



Housing Stability (HS) is available to help you move into new housing or stabilize your current housing. The Utility Arrears is available to prevent utility disconnection. HS 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.

**HS-ODSP, HS-Low-Income Rental Arrears and HS-Low Income Utility Arrears are 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)

HS is only issued to eligible ODSP recipients and people living with low-incomes and is available only to those who have not exceeded their maximum HS amount in the specified time period. **Non-ODSP recipients are only eligible for assistance with rent and utility arrears.**

**Step 1 – Please provide some personal information:**

<b>Last Name:</b>		<b>Given Name(s):</b>	
<b>Date of Birth (DD/MM/YY):</b>		<b>Member ID (ODSP):</b>	
<b>Co-Applicant Last Name:</b>	<b>Co-Applicant Given Name:</b>	<b>Date of Birth (DD/MM/YY):</b>	
<b>Household Composition</b>	<b>Number of Adults (18+)?</b>	<b>Number of children?</b>	
<b>Contact Phone Number:</b>		<b>E-mail Address:</b>	
<b>Current Address:</b>			<b>Postal Code:</b>
<b>Income Source(s):</b> <input type="checkbox"/> ODSP <input type="checkbox"/> Low-income			

**Step 2 – Income and Expenses Test**

SOURCE OF INCOME		MONTHLY NET AMOUNTS	
1. _____		\$ _____	
2. _____		\$ _____	
3. _____		\$ _____	
<b>Monthly Income Total: \$</b> _____		<b>Annual Income Total: \$</b> _____	
MONTHLY HOUSING EXPENSES		MONTHLY FIXED EXPENSES	
Rent/Board	\$ _____	Medical (life sustaining)	\$ _____
Gas/Oil	\$ _____	Transportation (Car payments	\$ _____
Hydro	\$ _____	Insurance)	
Cable/Internet	\$ _____	Child Care (Eg: daycare)	\$ _____
Telephone	\$ _____	Child Support (Eg: FRO)	\$ _____
Cell	\$ _____	Other (i.e. rent to own)	\$ _____
		Loans **	\$ _____
		Credit Cards **	\$ _____
<b>Monthly Expenses Total: \$</b> _____		<b>TOTAL of Income LESS Expenses: \$</b> _____	

\*\* only indicate what your monthly payments are.

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

<input type="checkbox"/> I live in Rent Geared to Income Housing	<input type="checkbox"/> I live in Market Rental Housing
<input type="checkbox"/> I am a homeowner (I own my home)	<input type="checkbox"/> I am homeless

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

- I received an eviction notice (attach eviction notice)     I found more affordable housing (attach landlord letter)  
 I received a utility disconnection (attach notice)     I am leaving domestic violence (attach police report, if available)

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

**\*\*\*Please note that all applications require most recent month's proof of income to be attached\*\*\***

HOUSING STABILITY - ODSP					Office Use
Item	Supporting Documents	Eligibility	Cost		
Appliance (fridge, stove, washing machine)	<i>Estimate for appliance and Special Supports denial letter or letter from Landlord supporting request</i>	\$800/\$1500			
Last Month's Rent	<i>Landlord Letter- follow link or pick up at HHC</i>	\$800/\$1500			
Rental Arrears	<i>N4/L1/Tenant Ledger</i>	\$800/\$1500			
Utility Arrears	<i>Disconnection/Final Notice</i>	\$800/\$1500			
Mattress, Box spring (Adult)	<i>Fire/flood, or Dr's Note and estimate for all listed items</i>	\$400			
Mattress, Box spring (Child)	<i>Fire/flood, or Dr's Note and estimate for all listed items</i>	\$200			
Bed Frame (Adult or Child)	<i>Bed frame estimate</i>	\$100			
Mattress Encasements	<i>Estimate for encasement</i>	\$50			
Moats/Interceptors	<i>Estimate for moats/interceptors</i>	\$25			
Moving Costs	<i>Estimate from moving/truck rental company</i>	\$800/\$1500			
Bed bug Treatment (homeowner only)	<i>Proof of home ownership, preparation according to Community Bed Bug Strategy Best practices, estimate of cost of treatment</i>	\$800/\$1500			
HOUSING STABILITY – Low Income					Office Use
Item	Supporting Documents		Cost		
Rental Arrears	<i>N4/L1/Tenant Ledger</i>				
Utility Arrears	<i>Disconnection/Final Notice</i>				

**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 Rob Mastroianni Ontario Works, City of Hamilton, at 905-546-2424

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

Please come in with all required documentation to complete your application: