

**HPP APPLICATION FOR
NON-SOCIAL ASSISTANCE RECIPIENTS**
(Homelessness Prevention Program)

Applicant			
First Name		Last Name	
Street Number and Name/RR# (Include Unit/Apt #, Lot, Concession, P.O. Box, if applicable)			
City:	Province: Ontario	Postal Code:	-
Cell Number: - -	Home Phone Number: - -		
Date of Birth: D / M / Y	Email:		
Do you identify as indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer			
Have you resided in an institution within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer			
Spouse / Partner			
First Name		Last Name	
Date of Birth: D / M / Y	Phone Number: - -		
Dependent Child / Adult Residing with Applicant Full-Time			
Name:	Date of Birth: D / M / Y		
Name:	Date of Birth: D / M / Y		
Name:	Date of Birth: D / M / Y		
Name:	Date of Birth: D / M / Y		
Monthly Household Income			
Source			Monthly Amount
Name of Employer:			\$
Name of Employer:			\$
Spousal Support:	\$	OAS / CPP / GAINS:	\$
Employment Insurance:	\$	Rental / Boarder Income:	\$
Other (specify):			\$
Total Monthly Household Income			\$
Monthly Accommodations Expenses			
Rent / Mortgage:	\$	Home Insurance:	\$
Heat / Hydro:	\$	Property / Water Taxes:	\$
Total Monthly Accommodation Expenses			\$
Other Adults Living in the Home (18 years of age and older)			
First and Last Name	Relationship	Financial Contribution	
1)		\$	
2)		\$	
REQUIRED DOCUMENTS: Copies <u>must</u> be submitted with this form or request will be denied.			
For all household members:			
<ul style="list-style-type: none"> One piece of identification (e.g. birth certificate, passport, health card or driver's license) Two (2) most recent months of bank statements for all accounts (e.g. savings, chequing, RRSP) 			
For all household members 18 years of age or older:			
<ul style="list-style-type: none"> Most recent income tax Notice of Assessment (NOA) If employed: Three (3) most recent pay stubs Verification of any other income (actual and pending) If self-employed: business ledgers, T2125 Business Statement 			
The documents below, as applicable to your request:			
<ul style="list-style-type: none"> For rent arrears: Copy of the eviction notice or letter from your landlord describing the arrears For utility arrears: Copy of the overdue bill For moving costs: - One estimate from an approved moving company (contact our office for a list) - Copy of your new rental agreement (lease or intent to rent) - Copy of your eviction notice (if applicable) For minor home repairs: Two written estimates and proof of home ownership 			
What do you need help with? <input type="checkbox"/> Rent arrears; <input type="checkbox"/> Utility arrears; <input type="checkbox"/> Moving costs; <input type="checkbox"/> Other: _____			
Are you receiving any type of rent subsidy? <input type="checkbox"/> No; <input type="checkbox"/> Yes, from: _____			

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. The Criminal Code of Canada s.s. 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 offense. 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 _____
Applicant's Signature

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

Your request will be reviewed within 4 business days and you will be informed of the decision. You may be required to meet with a Case Manager.

Complete both sides of this form and submit everything by mail, email, fax, or drop off at our office.
Housing Programs, 340 Pitt St. PO Box 877, Cornwall, Ontario K6H 5T9
Email: humanservices@cornwall.ca — Fax: 613-938-9734 — Phone: 613-933-6282, ext. 3305

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:** _____

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.