

141 rue Lake Street
 Pembroke, ON Canada
 K8A 5L8
 Phone: 613-732-2601
 1-866-897-4849
 Fax: 613-735-4858

450 chemin O'Brien Road
 Bureau/ Suite 104
 Renfrew, ON Canada
 K7V 3Z2
 Phone: 613-433-9846
 1-888-281-7526
 Fax: 613-433-9850



Department of Social Services
 www.countyofrenfrew.on.ca

80 rue McGonigal Street Ouest-West
 Bureau/ Suite 110
 Arnprior, ON Canada
 K7S 1M3
 Phone: 613-623-5426
 1-844-623-5426
 Fax: 613-623-5427

1 rue John Street
 CP/PO 102
 Killaloe, ON Canada
 K0J 2A0
 Phone: 613-757-0770
 Fax: 613-757-0769

Homelessness Prevention Program (HPP)

1. Applicant's name and date of birth:

First name: _____ Last name: _____ DOB: _____
 (dd/mm/yy)

2. Address:

Street number and name: _____ Town/City: _____

3. Contact phone number:

Home phone: _____ Cell phone/alternate: _____

4. Do you live with other people? If yes, list their name(s), date of birth, and relationship to you.

FIRST NAME	LAST NAME	DOB (dd/mm/yy)	RELATIONSHIP (ex. spouse/child/roommate)

5.

MONTHLY SHELTER COSTS			
Mortgage/Taxes	Rent	Hydro	Water/Sewer
\$	\$	\$	\$
Tenant/House Ins.	Heat	Heating Method	Other
\$	\$		\$

6. Identify all household income:

- | | |
|---|--|
| <input type="checkbox"/> Ontario Works (OW)
Amount: _____ | <input type="checkbox"/> Employment Insurance (EI)
Amount: _____ |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP)
Amount: _____ | <input type="checkbox"/> Canada Pension Plan (CPP)
Amount: _____ |
| <input type="checkbox"/> Child Tax Benefit/Universal Childcare Benefit
Amount: _____ | <input type="checkbox"/> Old Age Security/Guaranteed Income (GIS)
Amount: _____ |
| <input type="checkbox"/> GST/Trillium
Amount: _____ | <input type="checkbox"/> Earnings
Amount: _____ |
| <input type="checkbox"/> Workplace Safety and Insurance Board (WSIB)
Amount: _____ | <input type="checkbox"/> Other
Amount: _____ |

7. Check the item and write the amount you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Hydro arrears to prevent disconnection
Amount: _____ | <input type="checkbox"/> Fuel arrears to prevent disconnection
Amount: _____ |
| <input type="checkbox"/> Rental arrears to prevent eviction
Amount: _____ | |

**APPLICATION AGREEMENT &
CONSENT TO DISCLOSURE AND RELEASE OF PERSONAL INFORMATION**

Applicant's Name _____

Co-Applicant's Name _____

- I/We affirm that the information provided within this application is true.
- I/We understand that approval or payment of funds is not guaranteed.
- I/We agree to make a payment arrangement with the service provider (utility company or landlord), should my/our expenses exceed what is approved by the Homelessness Prevention Program.
- I/We agree to direct payment arrangement from my OW/ODSP (if applicable).
- I/we understand that failure to pay the service provider as agreed, may result in the disconnection of the utility and/or eviction and that I may not be eligible for further assistance from the Homelessness Prevention Program.
- I/We consent to the disclosure/release of personal information to an authorized representative of the County of Renfrew Social Services Department for the purpose of determining or verifying eligibility for financial assistance from the Homelessness Prevention Program.
- I/We further consent specifically to the exchange of information between the County of Renfrew Social Services Department and any utility company, landlord, municipality, social services program, Ontario Works, Ontario Disability Support Program (including access to electronic data) or other person or business whatsoever that is necessary to determine whether I/we are eligible for assistance from the Homelessness Prevention Program.
- I/We have read or have had this document read to me/us and understand the terms of the Application Agreement and Consent and Disclosure/Release of Information set out above.
- I/We are at least 18 years of age.
- I/We agree that this application/consent is valid for one year from the date signed.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS:

Document	Copy Provided for File		Visually Verified (OW/ODSP only)
Identification 2 Applicant, 1 for everyone else	<input type="radio"/> YES	<input type="radio"/> N/A	
Proof of ALL Income	<input type="radio"/> YES	<input type="radio"/> N/A	
Rent/Lease, Mortgage	<input type="radio"/> YES	<input type="radio"/> N/A	
Current Bank Statement	<input type="radio"/> YES	<input type="radio"/> N/A	
Life Insurance/Other Assets	<input type="radio"/> YES	<input type="radio"/> N/A	
Hydro Disconnection Notice	<input type="radio"/> YES	<input type="radio"/> N/A	
Fuel Disconnection Notice (gas, propane, etc)	<input type="radio"/> YES	<input type="radio"/> N/A	
Eviction Notice	<input type="radio"/> YES	<input type="radio"/> N/A	
Income Tax	<input type="radio"/> YES	<input type="radio"/> N/A	
Other _____	<input type="radio"/> YES	<input type="radio"/> N/A	