

HOUSING STABILTY HELP APPLICATION

Applicant Information:

Name	Date of Birth:
Co-Applicant Name:	Date of Birth:
Address:	
Phone Number:	E Mail

Income and Expense Needs Test

<u>Income:</u>		<u>Expenses:</u>	
<u>Source</u>	<u>Monthly Net Amount</u>	<u>Housing Expenses</u>	<u>Fixed Expense</u>
1. _____	\$ _____	Rent: \$ _____	Medical: \$ _____
2. _____	\$ _____	Gas/Oil: \$ _____	Transportation: \$ _____
3. _____	\$ _____	Hydro: \$ _____	Child Care: \$ _____
		Cable: \$ _____	Child Support: \$ _____
		Internet: \$ _____	Other : \$ _____
		Telephone: \$ _____	Loans: \$ _____
		Cell: \$ _____	Credit Card: \$ _____
Total Monthly Income: \$ _____		Total Monthly Expenses: \$ _____	
Total Annual Income: \$ _____		Total of Income LESS Expenses: \$ _____	

Reason for Loan Request:

Please check the reason as to why you are applying for HELP:

<input type="checkbox"/> Last Month's Rent	<input type="checkbox"/> Stove	<input type="checkbox"/> Bed Bug Covers
<input type="checkbox"/> Rental Arrears	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Generator Rental/purchase
<input type="checkbox"/> Mattress Set	<input type="checkbox"/> Utility Arrear	<input type="checkbox"/> Court Fees
<input type="checkbox"/> Washer	<input type="checkbox"/> Moving Costs	<input type="checkbox"/> Other: please list: _____

Certification and Consent:

By signing this form I certify that all information provided in this application is true and verification has been provided when available. In accordance with receipt of the HELP, I hereby consent to the collection and disclosure of my personal information for the purposes of administering, verifying, monitoring and evaluations HELP. I understand that staff from the Hamilton Housing Help Centre may contact me in the future for the purpose of conducting a follow-up assessment. I agree to release the Hamilton Housing Help Centre, its staff and volunteer members connected with the application process, from any and all liabilities which may be occasioned by the release of such documents, records, electronic data, or information. I give permission to the Hamilton Housing Help Centre to obtain the release of any document, records, or information, including electronic data records concerning myself which may be in the possession of any agency, institution, or organization with the understating that such information is to be kept in strict confidence and that it will be used for the HELP application process only.

Applicant's Signature:

Date of Completion (DD/MM/YY):

Notice of Collection of Personal Information pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*

This information is collected under the legal authority of the *Housing Services Act, 2011*, s. 10 of the *Municipal Act, 2001*. The information will be used to administer the H.E.L.P Program including for the purposes of determining eligibility and program evaluation. For more information about your privacy concerns contact Stacey Sutherland, Hamilton Housing Help Centre 905-546-8100 ext. 207

FOR OFFICE USE ONLY:

Approved:

Denied:

Amount: \$ _____

Reason: _____

Repayment Plan: \$ 25.00 per month over _____ months.

HHHC Worker's Signature: _____

Date (dd/mm/yy): _____