



Temporary Rent Relief Assistance Program

July to December 2021

Application Form

The temporary Rent Relief Assistance program is a subsidy paid to the landlord on behalf of a household in need of rental assistance. If you qualify, you may receive up to 70% of rent subsidy per month towards your rent based on your income (for a period covering July 1 2021 to December 31 2021).

Do you qualify?

In order to qualify for Rent Relief Assistance...

- The annual gross household income for your unit size must not exceed the limits below.
- The maximum monthly rent that is payable by you for your unit size.

Maximum household limits:

- One bedroom: \$39,600
- Two bedrooms: \$47,400
- Three or more bedrooms: \$52,200

Maximum rents payable by tenant:

- One bedroom: \$1,036
- Two bedrooms: \$1,309
- Three or more bedrooms: \$1,791
- The unit must be located within the City of Cornwall or the United Counties of Stormont, Dundas, and Glengarry.

- The size of the unit must meet the Social Housing Division's (Service Manager) Occupancy Standards. These standards have been established to determine the size and type of unit that you can be eligible to occupy for the Rent Relief Assistance program. They are typically based on the number of persons in the household but other factors will also be taken into consideration if necessary (example: disability, medical condition, students, gender and age of siblings, etc.)
- Your household liquid assets (cash, bank accounts, investments that can be easily converted to cash) must not exceed \$40, 000.
- Income is based on line 23600 of your income tax Notice of Assessment 2020.

If you move, or if there are any other changes to your information or circumstances, you must let the registry know:

Housing Access Centre – The Registry

PO Box 877

340 Pitt Street, third floor

Cornwall, ON K6H5T9

Phone: 613-933-6282 ext. 3315

Fax: 613-938-9734

Email: hac@cornwall.ca

Required Documents

Incomplete applications will not be accepted. You must provide the following documents with your application:

- Identification for every member of the household (e.g. driver's license, birth certificate).
- Bank statements (2 months) for all bank accounts from each member of the household.
- Proof of current income for all members of the household i.e.: paystubs
- 2020 Notice of Assessment (Income Tax) from Canada Revenue for every adult member of the household.

Tenant Assessment

First Name:

Last Name:

Street Number and Street Name (include RR#, unit or apartment number, lot, concession, and/or post office box if applicable):

City:

Province:

Postal Code:

Cell Phone Number:

Home Phone Number:

Date of Birth:

Email Address:

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

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

Unit Information

Total monthly rent for the unit:

Monthly utilities not included in the rent:

Heat:

Electric:

Cost of parking, if not included in the rent:

Number of bedrooms:

Which utilities are included in the rent?

Heat

Electricity

Other:

Boarder Information

Do you have a roommate or boarder?

Yes

No

How much rent you pay:

Percentage of utilities you pay:

How much rent your roommate or boarder pays:

Total Monthly Household Income

Is anyone in your household in receipt of Ontario Works or Ontario Disability Support Program?

- Yes
- No

If yes, what is their name:

Amount of monthly incomes from all sources for every member of the household, including employment, employment insurance, Old Age Security, Guaranteed Income Supplement, Canada Pension Plan, spousal support, pensions, etc:

Is anyone self-employed?

- Yes
- No

If yes, please contact our office to schedule an appointment before submitting this application.

Assets

Applicant – Cash:

Applicant – Bank accounts:

Applicant – Other liquid assets:

Spouse/partner – Cash:

Spouse/partner – Bank accounts:

Spouse/partner – Other liquid assets:

Other household member – Cash:

Other household member – Bank accounts:

Other household member – Other liquid assets:

Tenant Information Sheet

General

As an applicant for the Temporary Rent Relief assistance program, you understand that:

1. The City of Cornwall and its Social Housing Division (SHD) are not your landlord. Your relationship with the SHD under this program relates only to your obligation to provide information as required to confirm your participation in the program.
2. Participation in the Temporary Rent Relief assistance program has no impact on the relationship, responsibilities or obligations you would normally have with respect to your landlord as a full market rent tenant, as per the Residential Tenancy Act, 2006. Nor will your participation in the program affect any rights of the landlord with respect to you, including the right to raise the market rent as prescribed within related legislation.
3. You must meet ongoing eligibility requirements (as noted below) for the duration of the program in order to remain within the program. If you lose your eligibility to remain in the program, you will become immediately responsible for payment of the full market rent established for your unit at such time as your eligibility loss is determined.
4. Under this program, you may receive up to 70% of rent subsidy per month towards your total rent, calculated based on your income. This monthly allowance, applicable for your unit, is effective on the application approval date for the duration of your eligibility, until December 31 2021.
5. The Temporary Rent Relief assistance program will not affect your place on the Social Housing Registry waiting list; nor will it affect any obligations you may have with respect to maintaining your application in good order.
6. The Temporary Rent Relief assistance program allowance ONLY applies to the unit in which you originally chose to live. If you move to another market rent unit at any time during your tenure in the program, you realize that the allowance will not be able to follow you to your new location.

Eligibility

In order to maintain your eligibility to participate in the Temporary Rent Relief assistance program, you understand that:

1. You are a resident of Ontario and have appropriate status in Canada (Canadian Citizen, a landed immigrant – permanent residence, an application for permanent residency, or a refugee or refugee claimant with no enforceable deportation, departure, or exclusion order).
2. You must provide the City of Cornwall – Social Housing Division (SHD) staff with proof of income. Your annual income must be below \$39,600 for a 1 bedroom unit, \$47,400 for a 2 bedroom unit, \$52,200 for a 3 plus bedroom units. (Housing Services Act)
3. The maximum rent for a 1 bedroom unit is \$1,036, for a 2 bedroom unit is \$1,309 and for a 3 bedroom or larger unit is \$1,791.
4. Your household liquid assets (cash, bank accounts, investments that can be easily converted to cash) must not exceed \$40, 000.
5. You are not receiving a Rent-Geared-to-Income (RGI) or any other rent subsidy from any other source.
6. If you are in receipt of Ontario Works (OW) or Ontario Disability Support Program (ODSP), the difference between your shelter entitlement and your actual shelter cost will be taken into consideration for subsidy calculation.
7. The size of the unit must meet the Social Housing Division’s (Service Manager) Occupancy Standards.
8. You must maintain your tenancy under the Rent Relief Assistance program in good standing. Failure to provide your portion of the rent to the landlord may result in suspension or termination of the supplement.
9. If you move or if there are any other changes to your circumstances you must advise the registry at 613-933-6282, ext. 3315.

Applicant Signature:

Date:

Consent

I, applicant:

And spouse:

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.

Date:

Applicant Signature:

Spouse's Signature:

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.

The section below is for office use only.

Household income limit meets criteria – yes – no

Rent amount meets criteria – yes – no

Household meets asset criteria – yes – no

Landlord summary received – yes – no

Landlord agreement form received – yes – no

Shelter allowance versus actual rent – yes – no

Approved

You have met the criteria for the Rent Relief Assistance Program.

Effective date:

Amount your landlord will receive every month towards your rent:

At:

You are responsible to pay the balance of your monthly rent to your landlord.

Denied

You have not met the criteria for the Rent Relief Assistance Program because:

- You did not provide all the required verification documents,
- The household income exceeds the maximum household income limit
- The household assets exceed \$40,000
- The difference between the total cost of your rent and the shelter entitlement you receive from Ontario Works or Ontario Disability Support Program is below \$100 (please apply for the rent supplement program)

Reviewed by:

Date:

Client type:

- Senior (55+)
- Youth (18-25)
- Ontario Works
- Ontario Disability Support Program
- Working Poor

Name:

Date of birth:

Tenant Consent

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 Rent Relief Assistance Program,
- To determine the amount of assistance I am eligible for;

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 landlord:

○ Other (specify):

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Landlord Summary

- The Landlord must be willing to enter into an agreement with the Social Housing Division.
- If the unit is owned by a relative of any household member, other conditions may apply.
- The Temporary Rent Relief Assistance Program has limited funds and the eligible applicants will be awarded this allowance on a first come, first served basis.
- Households in receipt of Rent-Geared-to-Income (RGI) benefits with a social housing provider, or who are in receipt of any other type of shelter allocation are not eligible for this program.

Tenant Information

Names of all tenants in the unit:

1.

2.

3.

4.

Date tenants moved into the unit (month and year):

Building Address

Street Number, Name (include unit or apartment, lot, concession, post office box, etc):

City:

Province:

Postal Code:

Owner/Landlord Information

First Name:

Last Name:

Street Number, Name (include unit or apartment, lot, concession, post office box, etc):

City:

Province:

Postal Code:

Email:

Phone Number:

Managing Agent (if applicable)

First Name:

Last Name:

Street Number, Name (include unit or apartment, lot, concession, post office box, etc):

City:

Province:

Postal Code:

Email:

Phone Number:

Payment Options

How would you like to receive payment?

Cheque payable to:

EFT/Direct deposit (this method is preferred. A form will be mailed to you if applicant is approved.)

Information on the Building

Total monthly rent for the unit:

Monthly rent paid by the applicant:

Number of bedrooms:

Is heating included in the rent?

Yes

No

Source of heat:

Is electricity included in the rent?

Yes

No

Source of electricity:

Are other utilities included in the rent?

Yes

No

Source:

Is parking included in the rent?

Yes

No

Monthly fee:

I hereby certify that the above information is correct and the rent is in accordance with the Residential Tenancy Act, 2006.

Signature of landlord or authorized agent:

Date:

Landlord Agreement

Program Regulations

1. The City of Cornwall as Service Manager for the City of Cornwall and the United Counties of Stormont, Dundas and Glengarry, is the administrator of the program.
2. The Landlord–Tenant relationship applies, as per the Residential Tenancy Act, 2006.
3. The monthly payment to the Landlord from the City of Cornwall will be fixed for the duration of the program, so long as the Tenant continues to qualify.
4. If the Tenant no longer qualifies for the Temporary Rent Relief Assistance program, the Landlord shall be allowed to charge the tenant full market rent.
5. The Landlord shall promptly notify the City of Cornwall – Housing Access Centre 613-933-6282 ext. 3315 if:
 - a. an application affecting the unit is filed under the Residential Tenancy Act,
 - b. a notice to terminate the tenancy is given by either the Landlord or the tenant
 - c. the tenant abandons the unit,
 - d. any other type of funding is received from another source in addition to the Rent Relief Assistance.
6. The Landlord acknowledges that the City of Cornwall and its Social Housing Division are not a Tenant and the only obligation owing by the City of Cornwall shall be to make the monthly payment specified. The City of Cornwall shall not be responsible to the Landlord for any breach of or failure by the Tenant to observe any of the terms of a lease with the Landlord, including the covenant to pay rent.
7. The Landlord will notify the Social Housing Division if the tenant fails to pay their portion of the rent.
8. The Landlord certifies that the unit is in satisfactory state of repair, fit for habitation, meets the minimum Health and Safety standards, and in compliance with the applicable Building Code and Fire Code requirements and that it will be maintained as such.
9. If the Landlord fails to notify the office that a tenant has moved and continues to receive the Rent Relief Assistance, he/she will be responsible to reimburse the Social Housing Division.

By signing below, the Landlord or Authorized Agent certifies that he/she has read the above Regulations. A copy of the Landlord Summary and the Agreement will be sent to the Landlord if the application is approved.

Signature of landlord or authorized agent:

Date:

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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. The Owner and/or Managing Agent represent and warrant that: (a) they shall preserve the PIPEDA compliance of all PIPEDA protect information transferred to them by third parties; (b) they shall ensure the PIPEDA compliance of all PIPEDA protected information collected by them in the course of performing their contractual obligations; and (c) they shall ensure the PIPEDA compliance of all PIPEDA protected information that they transfer to third parties.

For office use only

Rent Relief Assistance is approved in the monthly amount of:

Effective:

For tenant(s):

Residing at:

Staff signature:

Date: