCOME \$ _____ TOTAL ANNUAL INCOME \$ _____

10 - LANDLORD INFORMATION (CURRENT):

Landlord Name / Company: _____

Landlord Mailing Address: _____ Town: _____ PC: _____

Phone #: _____

11 - REQUIRED DOCUMENTS:

Before submitting your application for the Rental Assistance Services program, please review the following to make sure that all required information is included with the application.

* Applications are effective the month in which they are received by the Grimsby Benevolent Fund. Incomplete applications will be held for up to 30 days to allow applicants time to gather missing documentation.

* After 30 days, incomplete applications will be cancelled, and the applicant will be required to submit a new application with supporting documentation. The effective date will be adjusted to the month in which the new application is received.

The following must be received:

- Identification for each member of the household (ie-Birth Certificate or Health Card) ***Photo ID required for each person over the age of 18***
- Proof of residency – lease or rental agreement
- Proof of income from all sources
- Current rent receipt or property tax bill
- Recent utility statements
- Additional income information ie- Child Support, Child Tax Credit, Spousal Support
- Income tax return for current or previous year
- Proof of Assets (copies of current bank statements for all bank accounts showing a 60 day period)

12 - CONFIDENTIALITY AGREEMENT AND RELEASE OF INFORMATION WAIVER:

WAIVER:

I _____, hereby consent to the disclosure or transmittal

(First and Surname of Client)

to/or examination by the Grimsby Benevolent Fund of any relevant information deemed necessary to determine my eligibility for the services available from this agency.

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For assistance completing this form, contact the Food Bank at (905) 309-5664 ext. #21.



Client Goals



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Client #: _____

Client name: _____

Application date: _____

The Grimsby Benevolent Fund's Rental Assistance program is designed to help low income individuals and families meet their financial commitments while providing the opportunity for goal-setting. We ask that you share the ways in which this program will make a difference in your life and your ability to plan current and future goals:

1. _____

2. _____

3. _____

4. _____

Review

Review Date: _____

Outcomes: _____

Staff Signature

Client Signature



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