

GENERAL INFORMATION SHEET

Canada-Ontario Housing Benefit (COHB) is to increase the affordability of rental housing by providing income and asset tested, portable housing benefit payment directly to eligible households in housing need.

Do You Qualify?

In order to qualify for COHB:

- The Adjusted Family Net Income (AFNI) for your unit size must not exceed the limits as set by the Ministry of Finance. Income is based on line 23600 of the previous year's income tax Notice of Assessment. Please ensure you have filed your income tax return for the most recent year. This document will be required at the time of your application. If your current income does not reflect last year's income, you will need to provide current paystubs and/or bank statements to determine your projected annual income.
- The monthly rent for your unit size must not exceed the limits shown below.

2024-2025 Average Market Rent		
1 Bedroom- \$900.00	2 Bedroom - \$1091.00	3+ Bedroom - \$1,091.00

- The unit must be located within the City of Cornwall or the United Counties of S. D. & G.
- Your household liquid assets (cash, bank accounts, investments that can be easily converted to cash) must not exceed \$50,000 (single) and \$75,000 (couple/family).
- Eligible applicant will receive a monthly subsidy based on the difference between 80% of the Average Market Rent of the relevant service area and 30% of the Adjusted Family Net Income. reside permanently in Ontario;
- either a Canadian Citizen, permanent resident, has made an application for status as a permanent resident under the Immigration and Refugee Protection Act (Canada), has made a claim for refugee protection under the Immigration and Refugee Protection Act (Canada) and no removal order has become enforceable under that Act against the member;
- be on a social housing waiting list or eligible to be on such a list or living in community housing;
- not be in receipt of or part of a household in receipt of RGI assistance, a COHB benefit, or any other government-funded housing benefit, with the exception of social assistance shelter payments;
- consent to being permanently removed from the social housing waiting list of the Service Manager where the application was completed for the duration of your participation in the COHB program;
- not reside in a home suitable for year-round occupancy (within or outside Ontario) owned by a member of the household within 90 days of being determined eligible; and
- has applied for the COHB program and provided the necessary information for the calculation of the benefit.

Required Documents

Incomplete applications will not be accepted. Copies of the following documents must accompany this form:

- Identification** for each household member (e.g. driver's license, Health Card)
- Verification of Canadian Status** (Passport, Immigration Documents, Birth Certificate)
- Bank statements** (2 recent months) for all bank accounts from each household member
- Proof of current income** for each household member. I.e.: paystubs (2 months)
- Notice of Assessment** from Canada Revenue for the most recent taxation year for each adult household member
- Rental Agreement**
- SIN** for each household member (required at time of application)

APPLICANT INFORMATION

First Name	Last Name	Date of Birth: D / M / Y
Street address:		Apt/Unit# P.O. Box
City:	Province: Ontario	Postal Code: -
Cell Number: - -	Home Phone Number: - -	
Email:	Status in Canada:	

Are you involved with encampment, Parisien Manor or on the By-Name-List Yes No

CO-APPLICANT INFORMATION (if applicable)

First Name	Last Name
Date of Birth: D / M / Y	Relationship to applicant:
Email:	Status in Canada:

Other than the applicant and co-applicant:

How many other household members are 18 years of age or older? _____

How many other household members are under the age of 18? _____

Are you involved with encampments, Parisien Manor or on the By-Name-List Yes No

UNIT INFORMATION

Monthly rent for the unit \$	Monthly utilities NOT included in the rent	<input type="checkbox"/> Heat: \$ _____ <input type="checkbox"/> Electric: \$ _____
Number of Bedrooms	Landlord Name:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Landlord Address:	
Currently receiving any rent subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes - specify:		

TOTAL MONTHLY HOUSEHOLD INCOME

Is anyone in your household receiving social assistance? No Ontario Works ODSP
 Check all other sources of income: Earnings E.I. OAS/CPP Other: _____
 Net income as per Canada Revenue Notice of Assessment (line 23600 of recent taxation year):
 Applicant: \$ Co-Applicant: \$ Other: \$
 If your current income has changed from last year, please explain:

TOTAL ASSETS

Type	Applicant	Co-Applicant (if applicable)	Other Member(s) over 18 (if applicable)
Cash	\$	\$	\$
Bank Accounts	\$	\$	\$
Other Liquid Assets	\$	\$	\$
Home Value (Owned)	\$	\$	\$

I confirm that all information given on this Pre-Determination Assessment Form is correct and complete and that only the individual(s) included on this form reside with me. Should I meet the pre-determination criteria for the program, I will provide the verification documents to complete a COHB application.

Applicant Signature	Date
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OFFICE USE ONLY

Applicant has met the pre-determination criteria for COHB – an email confirmation will follow

Applicant has **NOT** met the pre-determining criteria for the COHB for the following reason(s):

	The household income exceeds the Adjusted Family Net Income (AFNI).
	The amount of rent exceeds the Average Market Rent for your household size
	The household assets exceed \$50,000(single) \$75,000 (couple/family)
	Missing documents:
	Other:

Staff Initials: _____ Date: _____