**Housing Retention Unit – Ph: (705) 722-3132 Ext 1833** Fax # (705) 725-4689

Housing Retention Application

OW and ODSP

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| **Date:**  | **Member ID:**  |
| **Applicant’s Name:**  | **Date of Birth:**  |
| **Gender:**  | **SIN#**  |
| **Telephone #:**  | **Alt Telephone #:** |
| **Current Address:**  |
| **Immigration Status**: | **Aboriginal Status:** |  **Are you a Veteran? Yes No** |
| **Spouse Name:**  | **Date of Birth:**  |
| **Gender:**  | **SIN#**  | **Member ID:**  |
| **Immigration Status:** | **Aboriginal Status:** | **Are you a Veteran? Yes No** |

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| **Dependant(s) Name(s) and Date of Birth(s):**  |

**FUNDING REQUEST INFORMATION**

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| **REQUEST FOR ITEM:** **DOCUMENTS REQUIRED** |
| **[ ]  Rental arrears request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]  N4 / Eviction/Statement of Arrears**  |
| **[ ]  Mortgage arrears request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]  Statement of arrears/letter from bank/financial institution**  |
| **[ ]  First Month’s Rent $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  Last Month’s Rent $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***[ ]* Accommodation Verification form/Rental Agreement** |
| **[ ]  Request for Utility arrears $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***[ ]* Disconnection notice**  |
| **[ ]  Request for Propane, Oil or Wood $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]  Quote**  |
| **[ ]  Moving Expenses $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  Storage Expenses $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]  Estimate from two moving companies** **[ ]  Estimate from storage facility/Name of facility** |

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| **Please provide a brief explanation as to why you are in this situation:**  |

**CONSENTS/DISCLAIMER:**

**I consent to the exchange of information between The County of Simcoe and the landlord, mortgage holder, moving or storage companies, utility companies and or LEAP (Low Energy Assistance Program) Yes [ ]  No [ ]**

Homeless Individuals and Families Information System, HIFIS, is a comprehensive data collection, reporting and case management system that supports the day-to-day operations of housing and homelessness response service providers within the community. HIFIS is designed to support the implementation of Coordinated Access by allowing multiple service providers from the same community to access real-time data and refer clients to the appropriate services at the right time. By applying for assistance under the Housing Retention Program, your information will be entered into HIFIS, and as such, will be accessible to service providers and the Coordinated Access System, including housing and income support service providers. You can withdrawal your HIFIS consent at any time by speaking to the staff at the County of Simcoe or one of the other community service providers**.**

**Do I have your consent to input your (and your family’s) information into the HIFIS system?**

 **APPLICANT: [ ]  YES [ ]  NO [ ]  Not Available Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPOUSE: [ ]  YES [ ]  NO [ ]  Not Available Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**