



OW & ODSP CHPI BENEFITS REQUEST FORM

Personal Data

Last Name: _____ First Name: _____

Address: _____

Phone #: _____ - _____ - _____

E-mail address: _____

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

Name that appears on the OW/ODSP cheque stub: _____

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"/> 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 CHPI department 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, attach a written estimate from a reputable company, as per the CHPI department list.
<input type="checkbox"/> Minor Home Repairs	E.g. furnace repair, plumbing repair, minor foundation repair, etc. <ul style="list-style-type: none"> Two written estimates from reputable companies (contractor must have a HST/GST number). Proof of home ownership (Deed, Transfer, MPAC statement or municipal tax bill).
<input type="checkbox"/> Other	Specify: _____

Reasons for each of your requests: _____

Note: 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 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.

 Client's Signature

 Date

Consent for Collection, Use and Disclosure of Personal Information

Collection of Personal Information

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

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

Disclosure of Personal Information

The City of Cornwall Housing Access Centre 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) _____
 - Other (specify) _____

Consent for the above

I _____ and _____
Print Client's Name Print Spouse's Name

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

Dated this _____ day of _____, 20_____.

Client's Signature

Spouse's Signature

Cornwall Electric Reconnection Waiver. Account #: _____

This is to confirm that I, _____, give my permission to Cornwall Electric to reconnect the electrical service at _____ without me being present. Signature: _____

Phone #: _____ - _____ - _____ Witness: _____

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.