



Social Assistance Relief Rental Arrears Fund (SSRF)

My current source of income is: OW ODSP Other
(if not OW or ODSP, proof of income must be included)

Applicant Information

Given Name:	Surname:	Date of Birth/member ID:
Spouse's Given Name:	Spouse's Surname:	Date of Birth/Member ID:
Address:		
Home Phone Number:	Alternate Phone Number:	

Section 1: Request for Rental Arrears

- Are the arrears for your current address?
- Will you be able to stay at your current address if your arrears are paid?
- Is the request for arrears payment in order to qualify for the Rent Geared to Income Waitlist?

Please explain your situation including arrangements to ensure costs are paid in the future:

Section 2: Details of Arrears

If you are requesting assistance with shelter arrears (unpaid or overdue rent), please complete this section and provide written verification of arrears owing.

Have arrangements been made with the landlord/utility for your arrears owing? No Yes

If yes, what arrangements have been made?

Have you received a Notice of Eviction? No Yes

If yes, what is your eviction?

1. If yes, please submit copy of notice(s) with this application.
2. If you have not received a Notice of Eviction, please attach tenant ledger to verify amount owing.
3. Please attach a letter from your supporting agency to verify circumstances of need and plans to ensure rent is kept up to date in the future.

Assets for everyone living in the home	(Name(s) on account / Financial Institution / Account #)	(Current Balance)
Cash		
Bank Accounts (8 weeks of activity)		
Investments (ie GIC, Bonds, RRSP)		
Other Assets (can be easily converted to cash)		
Vehicle(s)		
Property		
TOTAL ASSETS:		

Total Monthly Income (for everyone living in the home)	Gross	Net	Total Monthly Accommodation Costs	
Total earnings (<i>for the previous 8 weeks</i>)			Mortgage	
Ontario Works/ODSP			Rent	
Child tax/Universal Benefit			Gas	
Support			Hydro	
Employment Insurance (EI)			Oil	
Canada Pension (CPP)			Water	
Old Age Security (OAS)			Hot Water Tank Rental	
Private Pensions			Taxes	
Workplace Safety Insurance Benefit (WSIB)			House Insurance	
OSAP (Ontario Student Assistance)			Lot Rental	
Native Band Allowance			Other (specify)	
Rental or Roomer/Boarder Income				
Investment Income				
Self- Employment Income				
Other Income (please specify)				
Total Monthly Income			Total Monthly Accommodation	

FOR OFFICE USE ONLY:	
HSF issued within the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Caseworker Recommendation:	
<input type="checkbox"/> Approved	Issue \$
Items Approved:	
<input type="checkbox"/> Denied	
Reason:	
If SSRF is approved, please select the intended outcome: <input type="checkbox"/> Maintain Housing <input type="checkbox"/> Establish Housing	
Caseworker:	Supervisor:
Date entered into spreadsheet:	Manager:

SSRF Declaration, Release and Consent of Information

I/we

_____ (name of applicant)

_____ (name of co-applicant)

consent to the collection, disclosure, transmittal and release of information to an authorized representative of The District of Thunder Bay Social Services Administration Board (TBDSSAB), for the purpose of verifying information and establishing eligibility for assistance from the SSRF.

I/we declare that all information that I/we have provided for this application is true, correct and complete. If it is determined that information has been omitted or is incorrect, TBDSSAB may cancel my/our application, and I/we may be responsible for repayment of any funds issued on my/our behalf under the SSRF.

Without restricting the generality of the consent I/we specifically consent to the collection of and release of information relating to income, assets or accommodation costs, as well as the release to TBDSSAB by utility companies, landlords or other related entities information concerning my/our arrears and other ongoing or outstanding obligations.

I/we further consent to an authorized representative of TBDSSAB disclosing personal information about me/us, any of my/our dependent children or children temporarily in my/our care, to third parties for the purpose of determining or verifying my/our eligibility for financial assistance under the SSRF.

I/we further consent to the information being exchanged with a representative of The District of Thunder Bay Social Services Administration Board, the Ministry of Children, Community and Social Services or the Ministry of Municipal Affairs and Housing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our eligibility for financial assistance and administering my/our financial assistance under the SSRF.

I/we understand that this consent will apply to inquiries made relating to my/our eligibility for, as well as my/our receipt of financial assistance under the SSRF from which funding is issued.

I/we further understand that the inquiries may take the form of electronic data exchanges.

Signature of applicant

Witness

Date

Signature of co-applicant

Witness

Date

Signature of children over 18

Witness

Date

****All household members over the age of 18 must sign the application****

The personal information on this form is collected under the legal authority of the *District Social Services Administration Boards Act*, or the *Ontario Works Act, 1997*, or the *Housing Services Act, 2011* by TBDSSAB. The information is used to determine eligibility for the SSRF and aggregate statistical reporting. Questions about this collection can be directed to the Chief Privacy Officer/Freedom of Information Coordinator, The District of Thunder Bay Social Services Administration Board, telephone (807) 766-2111 or toll free 1-877-281-2958, 231 May St. S., Thunder Bay, Ontario P7E 1B5.