



The Housing Stability Benefit (HSB) helps to cover the costs associated with a move to new housing or to assist you to remain in your current housing.

Based on your benefit unit composition for social assistance and determination of eligibility, HSB is available up to a maximum of:

- Up to a maximum of \$1,500 in a 2-year period (24 months) if you have one (1) or more dependent children or adults*
- Up to a maximum of \$800 in a 2-year period (24 months) if you have no dependent children or dependent adults*

The HSB may be issued on your behalf to a third party (for example, a landlord, utility company, etc.). HSB is only potentially available if you meet the eligibility criteria and have not received the maximum benefit amount for HSB or a similar housing benefit in the last 24 months. If you have any questions, please speak with Housing Help Centre, Ontario Works or Housing Services Staff.

Rent Ready is a limited time HSB Covid-19 benefit enhancement. Eligibility for Rent Ready is not impacted by previous receipt of the maximum benefit amount for HSB or a similar housing benefit in the last 24 months. Eligible amounts are assessed on an individual basis for the Rent Ready program.

Rent Ready is available from August 11, 2021 up to December 31, 2021 or until funds expire, whichever comes first.

Step 1: Please provide the following information:

First Name:	Last Name:	
Address:	City:	Postal Code:
Phone Number:		
Date of Birth:	SAMS Reference Number:	
Household Composition:	Adults:	Children:
Case Manager:	Program: <input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> Low Income	

Step 2: I am requesting the Housing Stability Benefit to help me to:

- Move to new housing (complete Steps 3, 4, 7, 8)*
**HSB Request must be submitted within one month of the move to new housing*
- Remain in my existing housing (complete Steps 5, 6, 7, 8)

ONLY COMPLETE IF YOU ARE NOT RECEIVING OW/ ODSP

SOURCE OF INCOME		MONTHLY NET AMOUNTS	
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
Monthly Income Total: \$ _____		Annual Income Total: \$ _____	
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 **	\$ _____
Monthly Expenses Total: \$ _____		TOTAL of Income LESS Expenses: \$ _____	

** only indicate what your monthly payments are.

Step 3: Please check off the reason(s) you need to move to new housing. Please submit the required supporting documents with your HSB Request form.

Situation		Supporting Documents Required
<input type="checkbox"/>	Leaving domestic violence and moving to a new address	<ul style="list-style-type: none"> Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Leaving a shelter/institution and moving to a new address (for example: hospitals, hostels, long-term care, special care, interval or transition homes, correctional facilities)	<ul style="list-style-type: none"> Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Home is not fit to be lived in (e.g. overcrowding)	<ul style="list-style-type: none"> Copies of documents verifying home is unfit (may be from Landlord, Building or Health Inspector, Doctor, etc.)
<input type="checkbox"/>	Moving due to fire or flood	<ul style="list-style-type: none"> Attach supporting documents, where possible
<input type="checkbox"/>	Received an eviction notice or have been evicted from my housing	<ul style="list-style-type: none"> Copy of eviction notice
<input type="checkbox"/>	Found more affordable housing	<ul style="list-style-type: none"> Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Need to purchase an essential appliance that cannot be repaired (e.g. fridge, stove, washer) or was not possessed previously	<ul style="list-style-type: none"> Copy of denial letter from the Special Supports Appliance Repair Program (<i>Renters and Homeowners</i>) for existing appliance(s); and Letter from Landlord stating appliance is tenant's responsibility (<i>Renters only</i>)
<input type="checkbox"/>	Other - Please detail: _____ _____ _____	<ul style="list-style-type: none"> Attach supporting documentation

Step 4 – Please check off the items you need to move to your new housing.

Please submit verification of the cost of the item(s) with your HSB Request form.

Item(s) Required	Cost	Office Use	Item(s) Required	Cost	Office Use
<input type="checkbox"/> Last Month's Rent Deposit			<input type="checkbox"/> Adult bed(s) :\$400 per Number required: _____ x \$ _____		
<input type="checkbox"/> Utility Deposit <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____			<input type="checkbox"/> Child bed(s) :\$200 per Number required: _____ x \$ _____		
<input type="checkbox"/> Moving costs			<input type="checkbox"/> Bedframe(s) :\$100 per Number required: _____ x \$ _____		
<input type="checkbox"/> Appliance <input type="checkbox"/> Fridge <input type="checkbox"/> Stove <input type="checkbox"/> Washer			<input type="checkbox"/> Mattress Encasement(s) :\$50 per Number required: _____ x \$ _____		
<input type="checkbox"/> Other:			<input type="checkbox"/> Moat/Interceptor(s) :\$25 per Number required: _____ x \$ _____		

Step 5: Please check off the reason(s) you need help in order to remain in your existing housing.

Please submit the required supporting documents with your HSB Request form.

Situation		Supporting Documents Required
<input type="checkbox"/>	Received an eviction notice or have been evicted from my housing	<ul style="list-style-type: none"> Copy of eviction notice; and Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Received a utility disconnection notice	<ul style="list-style-type: none"> Copy of disconnection notice <i>Please Note: You must be in receipt of or apply for the Ontario Electricity Support Program credit</i>
<input type="checkbox"/>	My utility has been disconnected	<ul style="list-style-type: none"> Copy of disconnection notice <i>Please Note: You must be in receipt of or apply for the Ontario Electricity Support Program credit</i>
<input type="checkbox"/>	Need to purchase an appliance essential to maintaining health and wellbeing that cannot be repaired (e.g. fridge, stove, washer)	<ul style="list-style-type: none"> Copy of denial letter from the Special Supports Appliance Repair Program (<i>Renters and Homeowners</i>) Letter from Landlord stating appliance is tenant's responsibility (<i>Renters only</i>)
<input type="checkbox"/>	Other	<ul style="list-style-type: none"> Attach supporting documentation

Step 6 – Please check of the items you need to remain in your existing housing.

Please submit verification of the cost of the item(s) with your HSB Request form.

Item(s) Required		Cost	Office Use	Item(s) Required		Cost	Office Use
<input type="checkbox"/>	Rental Arrears			<input type="checkbox"/>	Bedframe(s): \$100 per Number required: _____ x \$ _____		
<input type="checkbox"/>	Utility Arrears <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____			<input type="checkbox"/>	Mattress Encasement(s): \$50 per Number required: _____ x \$ _____		
<input type="checkbox"/>	Appliance <input type="checkbox"/> Fridge <input type="checkbox"/> Stove <input type="checkbox"/> Washer			<input type="checkbox"/>	Moat/Interceptor(s): \$25 per Number required: _____ x \$ _____		
<input type="checkbox"/>	Other:			<input type="checkbox"/>			

Step 7: HSB/Rent Ready Request Submission and Review

Please submit your completed request form to the front counter of any Ontario Works office or Housing Services office. Your HSB/Rent Ready Request form will be reviewed to determine if you meet the criteria and are eligible for the Housing Stability Benefit or Rent Ready program. You will be notified in writing regarding the decision.

What is “Rent Ready”:

Rent ready is a limited time program enhancement designed to help alleviate the pressures of Covid-19 on low income rental households who are facing eviction or experiencing homelessness. This targeted program focuses on rent and utility arrears, and support for first and/or last months rent. Individuals in receipt of Ontario Works or Ontario Disability Support Program may meet the financial eligibility requirements for this program, and low income individuals may qualify based on the LICO income thresholds.

This program is a temporary enhancement that increases the amount of support eligible households can receive to create sustainable tenancies.

The Rent Ready program may waive the 24 month rule listed above related to HSB eligibility. Previous HSB recipients may also be eligible for the Rent Ready program.

Rent Ready eligible amounts are assessed on an individual basis and may exceed HSB maximums.

What are eligible items:

- First Month’s Rent
- Last Month’s Rent
- Rent Arrears
- Utility Arrears

Eligibility time period (up to December 31, 2021)

Voluntary Demographic Self-Identification Questionnaire

The City of Hamilton and partner organizations are committed to delivering programs with a commitment to equity, diversity, and inclusion principles. The questions below are designed to collect demographic information about applicants applying for the Rent Ready program. Knowing the demographic background of applicants will assist the City and partners to create an accurate picture of the diversity of our applicants and assist us in responding to creating a more inclusive program supports. Completion of the questions is voluntary and your participation is encouraged. All data collected is treated confidentially. Personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990, c. M.56

What gender do you identify with?

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	<input type="radio"/> DON’T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	<input type="radio"/> DECLINE TO ANSWER

Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Métis, or Inuit. [If yes, please follow-up to specify.]

<input type="radio"/> YES ----->	If YES:	<input type="radio"/> FIRST NATIONS (includes both with or without status)
<input type="radio"/> NO		<input type="radio"/> INUIT
<input type="radio"/> DON’T KNOW		<input type="radio"/> MÉTIS
<input type="radio"/> DECLINE TO ANSWER		<input type="radio"/> HAVE ABORIGINAL ANCESTRY

What is the size of your household?

<input type="radio"/> Single	
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- Couple (no kids)
- Family (please specify number of people in your household) _____

Step 8: Certification and Consent

By signing this form, I certify that all information provided is true and verification has been provided, when available. I hereby consent to the collection and disclosure of my personal information for the purposes of administering, verifying, monitoring, and evaluating the Housing Stability Benefit or Rent Ready program. I understand that staff from the City of Hamilton may contact me for the purposes of conducting a follow-up assessment.

Applicant Signature:

Date: (DD/MM/YY)

Office Use Only

Amount Requested: \$ _____	Amount Approved: \$ _____	Date Issued (dd/mm/yy): _____	Reassessment Requested: <input type="checkbox"/>
<input type="checkbox"/> Decision Upheld	<input type="checkbox"/> Decision Varied	RR Amt Approved: \$ _____	Date Issued (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 purposes of administering homelessness prevention programs and the City of Hamilton's Housing Stability Benefit, including determining eligibility and program evaluation. For more information, contact the Manager of Emergency Shelter Services, Housing Services Division for the City of Hamilton at 905-546-2424 ext. 2225.