

ONTARIO RENT BANK PROGRAM ~ Rental Arrears

Number of months in arrears? _____ Total amount owing: \$ _____

Have you received an eviction notice? YES NO (provide copy of notice)

Is a hearing scheduled before the Landlord and Tenant Board? YES NO If so, date: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

LOAN REQUEST DETAIL

Please describe the situation leading to the financial crisis:

Besides applying to Financial Assistance, what other steps have you taken to solve your housing problem? (i.e. negotiating with landlord, other sources of loans, etc.)

If OW/ODSP - Have you accessed Community Start-Up? YES NO If so, date: _____

Have you been denied assistance? YES NO Reason: _____

Do you intend to stay in the unit that the grant is applied to for at least one year? YES NO

If no, explain: _____

Other comments? _____

The applicant agrees that all information contained in this application is true. It is understood that if any of the information is untrue in any substantial or material way, the application may be refused.

The applicant gives the Rent Bank Administrator permission to contact his/her landlord to verify the situation and negotiate rental arrears payment and housing retention agreement.

All information contained in this application is for the purpose of deciding whether to provide a Rent Bank Grant. All information in this application is confidential, and shall not be released by the Hamilton Housing Help Centre without the permission of the undersigned, except under a court order.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

H.E.L.P. LOAN PROGRAM

LAST MONTH'S RENT (Moving to MORE affordable housing)

Address of New Unit: _____
Street Unit # City Postal Code

Landlord's Name: _____ Phone Number: _____

Landlord Address: _____

RENT: \$ _____ Utilities: \$ _____ Moving Costs: \$ _____

Region (i.e. Mountain, North Hamilton, Central, etc.): _____

APPLIANCES (If required to move into new unit)

Refrigerator Cost: \$ _____ Stove Cost: \$ _____ **Must provide estimate

UTILITY ARREARS (If required to stay in present rental unit)

Union Gas # of months: _____ Total amount of last bill: _____

Horizon Utilities # of months: _____ Total amount of last bill: _____

Fuel Oil # of months: _____ Total amount of last bill: _____

OTHER LOAN REQUEST (please describe)

LOAN REQUEST DETAIL

Please describe the situation leading to the financial crisis:

Besides applying to Financial Assistance, what other steps have you taken to solve your housing problem?
(i.e. negotiating with landlord, other sources of loans, etc.)

Other comments? _____

AMOUNT OF LOAN REQUESTED: _____

The applicant agrees that all information contained in this application is true. If any of the information in this application is untrue in any substantial or material way, Housing Emergency Loan Program can refuse a loan regardless of the merits.

All information contained in this application is for the purpose of deciding whether to provide a Housing Emergency Loan. All information in this application is confidential, and shall not be released by the Hamilton Housing Help Centre without the permission of the undersigned, except under a court order.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

INCOME AND EXPENSES NEEDS TEST

1. INCOME

APPLICANT	SOURCE OF INCOME	NET AMOUNTS MONTHLY
	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____
CO-APPLICANT		
	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____
Monthly Income Total: \$ _____		

RENT BANK ONLY

Insert Household
Income Limits
Threshold

Annual Income

AMR Allowable:

2. EXPENSES

<u>Housing Expenses</u>	<u>Fixed Expenses</u>
RENT/BOARD \$ _____	MEDICAL \$ _____
HEAT/OIL \$ _____	TRANSPORTATION \$ _____
HYDRO \$ _____	CHILD CARE \$ _____
CABLE \$ _____	CHILD SUPPORT \$ _____
TELEPHONE \$ _____	OTHER (i.e.: Rent to own) \$ _____
CELL \$ _____	LOANS \$ _____
	CREDIT CARDS \$ _____
	Monthly Expense Total: \$ _____
TOTAL of Income LESS Expenses: \$ _____	

RENT BANK ELIGIBILITY ASSESSMENT

- | | | |
|--|------------------------------|-----------------------------|
| i. Verification documents photocopied and listed on back? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ii. Client able to sustain future rent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iii. Meets Rent Bank Citizenship Requirements: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iv. Applicant not received Rent Bank Assistance in last 24 months: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| v. Landlord confirms arrears repayment will stop eviction action: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| vi. Applicant not in receipt of Rent Geared to Income: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Recommendation

Approve Rent Bank Grant (Amount): _____ Approve HELP Loan (Amount): _____ Declined

Date: _____ Approved By: _____