



**HOUSING ASSISTANCE FUND (HAF)
Application Form**

The Housing Assistance Fund (HAF) aims to prevent homelessness by addressing the urgent housing needs of low-income residents of the United Counties of Prescott and Russell (UCPR). Low-income individuals and families who are not receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) benefits must have after-tax income at or below Statistics Canada's Low-Income Measure (LIM) line 23600:

Size of Family	
Single person.....	\$26,503
2 people	\$37,480
3 people.....	\$45,904
4 people.....	\$53,005
5 people and more.....	\$59,261

These individuals can receive assistance with numbers 1, 2 and 3 only, while OW and ODSP clients can receive assistance with all of the following benefits:

Please indicate by checking (✓) the assistance you are requesting:

1. **Energy Arrears** (complete section 1) - *Low-income residents and OW/ODSP clients*
2. **Rent Arrears** (complete section 2)–*Low-income residents and OW/ODSP clients*
3. **Minor Home Repairs** (complete section 3)–*Low-income residents and OW/ODSP clients*
4. **Last Month's Rent** (complete section 4)–*OW/ODSP clients only*
5. **Moving Expenses** (complete section 5)–*OW/ODSP clients only*
6. **Other Needs** (complete section 6)–*OW/ODSP clients only*

Applicant Name (last name/surname)	Date of Birth (d/m/year)

Co-Applicant Name (last name/surname)	Date of Birth (d/m/year)

Dependant Name	Relationship	Age

Complete Address	Telephone #	Email	Cell #

Current Monthly Housing Costs (\$)

Rent	Heating	Mortgage	Water	Hydro	Taxes

Sources of Income (please check)

- ODSP OW CPP/OAS Pension Employment Other _____

Please provide a brief explanation of the circumstances that led to your situation:

1: ENERGY ARREARS

Name of Supplier: Account #:
Disconnection Notice (provide copy): Amount Due (provide copy of the last invoice):

2: RENT ARREARS **shared living arrangements with landlord or family will not be accepted**

Landlord Name: Tel. #:
N4 or Eviction Notice (provide a copy): Amount Due:

3: MINOR HOME REPAIRS (max. of \$500)

Item to Repair: Costs (provide estimate):

4: LAST MONTH'S RENTshared living arrangements with landlord or family will not be accepted****

Complete New Address:
New Monthly Fees (provide copy of lease):
Rent: Hydro:
Heating: Water:
Name of Landlord: Tel #:

5: MOVING EXPENSES (max. of \$300)

Name of Mover: Costs (provide estimate):

6: OTHER NEEDS (max. of \$500)

Item Requested: Costs (provide estimate):

Your application must also include the following documents (except OW and ODSP clients)

- photo ID for applicant and co-applicant
- copy of the most recent Notice of Assessment from Revenue Canada or
 - o All sources of income (pay stub, CPP/OAS pensions, etc.) **and**
 - o A current bank statement or one month (30 days) print out

Declaration and Consent

1. I/ We understand that completing this application form does not guarantee approval for assistance and that a decision may take up to five (5) business days.
2. I/ We certify that the information provided is correct.
3. I/ We consent to UCPR sharing information with other community service agencies, landlords, utility companies, or other organizations and individuals assisting with this application.
4. I/ We understand that information may be requested, disclosed or exchanged verbally and/or in writing.

Signature of Applicant

Date

Signature of Co-applicant

Date

For more information or to submit your application, please see below:

Tel.: 613-675-4661/1-800-667-6307
Fax: 1-877-844-9797
Email: LSS@prescott-russell.on.ca
Mail: 59 Court St., P.O. Box 303, L'Orignal ON K0B 1K0
Exterior Box: Social Services, located at 59 Court Street, L'Orignal or 2-860 Caron Street, Rockland