



Discretionary Residency Benefit - Application Form

The **Discretionary Residency Benefit (DRB)** provides financial assistance to Ontario Works (OW) and Ontario Disability Support Program (ODSP) recipients who are homeless, at risk of homelessness, or moving to more affordable housing.

DRB may provide financial assistance to a maximum of **\$1,500 / 24 months** for recipient (and spouse) or up to **\$2,500 / 24 months** if you have dependent children in your benefit unit. Completing the entire application is required to be considered for this benefit. Incomplete applications without the required documentation attached may be denied and returned to the applicant as they cannot be processed without verification. A list of acceptable verification items can be found throughout this application.

SECTION 1: SUMMARY INFORMATION

Are you currently **receiving OW or ODSP**?

YES Workers name: _____
NO Main source of Income: _____

IMPORTANT: If you are not a recipient of OW or ODSP contact a **Housing and Homelessness Help Program** at:
 Kingston Home Base Non-Profit Housing Inc. @ 613-531-3779
 Salvation Army Kingston, Community and Family Services @ 613-548-4411
 Southern Frontenac Community Services Corporation @ 613-376-6477

Are you currently working with a housing worker in the community?

NO
YES Worker's name: _____ Agency Name: _____

APPLICANT INFORMATION	
Last Name	First Name
Date of Birth	Member ID
Contact Address (Unit #, Street Address)	
Town	Postal Code
Email	Phone Number

1. Have you received funding from the **Discretionary Residency Benefit** in the past?

NO
YES What was the help for? _____
 When _____ Approximately how much? _____

2. I am applying for assistance with:

- | | |
|---|--|
| Rent / mortgage arrears / property tax arrears | Damage assistance |
| First Month's Rent | Last Month's Rent Deposit |
| Moving Expenses | Utilities Arrears (heat, hydro, water) |
| Small home repairs (affecting your ability to stay in the home) | |
| Hoarding (verification from professional agency that your ability to stay housed if affected) | |
| Other (specify) _____ | |

3. Are you currently **HOUSED** or **HOMELESS**

4. The DRB is intended to help individuals and families in a crisis to maintain or obtain housing. Please answer each of these questions below. Attach additional pages if needed.

a) In your opinion, how would this assistance prevent you from becoming homeless /or help you obtain a housing unit?

b) In your opinion, what caused you to need assistance?

c) What is your plan to avoid this situation again? Please provide a budget to prove affordability. Attach additional pages if necessary.

SECTION 2: DETAILED APPLICANT INFORMATION

5. List everyone who lives at your address, including relationship (i.e. spouse, roommate)

Attach an additional page if needed.

Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:

6. What have you done to resolve your housing situation before applying for this fund?

Before applying to the fund, I have (check all that apply):

- talked with my landlord about the money I owe
- talked with the utility(s) company about the money I owe
- tried to make a payment or make a payment plan
- developed a new household budget
- looked for a more affordable unit
- moved to a more affordable unit
- received or scheduled credit counselling or money management counselling from _____
- looked for other sources of money (such as family, friends, service clubs). Please List: _____
- other (describe): _____

7. Utilities (complete this section if you are applying for assistance with utilities arrears **and only provide information for the account(s) you require assistance with**)

Has your utility service been disconnected (or out of fuel)?	YES	NO
Have you received a disconnection notice?	YES	NO
Have you applied for or are you receiving OESP or LEAP?	YES	NO
If moving and require utilities hook up, do you owe from any previous addresses	YES	NO

***If applicable, please attach a copy of your disconnection notice.**

When was the last payment made to your utility company? Date _____

How much was the last payment made? _____ Amount paid \$ _____

What is the current amount of utility arrears due? \$ _____

Are you currently set up on Pay Direct (your utilities paid directly by your Case Manager)?	YES	NO
Are you interested in your utilities being paid directly in the future?	YES	NO

8. HOUSING (complete if applying for assistance for rent/ mortgage arrears/housing start-up/damage assistance)

Current Landlord / Property Manager / Mortgage Company information:

Company Name:

Address (Unit #, Street Address)

City/Town

Postal Code

Phone number

New Landlord / Property Manager / Mortgage Company information

Provide copy of new lease / intent to rent

Company Name:

Address (Unit #, Street Address)

City/Town

Postal Code

Phone number

What is the expected move-in date at the new address? Rental/Mortgage amount: \$ _____/month

Do/will you have a lease?	YES	NO
Does your lease require tenant insurance?	YES	NO
Does your lease require first & last month's rent?	YES	NO
Does your lease require a deposit of any kind?	YES	NO
Does your rent / mortgage include utilities?	YES	NO

If NO – How much do you spend per month on average for all utilities?

\$ _____/month

Are you receiving a Rent Subsidy? (i.e. rent-geared-to-income assistance)	YES	NO
Is your rent paid directly to the landlord/company	YES	NO
Would you be interested in you rent being paid directly to your landlord?	YES	NO

What is the amount that you are in arrears as of this date? \$ _____

Are the arrears related to: (tick all that apply):

- rent - If rent, what is the amount of the security deposit held by the landlord \$ _____
(attach documentation showing amount in arrears and any security deposit)
- mortgage (attach letter from financial institution stating arrears amount)
- property taxes (attach letter from municipality stating arrears amount)
- damage payments to landlord (attach letter from landlord confirming amount owed)

When was last payment made? Date: _____ Amount Paid: \$ _____

To whom was this amount paid? _____

Are you seeking assistance with moving expenses to your new address YES NO
Please attach quotes from 3 moving companies

9. LEGAL

Have you received an eviction notice from your landlord? YES NO
 If "YES", what is eviction date on the notice? _____

What is the eviction for:

- rent arrears (N4)
- damages to the landlords property (N5)
- other, specify: _____

(Important: must attach eviction notice to application)

Have you sought legal advice for the eviction? YES NO
 Have you been to the Landlord Tenant Board? (Please attach order) YES NO
 Are you scheduled to go before the Landlord Tenant Board (LTB)? YES NO
 If yes: Date of LTB hearing: _____

To continue past this point, your Case Manager may need to contact any third parties related to verifying your eligibility for this benefit (i.e. landlord, moving companies, utilities, contractors etc.)
 By signing this application you are giving your Case Manager permission to do so.

I/We declare that all information in this application is correct and complete. I/We agree that the application and any supporting documents become the property of the Service Agency.

I/We agree to provide any supporting material and/or documentation, as may be required.

Dated at _____ on the _____ day of _____, 20 ____

 Signature of Applicant **Total DRB requested: \$** _____

Notice with Respect to the Collection of Personal Information

Personal information, including (but not limited to), names, addresses and phone numbers, contained in this form or in attachments is collected pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) and will be used to determine your eligibility for financial assistance under the Homelessness Prevention Fund operated in the service area of the City of Kingston and the County of Frontenac.

Questions about this collection should be directed to: Housing & Social Services, Administrative Assistant (613) 546-2695