

The Housing Stability Program (HSP) assists low income households who are at risk of homelessness or are currently homeless to secure housing or prevent eviction. The Housing Stability Program has limited funds each month. While we do our best to assist all eligible households promptly, there may be a delay in issuing assistance due to funding availability.

### Housing Stability Program Eligibility:

- HSP is intended to assist households who are normally able to pay their expenses, but due to unforeseen circumstances are unable to meet their costs for a short period of time or must move to secure more affordable accommodations.
- You may only access HSP assistance once in a 2-year period (24 months) for the application you have been approved for. Which means, if you have been approved for Last Month's Rent, you are still eligible to receive Rental Arrears, Moving Cost, and Utility Arrears
- You must provide proof that all family members are legal Canadian residents and that you have lived in Durham Region for at least 3 months.
- Your housing must be covered under the Residential Tenancies Act, 2006. Shared living arrangements with the landlord, transitional housing, group homes, retirement homes, long term care homes, etc. will not be accepted.
- Your housing must be affordable (spending less than 80% of your gross household income towards accommodation costs). Please include all income sources (Child Tax Benefits, Child Support, Trillium).
- Your gross household income is under the program income limits:
  - \$42,000 Single person
  - \$47,000 Two people
  - \$53,000 Three people
  - \$71,000 Four or more people
- Your household assets must be under the asset limit:
  - Single person- \$50,000
  - All other households-\$75,000
- All documentation has been provided (please refer to checklist)
- Please allow three to five business days **after all required forms and proof** have been received for an application to be processed.

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

Community Development Council Durham- Housing Stability Program  
458 Fairall Street, Unit 4 Ajax,  
Ontario L1S 1R6  
Tel: 905-686-2661  
Fax: 905-686-0984  
Email: [housinghelp@cdcd.org](mailto:housinghelp@cdcd.org)

### **Housing Stability Program Checklist**

#### **Required documents for ALL applications:**

- Proof of current gross combined income for all members of the household (i.e. two most recent paystubs, most recent OW or ODSP stub or a letter from your worker confirming amount of assistance, etc)
- Copy of one piece of government issued ID for all household members
- Proof of the value of all declared assets including the most recent 60 day (2 month) bank statement from all household members
- Completed Housing Stability application (Included in this package) with signatures of applicant and if applicable, co-applicant(s)

#### **If applying for rental arrears, please also provide:**

- Proof of current rental arrears in the form of an N4, C4 or L1 from the landlord or property management company, and/or any Landlord and Tenant Board documents received to date, including any orders

#### **If applying for utility/energy arrears, please also provide:**

- Proof that rent or mortgage is in good standing and paid up to date (If you are also applying for rent arrears this portion does not apply to you)
- If you are a homeowner, please provide proof of mortgage outstanding on the property. You will need to provide a Municipal Property Taxes Assessment (MPAC) in order for our office to determine assets for the household. This can be obtained by calling MPAC at 1 866 296-6722
- Copy of the utility/energy bill showing arrears and if applicable, any disconnect notices

#### **If applying for last month's rent deposit, please also provide:**

- Intent to Rent form completed by the landlord (form available from CDCD), or copy of the Ontario Standard Lease

#### **If applying for Moving Costs, please also provide:**

- Intent to Rent form completed by the Landlord (Included in this package), or copy of the Ontario Standard Lease
- Please be sure to include the reason for your move

Please note: Any applications not completed within 30 days, will be archived.

**Section 1: APPLICANT INFORMATION**

Applicant Information	
Last Name:	Given Name(s):
Date of Birth:	Phone Number:
Current Address:	
City/Town:	Postal Code:
Email Address:	
Referred By:	Citizenship/Immigration Status:
Veteran Status:	Aboriginal Status:

Other Household Members:		
<i>This includes all people living with you – including children and roommates</i>		
Name	Relationship	Date of Birth

Current Housing Information	
Name of landlord:	Phone Number:
Address of landlord:	
Date you moved into this address:	Did you pay first and last month's rent in your current unit: Yes ___ No ___
Monthly cost of heat and utilities (If not included in your rent):	Monthly cost of your rent or mortgage:

Income Information <i>(please include amounts for each adult in the home)</i>		
Source of Income	Gross Monthly Amount	Details
Employed		
Employment Insurance Benefits (EI)		
ODSP		
Ontario Works (OW)		



Income Information continued <i>(please include amounts for each adult in the home)</i>		
Source of Income	Gross Monthly Amount	Details
OSAP		
Pension (CPP, OAS, private)		
Child Tax Benefit		
Child or spousal support		
Other Income (please explain)		

<b>Assets</b>
Total Value of Assets:
Asset Type: (RRSPs, Canada Savings Bond, GICs, equity in owned home):

**Section 2: HOW CAN WE ASSIST YOU?**

<p><b>Assistance Type</b> Please select what type of assistance you are applying for. You can select more than one. Refer to checklist for required documents.</p> <p><input type="checkbox"/> Rental arrears <b>(Please complete section 3)</b></p> <p><input type="checkbox"/> Utility/energy arrears <b>(Please complete section 4)</b></p> <p><input type="checkbox"/> Last month's rent deposit <b>(Please complete section 5)</b></p> <p><input type="checkbox"/> Moving Costs (maximum of \$200)</p>
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**Section 3: RENTAL ARREARS**

Please note that your application for rental arrears may not be approved if the sheriff has already been called for removal from the unit.

<p>Do you have a lease?      Yes      No <i>(If yes, please provide a copy)</i></p> <p>How much rent do you currently owe?    \$_____</p> <p>Month(s) for which rent is owed: _____</p> <p>What was the reason you fell into arrears and what have you done to prevent this from happening in the future?</p>
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**Section 4: UTILITY ARREARS**

Name of utility/energy provider: \_\_\_\_\_

How much do you currently owe? \$ \_\_\_\_\_

Month(s) for which arrears are owed: \_\_\_\_\_

What was the reason you fell into arrears and what have you done to prevent this from happening in the future?

**Section 5: LAST MONTH'S RENT DEPOSIT**

Please note that your application for last month's rent will not be approved if:

- You paid last month's rent at your current address
- You have already paid last month's rent deposit or moved in/obtained the keys to the new unit  
(Please allow sufficient time for your application to be reviewed)

New Unit Information		
Address:		
City/Town:	Postal Code:	
Monthly Rent:	Are utilities included? Yes                  No	If not, how much?
Landlord Name:		Phone number:

Please provide the reason you are moving:



*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.*

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

*This information is collected under the legal authority of the Housing Services Act, 2011 for the purposes 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 Rossland Rd E. Whitby, ON L1N 6A3 or 905-668-7711 or 1-800-372-1102*

The Housing Stability Program is a homelessness prevention initiative for low income Durham Region residents. It is a program of the Region of Durham and funded through the Region of Durham and the provincial Community Homelessness Prevention Initiative (CHPI).



INTENT TO RENT FORM FOR LAST MONTHS RENT DEPOSIT

If you are applying for last month’s rent, please have your prospective landlord complete this form. This form must be completed and submitted **prior** to moving in or obtaining the keys to the unit. Your application will not be approved if you have already paid the last month’s rent deposit or if you have already moved in or obtained the keys to the unit.

The owner/Authorized Agent is required to complete the Intent to Rent document and declaration portion for the new prospective tenant.

Prospective renter’s full name (please include everyone who will be on the lease):

\_\_\_\_\_

Address of prospective rental unit:

\_\_\_\_\_

Effective move-in date: \_\_\_\_\_

Total rent amount: \$ \_\_\_\_\_

Are Utilities Included: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please circle what you and your landlord are responsible for:

Heat: Tenant      Owner/Landlord

Hydro: Tenant      Owner/Landlord

Water: Tenant      Owner/Landlord

Type of Accommodation:

House: \_\_\_\_\_

Apartment: \_\_\_\_\_

Basement Apartment: \_\_\_\_\_

Rooming House: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Is the kitchen and/or bathroom shared with the landlord? No \_\_\_ Yes \_\_\_

Does the Landlord/owner of the property reside on the premises? No \_\_\_ Yes \_\_\_



Please note that for basement apartments/secondary suites, you may be asked to provide a copy of the registration certificate to confirm that the unit conforms to local by-laws.

Declaration:

That I am the owner/authorized agent for the property located at

\_\_\_\_\_

My name is: \_\_\_\_\_

My primary residence is: \_\_\_\_\_

Owner/Authorized Agent contact number: \_\_\_\_\_

Landlord/Authorized Agent signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Statement to prospective landlords: Please note that completing this form does not guarantee the applicant will be issued last month's rent. The applicant must still be able to meet the program criteria. Please contact our office at 906-686-2661 if you have any questions regarding the process or program.

The Community Development Council Durham assumes no liability/responsibility for any issues, incidental, special or exemplary damages arising from the tenancy/relationship between the applicant and landlord/rental agent.



### Client HIFIS Consent to Collect and Release Information

This partner agency is part of the Regional Municipality of Durham shared Homeless Individuals and Families Information System (HIFIS) System. HIFIS is a secure system that uses computers to collect and share information in order to help provide services to people who are experiencing homelessness and housing instability. The HIFIS system is shared between the Region of Durham and its community partners. For a full list of community partners, please contact Housing Services at 905-668-7711.

To help you access the supports you need, it may be important for relevant information to be shared among the partner agencies. As you receive services, personal information will be collected about your housing and support needs, the services you receive and the outcomes of those services.

Only information related to obtaining and maintaining your housing will be collected and seen by partner agencies. This partner agency will collect, store and disclose the following information about you to other partner agencies:

- full name
- contact information
- date of birth
- educational history
- marital, family status, and history
- current income and assets
- employment status, history
- housing history
- service history (including services and programs accessed or applied for)

HIFIS information hosted by the Region of Durham may be shared with other service providers for the purposes of:

- (a) managing and administering housing and homelessness services and programs now and in the future;
- (b) verifying eligibility for housing and homelessness services funded by applicable municipal and/or provincial social programs;
- (c) supporting and evaluating funded programs, and reporting to provincial and federal funding bodies using aggregate/non-identifying data.

#### **What this means for you**

We use your information to help you access services that may help you. We also use your information to manage and improve our programs and services. Lastly, we use this information to report back to the province and federal government using information that does not personally identify you.

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2463.

You have the right to see your HIFIS record, ask for changes, and to have a copy of your record from this agency upon written request. You may revoke your consent in writing at any time.

Once signed, this consent form will be valid for the period of 24 months. By signing below, I acknowledge that I have read this consent form and understand and agree with its contents.



**Applicant's Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Co-Applicant's Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dependant(s) (18 years and older)**

**Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Client(s) could not / would not sign form.
- Form contents and MFIPPA/HSA Collection Statement (below) read orally to Client(s).

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Staff Person dd / mm /yyyy

The collection, storage and protection of personal information is governed by the Housing Services Act, 2011, Municipal Freedom of Information and Protection of Privacy Act, the Personal Information Protection and Electronic Documents Act and the Personal Health Information Protection Act, 2004. Partner agencies are bound by either one or all legislation. Personal Information may also be used by authorized staff at the Regional Municipality of Durham in its role as HIFIS Database Host for the purposes of administering and maintaining the database on which the Personal Information is kept. For more information please contact the Director of Housing Services, Region of Durham at 605 Rossland Rd E, Whitby ON, L1N 6A3 or 905-6687711 or 1-800-372-1102

The information and privacy commissioner of Ontario oversees the administration of privacy legislation in the public sector and can be reached at:

Office of the Information and Privacy Commissioner  
2 Bloor Street East, Suite 1400, Toronto, ON M4W 1A8

Toronto Area: 416-326-3333 Toll Free: 1-800-387-0073  
TDD/TTY: 416-325-7539 Email: info@ipc.on.ca