

**GENERAL INFORMATION SHEET**

The Rent Supplement program is a subsidy paid to the landlord on behalf of a household in need of rental assistance. If you qualify, you may receive \$150 or \$250 per month towards your rent.

**Do You Qualify?**

To qualify for a Rent Supplement:

- The unit must be located within the City of Cornwall or the United Counties of S. D. & G.
- You must be a renter.
- You must have a source of income other than Canada Child Benefit (CCB).
- Your shelter costs must be more than 30% of your income.
- The annual net household income for your unit size must not exceed the limits shown below.
- The monthly rent for your unit size must not exceed the limits shown below.

Maximum Household Income Limits	
1 bedroom	\$46,000
2 bedrooms	\$52,500
3 bedrooms	\$56,000
4 bedrooms	\$65,000

Maximum Market Rents	
1 bedroom (singles/couples)	\$1,153
2 bedrooms	\$1,457
3 or more bedrooms	\$1,992

- The size of the unit must meet the Cornwall SDG Human Services Department (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 Supplement program. They are typically based on the number of people in the household, but other factors will be taken into consideration if necessary (e.g., disability or medical condition).
- Your household liquid assets must not exceed \$50,000 (e.g., bank accounts, investments, home equity).
- Income is based on line 23600 of your income tax Notice of Assessment. Make sure you have filed your income tax return for the most recent year as the Notice of Assessment will be required at the time of your application (it is not required with this pre-determination form).
- You cannot be in receipt of any other rent subsidy, e.g., COHB, RAP, RGI housing.
- If you meet the pre-determining criteria for the program, you will be sent an application when funds become available. The wait time can be up to 12 months.

**IF YOU MOVE OR IF THERE ARE ANY OTHER CHANGES TO YOUR INFORMATION OR CIRCUMSTANCES YOU MUST ADVISE HOUSING PROGRAMS OR YOU MAY BE REMOVED FROM THE WAITLIST.**

Housing Programs  
P.O. Box 877, 340 Pitt Street  
Cornwall, ON K6H 5T9

Phone: 613-933-6282 / Fax: 613-938-9734  
Email: [humanservices@cornwall.ca](mailto:humanservices@cornwall.ca)

# Rent Supplement Program PRE-DETERMINATION TENANT ASSESSMENT FORM

**All questions must be answered, and all sections completed in full.**

## TENANT INFORMATION

First Name		Last Name	
Street Address:		Apt/Unit#	P.O. Box
City:	Province: Ontario	Postal Code:	-
Cell Number:        -        -	Home Phone Number:        -        -		
Date of Birth: D        / M        / Y	Email:		
How many other household members are under the age of 18? _____			
How many household members are 18 years of age or older other than yourself? _____			
Is anyone of these your spouse or partner? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## UNIT INFORMATION

Total monthly rent for the unit	Average monthly utilities <b>NOT</b> included in the rent	Do you pay extra for a parking spot?	Number of bedrooms
\$	<input type="checkbox"/> Heat: \$_____ (yearly cost ÷ 12) <input type="checkbox"/> Electric: \$_____	<input type="checkbox"/> No <input type="checkbox"/> Yes-cost \$	
Please specify any utilities INCLUDED in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Other			
Do you have a roommate or boarder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how much rent does your roommate or boarder pay? \$_____			
How much rent do you pay? \$_____			
What percentage of the utilities do you pay? _____%			

## TOTAL MONTHLY HOUSEHOLD INCOME

Amount of monthly income from ALL sources for all members of the household.	
Ontario Works \$_____	ODSP \$_____    Employment \$_____
CPP \$_____	OAS \$_____    Other (specify) \$_____
Are you receiving any other rent subsidy, e.g., COHB, RAP, social housing, CMHA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## ASSETS (if none, indicate by entering "0")

Type	Applicant Amount	Spouse/Partner Amount	Other Household Member(s) Amount
Vehicles (value)	\$	\$	\$
Bank Accounts	\$	\$	\$
Liquid Assets (e.g. investments/GIC)	\$	\$	\$

<b>Applicant Signature</b> X	<b>Date</b>
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## OFFICE USE ONLY

You **have** met the pre-determinating criteria for the Rent Supplement program and will be sent an application when funds become available (up to a 12-month waiting period).

You **have not** met the pre-determinating criteria for the Rent Supplement program due to:

	You did not provide all the information required to pre-determine your eligibility.
	The household income exceeds the Maximum Household Income.
	The amount of rent exceeds the Maximum Market Rent for your household size.
	The household assets exceed \$50,000.
	There is not a \$150 or \$250 difference between the total cost of your rent and the shelter entitlement you receive from Ontario Works or ODSP.
	You are receiving another type of rent subsidy.
	Your shelter costs are less than 30% of your income.

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_