

Housing Stability Application

Individuals and families in Dufferin County in receipt of Ontario Works (OW) or Ontario Disability Support Program (ODSP), and Low-Income earners, may be eligible to access financial support to secure or maintain housing through the Housing Stability Program.

Applications can be submitted in person at the address below or by emailing to hst@dufferincounty.ca

Eligible expenses include:

Last month's rent	Rental arrears
Hydro	Gas
Water	Heating fuel

Applicant(s) will need to complete the Housing Stability Application and provide supporting documentation as requested on page 3.

Eligibility will be determined using the following criteria:

- Must be a current resident of Dufferin County;
- Household income must fall within the Low-Income Measure (LIM);
- Income must be able to support accommodations, that are affordable under program guidelines
- Accommodations must be within Dufferin County
- Utility bill or rental information must be in the applicants' name
- Approval will depend on the availability of funding

If applying for financial assistance regarding Hydro One or Enbridge Gas Arrears, you are required to complete an intake with United Way Simcoe Muskoka LEAP Program 1-855-487-5327.

- United Way Simcoe Muskoka will forward your intake to this office and an appointment will be made with you to sign all necessary documents.
- United Way Simcoe Muskoka LEAP representative will make final determination of eligibility.

Utility providers/ landlords will be notified of your application for Emergency Financial Assistance as per the applicable consent provided.

1. Applicant Information

Name of Applicant: _____

Date of Birth: _____ Gender: _____

Address: _____
Street Address Unit City Postal Code

Phone #: (H) _____ (W) _____ Other Contact #: _____

Veteran Status: Y / N Indigenous Status: Y / N Citizenship: _____

Referral from (*where did you hear about this program*): _____

2. Household Composition – additional members in the household

	Name	Relationship to Applicant	Date of Birth (DD/MM/YYYY)	Gender
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

3. Household Income Information

Employment income (pre-tax) **Documentation required**

Applicant: \$ _____

Other household member(s): \$ _____

Support Payments

Employment Insurance \$ _____

Ontario Works \$ _____

Ontario Disability Support Program (ODSP) \$ _____

Child Tax Benefit \$ _____

Canada Pension Plan \$ _____

Ontario Student Assistance Program (OSAP) \$ _____

Loss of Earnings (WSIB) \$ _____

Other (please specify): _____ \$ _____

Other household member's other income: \$ _____

Other (monthly): \$ _____

Total Monthly Income: \$ _____ **Total Annual Income:** \$ _____



4. Reason(s) for current arrears & request for assistance

- High Heating Costs
- Job Loss
- Illness
- Pending EI
- Marital Breakdown

Other (*provide details*): _____

Grant requested: \$ _____

5. Check List of Required Documents and Signatures

Application is complete when all required documents are submitted

- 1 pieces of identification for applicant & spouse and children (Birth Certificate, Drivers Licence etc.)
- Current utility bill and/or Disconnect Notice (if applying due to utility arrears)
- N4 – Notice to Terminate Tenancy or NTA – Notice to Appear (if applying due to eviction / rent arrears)
- Rental Promise Note/Lease Agreement (if applying for First/Last Month's rent)
- Pay Verification (one month of pay stubs for each applicant)
- Bank statements for most recent 30 days or as requested. Tax return may be submitted for OESP only
- Accommodation expenses including rent receipts and utilities bills
- Proof of income from all other sources

Required Signatures

- Page 4 and/or 5 of the application to apply for assistance
- Page 6 of the application to provide consent to the County to share and confirm information
- Pages 7 to 12, if applicable, to share and confirm information with your landlord/utility provider

6. Description of Why You Are Making An Application for Financial Assistance
(Use this section to explain your request and remember to include your signature)

Applicant Signature

Date

Signature of Spouse or Partner

Date



HOUSING STABILITY PROGRAM
Consent to Disclose and Verify Information
(Please complete one consent for family members over the age of 18)

I, _____, an applicant for the Housing Stability Program, and
I, _____, spouse or partner of the above applicant (complete name only where applicable), consent to the Director or the designated representative of the County of Dufferin Community Services that:

1. I acknowledge that any and all information shared and obtained pursuant to this agreement shall be used specifically and exclusively for the purpose of determining my/my spouse's/ partner's eligibility for assistance from the Housing Stability Program.
2. The County of Dufferin Community Services be authorized to secure information in respect of any accommodation, employment or personal verification for said eligibility.
3. The County of Dufferin Community Services be authorized to exchange information with utility providers, landlords, any agency, Ministry or department of the foregoing; communicating with my/my spouse's/partner's employer(s), utility provider, landlord and/or agency.
4. I understand that this consent will apply to inquiries made relating to my current eligibility for, as well as any past or future applications to the Housing Stability Program.
5. I further understand that enquires may take the form of electronic data exchanges.
6. I understand that my information will be stored electronically in HIFIS (Homeless Individuals & Families Information System).

I consent to the sharing of my electronic information with other service providers in Dufferin County for the purpose of Housing Stability. Please complete HIFIS Consent with your worker.

I fully understand the nature and purpose of this consent and give my consent and authorization voluntarily.

Dated at: Orangeville, this _____ day of _____ 20____
(Month)

Signature of Applicant _____

Signature of Spouse or Partner _____

Signature of household member 18 years or older _____

Signature of household member 18 years or older _____

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

(Municipal Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act for the purpose of ensuring a high quality delivery of the Housing Stability Program provided by the County of Dufferin.

ENBRIDGE GAS – Consent to Disclosure of Personal Information

Required if applying for financial assistance with Enbridge Gas Arrears

Consent - Personal and Confidential Information EGD LEAP
Enbridge Gas Distribution Inc. – Low Income Energy Assistance Program

BACKGROUND: The Ontario Energy Board’s Low-income Energy Assistance Program (“LEAP”) consists of emergency financial assistance, special rules and energy conservation programs for qualified low-income customers. To access the LEAP, you must be qualified by a social service or government agency. The agency will advise your natural gas provider (Enbridge Gas Distribution Inc. or “Enbridge”) which LEAP benefits you are qualified to receive. **The customer listed as the account owner in the gas provider’s records (refer to your bill) must complete and submit this consent.**

CONSENT: I am the customer of record for the gas account number _____ at:

(street address) (Unit/Suite) (City) (Postal Code)

and I am authorized to consent to the disclosure and use of the information described below.

My personal and confidential information that may be disclosed and used includes: my name, address, gas account number, information on my gas consumption and my gas account (including charges), approval or refusal of LEAP benefits and approved grants, information contained in the LEAP Emergency Financial Assistance application and supporting documentation, and information provided to Enbridge by a social service agency or government agency related to the LEAP Program.

I consent to Enbridge using my personal and confidential information to: (i) determine if I qualify as an “eligible low-income customer” under the LEAP; and (ii) administer and operate Enbridge’s LEAP. If I qualify as an “eligible low-income customer” I agree that my Enbridge gas account will reflect my low-income status for 2 years so I can access the special service rules under LEAP during that time period.

Enbridge contracts with third parties including **The County of Dufferin** for services related to the LEAP Program, such as intake and administration of the LEAP Program, delivery of low-income energy conservation programs, and billing and call centre support. From time to time, Enbridge may need to share some of your personal and confidential information with these third parties for the purposes identified above and in order to serve your needs. In some instances, such third parties may communicate directly with you (for example, for LEAP energy conservation programs). Any third party that we share your personal and confidential information with is contractually bound to keep the information confidential and secure and to refrain from using it in any way other than is necessary to perform the services.

I consent to Enbridge disclosing my information to such third parties. I certify that I am at least 18 years of age.

Agreed to this _____ day of _____, 20_____

Signature of person giving consent

Witness signature

Print Name

Print Name

Please return completed form to: The County of Dufferin Fax: 519-941-0271

ORANGEVILLE HYDRO - Service Agreement
Required if applying for LEAP financial assistance with Orangeville Hydro Arrears

I, the undersigned, affirm the information provided is true. I acknowledge that should any information provided be found not to be true, I will not be eligible for LEAP Emergency Financial Assistance. I understand that payment of funds is not guaranteed, even if preliminary approval is granted. If my bill is in excess of the LEAP Emergency Financial Assistance grant, I agree to make a payment arrangement with my service provider for the balance. I understand that if I fail to make payments, which I have agreed to pay directly to my service provider, my utility service may be disconnected and I may not be eligible for future LEAP Emergency Financial Assistance. I have read, understood and agree to these conditions and requirements.

✓ **Applicant Signature**

Date

Worker's signature



**ORANGEVILLE HYDRO - Consent to Disclosure of Personal Information
Required if applying for financial assistance with Orangeville Hydro Arrears**

Pursuant to the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, chapter 5, as amended) and the applicable Freedom of Information and Protection of Privacy Acts, I _____
(insert first name, middle initial, last name)

grant my consent to County of Dufferin Community Services to disclose my personal information under the terms and conditions set out below to evaluate eligibility for the following:

- LEAP Emergency Financial Assistance
- Service Provider customer service measures
- The following energy conservation programs: _____

The personal information that may be disclosed is as follows:

(a) Information relating to the status of my account, number _____
(hereinafter referred to as "my account")

with Orangeville Hydro relating to consumption at:

(street address) (Unit/Suite) (City) (postal code)

The personal information may be disclosed to the following persons and/or organizations:

- (a) Housing Stability Program and,
- (b) Any other representative of County of Dufferin Community Services
(insert Agency name – if none insert "None")
- (c) Any other representative of "GreenSaver" Home Assistance Program
(insert name of energy conservation program – if none insert "None")
- (d) Any other representative of County of Dufferin Community Services
(insert Social Service Agency name– if none insert "None")

The consent to disclose my personal information referred to above shall expire on _____.
(insert date not less than 30 days after the date of the signature)

I certify that I am at least 18 years of age.

✓ **Signature of person giving consent**

Witness signature

Date

Date

*****The above customer is classified as "low income" under the LIM chart. Please designate this customer as low income in your records.**

HYDRO ONE - Consent to Disclosure of Personal Information

Required if applying for financial assistance with Hydro One Arrears

Consent to Disclosure of Personal Information

Pursuant to the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, chapter 5, as amended) and the applicable Freedom of Information and Protection of Privacy Acts, I _____

(insert first name, middle initial and last name)

grant my consent to Hydro One Networks Inc. (“**Service Provider**”) to disclose my personal information under the terms and conditions set out below to evaluate my eligibility for LEAP Emergency Financial Assistance and any energy conservation programs offered by my Service Provider as well as the following:

: The following energy conservation programs: [List programs offered by entities other than Hydro One e.g. Ontario Power Authority etc.] _____

Service Supplier customer service measures

1. The personal information that may be disclosed is as follows:

a) My name, full mailing address and contact phone number(s) and information related to the status of my account (including my status as low income), number _____ (hereinafter referred to as “my account”)with the Service Provider relating to consumption at:

(Street Address) (Unit/Suite) (City) (Postal Code)

2. The personal information may be disclosed to the following persons and/or organizations:

a) _____ and,
(insert name of person)

b) Any other representative of The County of Dufferin

c) (insert Agency name – if none insert “None”) to any third party service providers used by the Service Provider to provide services related to the energy conservation programs offered by my Service Provider

d) Any other representative of The County of Dufferin
(insert Social Service Agency name – if none insert “None”)

3. The consent to disclose my personal information referred to above shall expire on

(Insert date not less than 180 days after the date of the signature)

4. I certify that I am at least 18 years of age.

Signature of person giving consent

Witness Signature

Date

Date

*****The above customer is classified as “low income” under the LIM chart. Please designate this customer as low income in your records.**

Rental Promise Note
Required if applying for financial assistance with First and/or Last Month's rent

When an application is being submitted requesting financial assistance with First and/or Last Month's rent this Rental Promise Note will need to be completed by Landlord. A Community Services Worker will be contacting the Landlord and explain process. Please be advised that this is a one-time grant. The applicant for this program will need to demonstrate that they can afford the unit.

I, _____ of
Name of Landlord

Address – Postal Code

Will Rent _____ On _____
Room, Apartment, House Date to Move In

To: _____
Name of Tenant

Rent: \$ _____ Per _____
Day, Week or Month

of Bedrooms ① ② ③ ④ ⑤

Utilities Included: Y N

Address of Rental Accommodation (if different from above)

Amount Required: \$ _____ to Move In

Signature of Landlord/Agent

Date

Residence Phone No.

Bus. Phone No. 8:30 a.m. – 4:30 p.m.



Emergency Services – Contact Numbers

OPP	1-888-310-1122
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Emergency Crisis Lines

Crisis Line (Community Torchlight)	1-877-822-0140
Caledon/Dufferin Victim Services	1-888-743-6496
Dufferin Child & Family Services	519-941-1530
Family Transition Place	519-941-4357

Services Available from Monday to Friday during office hours

Centre for Career and Employment Georgian College	519-942-9986
Choices Youth Shelter	519-942-5970
County of Dufferin Community Services Housing Stability	519-941-6991
County of Dufferin Community Services Housing Application	519-941-6991
Family Transition Place	519-942-4122
Salvation Army New Hope Community Church	519-943-1203
Canadian Mental Health Association Peel Dufferin	1-844-437-3247
Orangeville SPCA	519-942-3140

Food Banks

Orangeville Food Bank Tuesday 10am – 12:30pm Wednesday 6 pm – 8pm Thursday 12pm – 4pm	519-942-0638
Shelburne Food Bank	519-925-2600
Grand Valley Food Bank	519-928-2258
Salvation Army Food Bank - Monday & Friday by appointment	519-943-1203
Dundalk Food Bank	519-923-0454

General Information and Referral Help to Community and Social Services - Dial 211
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General Information on services for Parents, Children and Youth visit
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the Dufferin Family Directory www.dufferinfamilydirectory.org
