

The Housing Stability Benefit (HSB) is available to help you move into new housing or stabilize your current housing. The Utility Arrears Benefit is available to help you pay utility arrears. The HSB is not a social assistance benefit. It is a program of the City of Hamilton and is funded through the provincial Community Homelessness Prevention Initiative.

HSB is available up to a maximum of:

- \$1,500 in a 2-year period (24 months) if you have one (1) or more dependent children or adult(s)
- \$800 in a 2-year period (24 months) if you have no dependent children or dependent adult(s)

Utility Arrears is available up to a maximum of:

- \$1,500 in a 1-year period (12 months) if you have one (1) or more dependent children or adult(s)
- \$800 in a 1-year period (12 months) if you have no dependent children or dependent adult(s)

The HSB is only issued to eligible ODSP recipients and people living with low-incomes and are available only when you have not exceeded your maximum HSB amount in the specified time period. **People with low-incomes are only eligible for rent and utility arrears.**

Step 1 – Please provide some personal information:

Last Name:		Given Name(s):	
Date of Birth (DD/MM/YY):		Member ID:	
Co-Applicant Last Name:	Co-Applicant Given Name:	Date of Birth (DD/MM/YY):	
Contact Phone Number:		E-mail Address:	
Current Address:			
Income Source(s): <input type="checkbox"/> ODSP <input type="checkbox"/> Low-income			

Step 2 – Income and Expenses Test (only for people with low-incomes)

SOURCE OF INCOME		MONTHLY NET AMOUNTS	
1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
		Monthly Income Total: \$ _____	
HOUSING EXPENSES		FIXED EXPENSES	
Rent/Board	\$ _____	Medical	\$ _____
Gas/Oil	\$ _____	Transportation	\$ _____
Hydro	\$ _____	Child Care	\$ _____
Cable/Internet	\$ _____	Child Support	\$ _____
Telephone	\$ _____	Other (i.e. rent to own)	\$ _____
Cell	\$ _____	Loans	\$ _____
		Credit Cards	\$ _____
Monthly Expenses Total: \$ _____		TOTAL of Income LESS Expenses: \$ _____	

Step 3 – Please tell us about where you are currently living:

I am a renter (I pay rent where I live) I am a homeowner (I own my home) I am homeless

Step 4 – Please check off the reason for your request (provide supporting documents):

- I am leaving emergency shelter/institution and moving to a new address (attach landlord letter)
- I received an eviction notice (attach eviction notice)
- I am leaving domestic violence (attach police report, if available)
- I need to relocate due to fire or flood / my home is not fit to be lived in (attach supporting documents)
- I found more affordable housing (attach landlord letter)
- I need to replace an appliance that I own that cannot be repaired (attach Special Supports denial letter)
- I received a utility disconnection (attach notice)
- I need to replace items due to bed bugs / I need pest control for bed bugs

**Step 5 – Please select what items you require financial assistance for:
Stability Items Requested**

✓	HSB Needed For	Cost	Office Use
	Appliance Purchase: Refrigerator, Stove or Washing Machine		
	Bed Bug Preparation (renters & owners)/Bed Bug Treatment (owners)		
	Generator Rental or Purchase		
	Last Month's Rent Deposit		
	Mattress and Bed frame Replacement (Adult)		
	Mattress and Bed Purchase (Child)		
	Moving Costs		
	Rental Arrears # of months in arrears? _____ N4 Received? Y / N Hearing Scheduled? Y / N Hearing Date? _____	Date Moved into Address? _____ Is this RGI Housing? Y / N Landlord Name: _____ Landlord Address: _____ _____ Landlord Telephone Number: _____	
	Utility Arrears # of months in arrears? _____	Utility Company Name: _____ Account # _____ 21 Day Hold Placed? Y / N	

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 HSB, I hereby consent to the collection and disclosure of my personal information for the purposes of administering, verifying, monitoring, and evaluating HSB. I understand that staff from the City of Hamilton may contact me in the future for the purpose of conducting a follow-up assessment. I agree to release the Housing Stability, 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 Housing Stability 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 understanding that such information is to be kept in strict confidence and that it will be used for the Housing Stability application process only.

Applicant 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* and the City of Hamilton's Housing Stability Benefit Implementation Plan (report CS12031(a)) as approved by City Council on December 12, 2012. The information will be used for the purpose of administering social housing programs and the City of Hamilton's Housing Stability Benefit, including for the purposes of determining eligibility and program evaluation. For more information about your privacy concerns contact Brian Kreps, Ontario Works, City of Hamilton, at 905-546-2424 ext. 2225

FOR OFFICE USE ONLY		
HHC Worker: _____	Date (DD/MM/YY): _____	
BU Make Up	<input type="checkbox"/> Single <input type="checkbox"/> Couple Dependent Children # _____ Dependent Adults # _____	
HSB Amount:	Amount Requested: \$ _____	HSB Amount Available: \$ _____
HSB Approval:	Amount Approved: \$ _____	Date Issues (DD/MM/YY) _____
UA Amount:	Amount Requested: \$ _____	UA Amount Available: \$ _____
UA Approval:	Amount Approved: \$ _____	Date Issued (DD/MM/YY): _____