



## HEALTHY COMMUNITIES APPLICATION

**Part 1 – Personal:** To the Manitoulin-Sudbury District Services Board: I apply for emergency assistance under the Healthy Communities Initiative and in support of my application, I make the following statements:

Surname	First Name	Date of Birth (d/m/y)
Address:		
Telephone:	ID#	SIN:
<i>Marital Status</i> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/>		
Spouse	Date of Birth (d/m/y)	
Children and other dependents		
Have you accessed the Healthy Communities Fund in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you in receipt of the following? Ontario Works? Yes <input type="checkbox"/> No <input type="checkbox"/> ODSP? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If No Other Income, Skip to Part 3</b>		
Is any family member living in your house a member of one of the following communities? First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> N/A <input type="checkbox"/>		

**\*\*Note:** please include documentation (i.e. payment stub) if applicant is on ODSP, WSIB, CPP-Disability.

### Part 2 – Family Income

Family Member	Gross Taxable Income (annual)	Verified? NOA/NCBS
Applicant: Type of Income _____	\$	
Spouse: Type of Income _____	\$	
Dependent/Other: Type of Income _____	\$	
Total Family Income	\$	

**\*\*Note:** please include documentation (i.e. copy of most current Notice of Tax Assessment or Child Tax Credit, most current pay stubs)

Have all other reasonable sources of financial assistance have been exhausted? Yes  No

### Part 3 – Situation

I/we are applying for the following assistance:

- Housing with Related Supports (transportation, furniture, moving costs, provision of first/last month rent, utility deposit, hook-up fees, storage costs)
- Other Services and Supports (employment supports, education opportunities, family re-unification, relocations for victims of family violence, peer support, relocation due to uninhabitable premises, furniture replacement due to pest infestation, fire, flood or uncontrollable damage)
- Homelessness Prevention (emergency needs, rental or utility arrears, short term payment of rent to prevent eviction, assistance to secure and retain housing; provision of basic necessities - food)

### Part 4 – Additional Information

Is there any other information you would like us to consider?

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**Part 5 – Retention of residence Preventative plan of action**

I/We feel the following factors have contributed to my/our situation:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

I/We have already done the following to ensure my/our future financial security:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

These are the next steps I/we need to take:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

In addition, I/we agree to undertake the following:

- Apply for public housing even where no public housing is available so that I/we will be put on a waiting list. (home owners are exempt)
- Budgeting (i.e.: referral to Sudbury Credit Counselling)
- Energy Saver Programs
- Employment Services (i.e.: Employment Options)
- Food Bank
- Local Social Clubs (i.e.: Lions Club, Knights of Columbus)
- Other: \_\_\_\_\_

I intend to complete the following actions by \_\_\_\_\_.

**Part 6 – Declaration & Consent**

I/We understand that emergency assistance will only be provided once all eligibility criteria have been met to the satisfaction of the DSB. Additionally, I/we understand that this is short-term emergency service which I /we can access only once every 12 months.

Additionally, I/we hereby consent to the disclosure or exchange or transmittal of information as it relates to my/our request for emergency assistance. I/we also consent for the Manitoulin-Sudbury DSB to collect and keep on file information as it relates to my/our request for emergency assistance.

I/We are also willing to implement the attached action plan (if applicable).

I/We agree that signing this document warrants that I/we fully agree with the statements mentioned above and that all information given on this form, to the best of my/our knowledge is true and correct.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Notice with Respect to the Collection of Personal Information  
(Freedom of Information and Protection of Privacy Act & Municipal Freedom of Information and Protection of Privacy Act). This information is collected under the legal authority of the Ministry of Municipal Affairs and Housing and the Ministry of Community of Social Services.