

The Housing Stability Program (HSP) assists low income households who are at risk of homelessness or are currently homeless to secure housing or prevent eviction. The Housing Stability Program has limited funds each month. While we do our best to assist all eligible households promptly, there may be a delay in issuing assistance due to funding availability.

Housing Stability Program Eligibility:

- HSP is intended to assist households who are normally able to pay their expenses, but due to unforeseen circumstances are unable to meet their costs for a short period of time or must move to secure more affordable accommodations.
- You may only access HSP assistance once in a 3-year period (36 months) for the application you have been approved for. Which means, if you have been approved for Last Month's Rent, you are still eligible to receive Rental Arrears, Moving Cost, and Utility Arrears
- You must provide proof that all family members are legal Canadian residents and that you have lived in Durham Region for at least 3 months.
- Your housing must be covered under the Residential Tenancies Act, 2006. Shared living arrangements with the landlord, transitional housing, group homes, retirement homes, long term care homes, etc. will not be accepted.
- Your housing must be affordable (spending less than 80% of your gross household income towards accommodation costs). Please include all income sources (Child Tax Benefits, Child Support, Trillium).
- Your gross household income is under the program income limits:
 - \$48,000 for a one bedroom or bachelor unit
 - \$54,000 for a two bedroom unit
 - \$60,000 for a three bedroom unit
 - \$68,000 for a four or five bedroom unit
- Your household assets must be under the asset limit:
 - Single person- \$50,000
 - All other households-\$75,000
- All documentation has been provided (please refer to checklist)
- Please allow five to seven business days **after all required forms and proof** have been received for an application to be processed.

You may mail, drop off, fax or email your completed application to:

Community Development Council Durham- Housing Stability Program
458 Fairall Street, Unit 4 Ajax, Ontario L1S 1R6
Tel: 905-686-2661
Fax: 905-686-0984
Email: housinghelp@cdcd.org

Housing Stability Program Checklist

Required documents for ALL applications:

- Proof of current gross combined income for all members of the household (i.e. two most recent paystubs, most recent OW or ODSP stub or a letter from your worker confirming amount of assistance, etc)
- Copy of one piece of government issued ID for all household members
- Proof of the value of all declared assets including the most recent 60 day (2 month) bank statement from all household members
- Completed Housing Stability application (Included in this package) with signatures of applicant and if applicable, co-applicant(s)

If applying for rental arrears, please also provide:

- Proof of current rental arrears in the form of an N4, C4 or L1 from the landlord or property management company, and/or any Landlord and Tenant Board documents received to date, including any orders
- Please note that if you are on an N4, you will be asked to work with an Outreach Worker for Budgeting and Repayment Plan Assistance

If applying for utility/energy arrears, please also provide:

- Proof that rent or mortgage is in good standing and paid up to date (If you are also applying for rent arrears this portion does not apply to you)
- If you are a homeowner, please provide proof of mortgage outstanding on the property. You will need to provide a Municipal Property Taxes Assessment (MPAC) in order for our office to determine assets for the household. This can be obtained by calling MPAC at 1 866 296-6722
- Copy of the utility/energy bill showing arrears and if applicable, any disconnect notices

If applying for last month's rent deposit, please also provide:

- Intent to Rent form completed by the landlord (form available from CDCD), or copy of the Ontario Standard Lease

If applying for Moving Costs, please also provide:

- Intent to Rent form completed by the Landlord (Included in this package), or copy of the Ontario Standard Lease
- Please be sure to include the reason for your move

Please note: Any applications not completed within 30 days, will be archived.

Section 1: APPLICANT INFORMATION

Applicant Information	
Last Name:	Given Name(s):
Date of Birth:	Phone Number:
Current Address:	
City/Town:	Postal Code:
Email Address:	
Referred By:	Citizenship/Immigration Status:
Veteran Status:	Aboriginal Status:

Other Household Members: <i>This includes all people living with you – including children and roommates</i>		
Name	Relationship	Date of Birth

Current Housing Information	
Name of landlord:	Phone Number:
Address of landlord:	
Date you moved into this address:	Did you pay first and last month's rent in your current unit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly cost of heat and utilities (If not included in your rent):	Monthly cost of your rent or mortgage:

Income Information (please include amounts for each adult in the home)		
Source of Income	Gross Monthly Amount	Details
Employed		
Employment Insurance Benefits (EI)		
ODSP		
Ontario Works (OW)		

Income Information continued <i>(please include amounts for each adult in the home)</i>		
Source of Income	Gross Monthly Amount	Details
OSAP		
Pension (CPP, OAS, private)		
Child Tax Benefit		
Child or spousal support		
Other Income (please explain)		

Assets
Total Value of Assets:
Asset Type: (RRSPs, Canada Savings Bond, GICs, equity in owned home):

Section 2: HOW CAN WE ASSIST YOU?

Assistance Type Please select what type of assistance you are applying for. You can select more than one. Refer to checklist for required documents.

Rental arrears **(Please complete section 3)**

Utility/energy arrears **(Please complete section 4)**

Last month's rent deposit **(Please complete section 5)**

Moving Costs (maximum of \$200) **(Please complete section 5)**

Section 3: RENTAL ARREARS

Please note that your application for rental arrears may not be approved if the sheriff has already been called for removal from the unit.

Do you have a lease? Yes No *(If yes, please provide a copy)*

How much rent do you currently owe? \$ _____

Month(s) for which rent is owed: _____

What was the reason you fell into arrears and what have you done to prevent this from happening in the future?



Section 4: UTILITY ARREARS

Name of utility/energy provider: _____

How much do you currently owe? \$ _____

Month(s) for which arrears are owed: _____

What was the reason you fell into arrears and what have you done to prevent this from happening in the future?

Section 5: LAST MONTH'S RENT DEPOSIT and/or MOVING COSTS

Please note that your application for last month's rent will not be approved if:

- You paid last month's rent at your current address
- You have already paid last month's rent deposit or moved in/obtained the keys to the new unit (Please allow sufficient time for your application to be reviewed)

New Unit Information		
Address:		
City/Town:	Postal Code:	
Monthly Rent:	Are utilities included? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, how much?
Landlord Name:	Phone number:	

Please provide the reason you are moving:



I consent to Community Development Council Durham (CDCD) contacting the Social Services Department, Region of Durham/my landlord/utility company/creditor/Ontario Disability Support Program to confirm eligibility for this program. I further consent to CDCD contacting the income source named above to verify my income. I fully understand the nature and purpose of this consent and have given my consent and authorization voluntarily. I understand that if something on this form is incorrect or not true, I may be ineligible for assistance. I also understand that all information provided in my application will be verified.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Name of Co-Applicant: _____ Date: _____

Signature of Co-Applicant: _____

This information is collected under the legal authority of the Housing Services Act, 2011 for the purposes of administering the Community Homelessness Prevention Initiative. Questions about this collection should be forwarded to the Director of Housing Services, Region of Durham at 605 Rossland Rd E. Whitby, ON L1N 6A3 or 905-668-7711 or 1-800-372-1102

The Housing Stability Program is a homelessness prevention initiative for low income Durham Region residents. It is a program of the Region of Durham and funded through the Region of Durham and the provincial Community Homelessness Prevention Initiative (CHPI).



INTENT TO RENT FORM FOR LAST MONTHS RENT DEPOSIT and/or MOVING COSTS

If you are applying for last month's rent and/or moving costs, please have your prospective landlord complete this form. This form must be completed and submitted **prior** to moving in or obtaining the keys to the unit. Your application will not be approved if you have already paid the last month's rent deposit or if you have already moved in or obtained the keys to the unit.

The owner/Authorized Agent is required to complete the Intent to Rent document and declaration portion for the new prospective tenant.

Prospective tenant's full name (please include everyone who will be on the lease):

Address of prospective rental unit:

Effective move-in date: _____

Total rent amount: \$ _____

Are Utilities Included: Yes No If no, please circle what you and your landlord are responsible for:

Heat:	Tenant	Owner/Landlord
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Hydro:	Tenant	Owner/Landlord
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Water:	Tenant	Owner/Landlord
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Type of Accommodation:

House:

Apartment:

Basement Apartment:

Rooming House:

Other (please specify)

Is the kitchen and/or bathroom shared with the landlord? No Yes

Does the Landlord/owner of the property reside on the premises? No Yes



Please note that for basement apartments/secondary suites, you may be asked to provide a copy of the registration certificate to confirm that the unit conforms to local by-laws.

Declaration:

That I am the owner/authorized agent for the property located at

My name is: _____

My primary residence is: _____

Owner/Authorized Agent contact number: _____

Landlord/Authorized Agent signature: _____

Date signed: _____

Statement to prospective landlords: Please note that completing this form does not guarantee the applicant will be issued last month's rent. The applicant must still be able to meet the program criteria. Please contact our office at 906-686-2661 if you have any questions regarding the process or program.

The Community Development Council Durham assumes no liability/responsibility for any issues, incidental, special or exemplary damages arising from the tenancy/relationship between the applicant and landlord/rental agent.

Durham Region Housing and Homelessness Information System Consent to Share Personal & Health Information on the Homeless Individuals and Families Information System (HIFIS)

This partner agency is part of the Regional Municipality of Durham Shared Homeless Individuals and Families Information System (HIFIS).

What is HIFIS

Organizations in Durham Region are using a shared computer system called HIFIS. This system securely stores your personal and health information.

To help you access the supports you need, it may be important for relevant information to be shared among the partner agencies. With your permissions, HIFIS allows each organization to access and share your personal information with each other.

By sharing this information this way, Organizations can provide better services and supports to you. The information also helps to better understand the homelessness throughout Durham Region, so that policies and programs can be improved.

For a full list of community partners using the HIFIS database, please contact Housing Services 905-668-7711, or the agency in which you obtained this consent form from.

What we collect

Organizations using the HIFIS system may collect personal and health information including:

- Full Name
- Contact Information
- Date of Birth
- Martial, Family Status and History
- Name, Birthdates and Citizenship of Family and Household Members
- Current Income and Assets
- Employment Status, History
- Housing History
- Service History (including services and programs accessed and applied for)

What we do with your information

- Manage and administer housing and homelessness services and programs now and in the future;
- Verify eligibility for housing and homelessness services funded by applicable municipal and/ or provincial social programs;
- Statistical and research purposes, but that information will be provided only on a collective and anonymous basis so that it will not indicate that it is about you personally. Your name will not be shared. This collective and anonymous information might also be provided to the Region of Durham, the Government of Canada, and the Province of Ontario to support policy analysis, research, and evaluation of existing policies and programs respecting homelessness.

What we won't do with your information

- Your personal and health information will not be used for any purpose other than for providing services to you and to support research and policy work regarding homelessness.
- The organizations will not release your information without your consent to anyone else except for the purpose set out above and unless there is a legal requirement to do so, or a serious concern about your safety or the safety of others.

Your consent will expire 2 years from the date you signed. Once your consent expires you will need to sign a new consent form at any one of the agencies.

You can change your mind and withdraw your consent to share your information at any time. If you do withdraw your consent, you understand that information already in the system will remain in the system, but no future information will be collected for the shared computer system. You can, at any time sign a new consent agreement with any one of the organizations using the HIFIS system.

You have the right to see your HIFIS record, ask for changes, and to have a copy of your record from this agency upon written request.

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2463.

Once signed, this consent form will be valid for the period of 24 months. By signing below, I acknowledge that I have read this consent form and understand and agree with its contents.

Applicant's Name: _____

Signature: _____ Date: _____

Co-Applicant's Name: _____

Signature: _____ Date: _____

Dependant(s) (18 years and older)

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

- Client(s) could not / would not sign form.
- Form contents and MFIPPA/HSA Collection Statement (below) read orally to Client(s).

Witness: _____ Date: _____

Signature of Staff Person

dd / mm /yyyy

The collection, storage and protection of personal information is governed by the Housing Services Act, 2011, Municipal Freedom of Information and Protection of Privacy Act, the Personal Information Protection and Electronic Documents Act and the Personal Health Information Protection Act, 2004. Partner agencies are bound by either one or all legislation. Personal Information may also be used by authorized staff at the Regional Municipality of Durham in its role as HIFIS Database Host for the purposes of administering and maintaining the database on which the Personal Information is kept. For more information please contact the Director of Housing Services, Region of Durham at 605 Rossland Rd E, Whitby ON, L1N 6A3 or 905-668-7711 or 1-800-372-1102.

The information and privacy commissioner of Ontario oversees the administration of privacy legislation in the public sector and can be reached at:

Office of the Information and Privacy Commissioner

2 Bloor Street East, Suite 1400, Toronto, ON M4W 1A8

Toronto Area: 416-326-3333 TDD/TTY: 416-325-7539 Toll Free: 1-800-387-0073 Email: info@ipc.on.ca

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