

OW & ODSP HPP BENEFITS REQUEST FORM

(Homelessness Prevention Program)

Applicant's Personal Data

First Name: _____ Last Name: _____

Full Address: _____

Phone #1: _____ - _____ - _____ Phone #2: _____ - _____ - _____

E-mail address: _____

Preferred method of communication (Rate from 1 to 3): Email ___ Phone ___ Mail ___

From which source are you receiving benefits? OW ODSP

Do you identify as indigenous? Yes No Prefer not to answer

Have you resided in an institution within the last 12 months? Yes; No; Prefer not to answer

Benefit Requested	Required Documents to be Attached
<input type="checkbox"/> Rental Arrears	<ul style="list-style-type: none"> Letter or N4 from the Landlord to verify amount owed. (Note: We do not pay last month's rent.)
<input type="checkbox"/> Utility Arrears or Deposits	<ul style="list-style-type: none"> Copy of the bill, disconnection notice, estimate for oil, etc. The utility account holder must sign the consent form on the back of this page. If disconnected by Cornwall Electric, sign the reconnection waiver on back of this page. Do you require a LICO letter to waive a deposit fee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Moving Costs -Prior approval is required -No truck rentals -No reimbursements	<ul style="list-style-type: none"> Minimum of one <u>written</u> estimate from a moving company, as per the Housing Programs list and maximum allowable benefit. Copy of the new Lease Agreement or the Intent to Rent. Copy of the N12 or N13 (if applicable). Supporting documentation (if you are moving for medical reasons).
<input type="checkbox"/> Pest Inspection	If you are moving and require this service from the social housing provider, attach a written estimate from a reputable company, as per the Housing Programs list.
<input type="checkbox"/> Other	Specify: _____

Reasons for each of your requests: _____

Complete other side ▶

Notice with Respect to the Collection of Personal Information

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Freedom of Information and Protection of Privacy Act (FIPPA)

Personal Information Protection and Electronic Document Act (PIPEDA)

This information is collected under the legal authority of the Housing Services Act, 2011

for the purpose of administering the social housing programs prescribed in this Act and its associated Regulations.

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION and DECLARATION

Collection of Personal Information

The City of Cornwall Housing Programs will collect, retain and use the personal information provided by me for the following purposes:

- To determine my initial and ongoing qualification for the Homelessness Prevention Program;
- To determine the amount of assistance for which I am eligible.

Disclosure of Personal Information

The City of Cornwall Housing Programs will disclose personal information provided by me to the following parties for the purposes described above:

- To any social agency providing any form of assistance to me, or other government subsidy under the Ontario Works Act, 1997, the Ontario Disability Support Act, 1997 or the Child Care and Early Years Act, 2014 or any government department responsible for social housing programs under the Housing Services Act, 2011;
- To the Government of Canada, a department, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act;
- To relevant parties **as it relates to this request** including but not limited to:
 - Full name of current Landlord: _____
 - Full name of new Landlord: _____
 - Name of utility company: _____
 - Name of utility company: _____
 - Name of moving company: _____
 - Other (specify): _____

Consent and Declaration

I/we, _____ and _____
Print Applicant's Name Print Spouse/Partner's Name

authorize and agree that the City of Cornwall Housing Programs may collect, use and disclose the personal information that I/we have provided for this request on all the attached pages, as required or permitted by law.

I/We agree that all the statements in the foregoing application are true to the best of my/our knowledge and belief and no information required to be given has been concealed or omitted. I/we understand that the Criminal Code of Canada, Sec. 380(1), states that everyone who by deceit, falsehood, or other fraudulent means defrauds the public of any property, money, or valuable security, is guilty of an indictable offence. The Ontario Works Act, Sec.79, and the Ontario Disability Support Plan Act, Sec. 59, states that a person who knowingly obtains or receives a benefit that he/she is not entitled to obtain or receive under the Act and the Regulations is guilty of an offence. I/we make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath by virtue of the Canada Evidence Act.

I/We acknowledge that all arrangements/negotiations are made between me/us and the contractor and that the City of Cornwall Housing Programs will not be responsible for any breakdown in these arrangements or for substandard work.

Dated this _____ day of _____, 20_____.

X _____ X _____
Applicant's Signature Spouse/Partner's Signature (If applicable)

A Case Manager will review your request within 4 business days and contact you with the decision.

Cornwall Electric Reconnection Waiver. COMPLETE ONLY IF CURRENTLY DISCONNECTED.	
This is to confirm that I, _____, give my permission to Cornwall Electric to reconnect the electrical service at _____ without my being present.	
Account #: _____	Signature: X _____
Phone #: _____ - _____ - _____	Witness: _____