



Community Housing & Direct Shelter Subsidy Application

Member ID: _____	
Name: _____	Address: _____
Date of Birth: _____ Day/month/year	_____
	Email: _____
Home Phone: _____	
Mobile: _____	
Alternate/Emergency Contact Name: _____	
Alternate/Emergency Contact Phone #: _____	
Unit Type: Single Couple Family (with dependent children) Senior Senior Couple	
Number of dependents: _____	Name(s): _____
	Date of Birth: _____
Is the address listed your permanent address? Yes No	Are you currently homeless? Yes No
Are you a victim of family violence? Yes No	Do you require a modified/accessible unit? Yes No
Have you been evicted within the last 5 years due to an N6? (Illegal Act) Yes No	Details: _____
In which community are you looking to be housed? _____	
Is any family member in your house a member of one of the following communities? First Nations Inuit Métis N/A	



Current Living Information		
Landlords Name:		
Is the landlord a family member?	Yes No	Number of Bedrooms:
Utility Information: Please specify if the following are included as part of rent		Amount
Verification will be requested once your application has been processed/reviewed.	Rent:	
	Oil:	
	Hydro:	
	Propane/Natural Gas	
	Wood:	
	Total Shelter Costs:	

Current Household Income (All Sources). - Verification will be requested one your application has been processed/reviewed				
Sources of Income	Gross Monthly	Net Monthly	Assets	Value of Asset
OW	\$	\$	Cash on hand	\$
ODSP	\$	\$	Funds in Bank	\$
Old Age Security	\$	\$	GIC's	\$
Canada Pension Plan	\$	\$	Life Insurance (cash value)	\$
Child/Spousal Support	\$	\$	RRSP	\$
Canada Child Tax Benefits	\$	\$	Collectables	\$
Earnings	\$	\$	Real Estate	\$
Other Income/Pension (please specify)	\$	\$	Other Assets	\$
Total	\$	\$	Total	\$



Declaration

I give consent and authorization to the Manitoulin-Sudbury District Services Board to:

1. Make any inquiries that it deems necessary to verify the information given in this form (including a credit or landlord check, if applicable) and I authorize any person or Social Agency having knowledge of any such information to release the information to the Manitoulin-Sudbury District Services Board.
2. Disclose the information given by me to the Manitoulin-Sudbury District Services Board, to any Social Agency providing any form of service to me or to any housing provider associated with the Manitoulin-Sudbury District Services Board.
3. Information will not be disclosed to any other party, except where allowed by law.

For the purposes of verification of subsidy, it may be necessary to share information pertaining to income, assets, or household composition between departments of the organization. By signing the document, the applicant/tenant agrees to these terms and conditions.

I/We confirm that all information provided is true and correct to the best of my/our knowledge.

 Signature

 Signature

 Date

For Direct Shelter Subsidy Applicants Only:

Direct Shelter Subsidy will be provided monthly (if approved) provided the applicant:

- Pay their shelter costs and provides the DSB proof of payment every 6 months.
- A tenant in good standing according to the Residential Tenancies Act

Direct Shelter Subsidy will cease:

- The month after Ontario Works or Ontario Support Disability eligibility ceases.
- The month the applicant fails to provide proof that shelter costs have been paid.
- The applicant moves out of the current residence, in these cases future eligibility for Direct Shelter Subsidy will be based on the new residence and availability of funds within the Direct Shelter Subsidy program.
- Upon 60 days' notice should funding for this Direct Shelter Subsidy program terminate.
- The tenant receives a Notice to Vacate for Non-Payment of Rent or an Order to Terminate Residency.

Office Use Only: Manitoulin-Sudbury District Services Board		
General Comments: _____		
Total Shelter Costs: _____	OW/ODSP/RGI Maximum Shelter: _____	
Direct Shelter Subsidy: _____		
Direct Shelter Subsidy Approved effective: _____ in the amount of _____/mth. <small style="margin-left: 150px;">Date</small>		
Reviewed by Case Manager: _____	<small>Signature</small>	<small>Date</small>
Approved by Program Supervisor _____	<small>Signature</small>	<small>Date</small>
Verified Arrears Database		
Client is on the Social Housing Waitlist		