



Housing Stability Program Application

The Housing Stability Program (HSP) assists households who are at-risk of homelessness or are currently homeless. The maximum assistance for arrears is two months. Please be prepared to show how you will pay any excess arrears when applying for assistance for more than two months of arrears. If you are applying for last month's rent and you are currently living in a rental unit, you must provide a reason for why you are moving (e.g. you obtained new employment and are moving closer to work, you are moving to cheaper accommodations, etc.). Before completing an application, please read the following carefully.

General reasons why your application will not be approved:

- The accommodation is unaffordable (spending approximately 80% of income or more towards accommodation costs.)
- You have received HSP assistance within the last 24 months.
- Your household income is over the gross income limit¹ (see below.)
- Your household assets are over the asset limit² (see below.)
- Your accommodations are not covered under the *Residential Tenancies Act, 2006* (e.g. shared living arrangements with the landlord, transitional housing, group home, retirement home.)
- You are not a Durham resident. You must provide proof that you have been a resident of Durham Region for the last 3 months. A shelter address will not be accepted as proof of residency.
- Your landlord will not sign documentation from our office to confirm s/he will accept our payment.

Your application for last month's rent will not be approved if:

- You have paid last month's rent at your current address. Under the *Residential Tenancies Act, 2006*, you are required to provide your current landlord with 60 days' notice of your move and use the last month's rent deposit towards your new address. For example, on May 1st you notify your landlord you are moving out on June 30th. The last month's rent deposit you paid when you moved in will

¹ The gross income limits are as follows: Income limits apply in relation to the largest unit for which household is eligible under the occupancy standards.

Bach/1 Bedroom	2 Bedrooms	3 Bedrooms	4+ Bedrooms
\$37,000	\$42,000	\$49,000	\$59,500

² The asset limit for a single person is \$50,000. The asset limit for all other households is \$75,000.



be applied towards your June rent. In lieu of paying your June rent, you now have access to funds for last month's rent for your new address.

- You have already paid the last month's rent deposit or moved in/obtained the keys to the unit.

Your application for arrears will not be approved if:

- There has already been a Landlord and Tenant Board order on your current arrears.
- You have not provided a sufficient explanation as to why you fell into the arrears and how the situation has been resolved so that this will be prevented in the future.

Please note the Housing Stability Program has limited funds each year. While we do our best to process all applications, there may be a delay in processing your application due to funding availability.

You may email, fax, mail or drop off your application:

Community Development Council Durham
458 Fairall Street, Unit #4
Ajax, Ontario L1S 1R6
Tel: 905-686-2661 Fax: 905-686-0984
info@cdcd.org

If you are unclear and require assistance completing an application, please contact one of our staff.



Required list of support documents:

If applying for Rental Arrears please provide:

1. Proof of current gross combined income of all people in household (e.g. pay stubs, benefit statements from social assistance).
2. One piece of government issued ID for all household members occupying the unit.
3. Proof of current rental arrears in form of N4 or C4 Notice from Landlord and or Tribunal documents received to date.
4. Copy of most recent bank statement for applicant.
5. Signed Housing Stability Program application.

If applying for Utility Arrears please provide:

1. Proof of current gross combined income of all people in household (e.g. pay stubs, benefit statements from social assistance).
2. One piece of government issued ID for all household members occupying the unit.
3. Proof that current rent/mortgage is in good standing and paid up to date.
4. If applicant is a homeowner please provide proof of mortgage outstanding on the property in relation to a recent Municipal Property Taxes Assessment, in order for our office to determine assets for the household. This can be obtained by calling MPAC at 1 866 296-6722.
5. Copy of most recent Bank statement from all household members.
6. Copy of utility bill showing arrears.
7. Copy of completed consent to disclose personal information document for the utility provider.
8. Signed Housing Stability Program application.

If applying for Last Month's Rent please provide:

1. Proof of current gross combined income of all people in household (e.g. pay stubs, benefit statements from social assistance).
2. One piece of government issued ID for all household members occupying the unit.
3. Completed Intent to Rent Form
4. Copy of most recent Bank statement for applicant and co-applicant.
5. Verbal consent to speak with the potential new landlord to determine eligibility.
6. Proof you can pay the first month's rent.
7. Signed Housing Stability Program application.

If applying for Moving Costs please provide:

1. Proof of current gross combined income of all people in household (e.g. pay stubs, benefit statements from social assistance).
2. One piece of government issued ID for all household members occupying the unit.
3. Quote in writing from a moving company of the cost of the move.
4. Copy of new lease.
5. Copy of most recent Bank statement for applicant and co-applicant.
6. Signed Housing Stability Program application.



For Office Use Only: Date Received: _____ ID Number: _____

Housing Stability Program Application

For assistance, please contact Housing Help Durham: Tel: 905-686-2661 Fax: 905-686-0984

Address: 458 Fairall Street, Unit #4 Ajax, ON L1S 1R6

Applicant Information

Name: _____ Date of Birth: _____

SIN: _____ Address: _____

Phone: _____ Referred by (agency & worker): _____

Email: _____

Other Household Members

This includes all people living with you, including children and boarders.

Name:	Relationship:	Date of Birth:

Assistance Type

Please select what type of assistance you are applying for:
 Rent arrears ____ Utility arrears ____ Last month's rent ____ Moving costs ____

Landlord/Utility provider information (if applicable):
 Name: _____ Phone #: _____
 Address: _____ Fax #: _____

We will be contacting your landlord/utility provider to discuss your arrears and repayment options. Before we call, is there anything we should know? If you are moving, please explain the reason for the move.



Current Arrears

Month(s) for which rent is owed: _____

Amount of arrears owing? _____

Have you received an N4/C4/Disconnect Notice? No ___ Yes ___

Are you currently under eviction proceedings? No ___ Yes ___

Have you talked to your landlord/utility company about your arrears? No ___ Yes ___

What was the reason you fell into arrears and what circumstances have changed so that this will not happen in the future?

Current Housing Information

Date you moved into this address: _____ Number of bedrooms: _____

Cost of heat/utilities per month: \$ _____

How much is your rent/mortgage? \$ _____

Does this include heat/utilities? No ___ Yes ___

Do you have a lease? No ___ Yes ___ (If yes, please provide copy)

Did you pay first and last month's rent when you moved in? No ___ Yes ___

Housing History (If you have lived at your current address for less than three years, please complete this section using your last address's information)

Address: _____

Landlord/Property Manager: _____ Phone #: _____

Date of move-in _____ Date of move-out _____

Reason for moving _____

Do you owe any rental arrears other than those covered by this application? Yes ___ No ___

Have you ever been evicted in the last 3 years? Yes ___ No ___

Have you stayed in a shelter in the past year? Yes ___ No ___



Income Information

Please select all of your household's income sources:

Employment insurance ___ Insurance Benefits ___ Ontario Works ___ ODSP ___

OSAP ___ Child/Spousal Support ___ Allowance ___ Pension ___ No Income ___

Employment ___ (please include employer name and address on the line below)

Other Income ___ (please specify) _____

Total gross family income (before any deductions) from all sources: \$ _____

Total value of assets (e.g. bank accounts, cash stocks): \$ _____

Do you own any property? No ___ Yes ___ If yes, provide the following information:

Assessed value of owned property: \$ _____

Any mortgage owing on property: \$ _____

Expenses

Please list monthly bills from all sources including credit cards, heating, utilities, (hydro, water, cable, phone), bank/credit union loans or lines of credit, student loans, car/truck payments, support payments, insurance.

Company	Phone	Account #	Total Owing	How long Owed

I consent to Community Development Council Durham (CDCD) contacting the Social Services Department, Region of Durham/my landlord/utility company/creditor/Ontario Disability Support Program to confirm eligibility for this program. I further consent to CDCD contacting the income source named above to verify my income. I fully understand the nature and purpose of this consent and have given my consent and authorization voluntarily. I understand that if something on this form is incorrect or not true, I may be ineligible for assistance. I also understand that all information provided in my application will be verified.

Date : _____ Signature of applicant: _____

Signature of Co-applicant : _____

This information is collected under the legal authority of the Housing Services Act, 2011 for the purpose of administering the Community Homelessness Prevention Initiative. Questions about this collection should be forwarded to the Director of Housing Services, Region of Durham at 605 Roseland Rd E, Whitby ON, L1N 6A3 or 905-668-7711 or 1-800-372-1102



Consent to Disclosure of Personal Information

(complete this form if you are applying for assistance related to utility arrears)

Pursuant to the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, chapter 5, as amended) and section 32 of the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, chapter M.56), I, _____, grant my consent to the utility provider to disclose my personal information under the terms and conditions set out below:

Please select utility provider(s):

Hydro One ___ Veridian ___ Enbridge ___ OPUC ___ Enercare ___ Whitby Hydro ___
Durham Region Water Billing _____ Wyse Meter Solutions ___

Please provide your address receiving the service:

Please provide your account number:

1. Personal information related to the status of my account with the above checked provider(s) can be released to:
 - (a) Any representative of Housing Help Durham or the Housing Stability Program
 - (b) Any representative of the LEAP Program
2. The consent to disclose my personal information referred to above shall expire on _____ (no less than 30 days)
3. I certify that I am at least 18 years of age.

Signature of person giving consent: _____

Date: _____

Contact number: _____