



HABITAT SERVICES APPLICATION FOR SUBSIDY

This **information** is requested in order to determine if tenants who are not in receipt of assistance from the Ontario Disability Support Program (ODSP), or Ontario Works (OW), are eligible for the Habitat subsidy provided to boarding home and rooming house owners. If a tenant living in a **boarding home** is eligible, they will pay **70%** of income to a maximum of **\$1,601.78**. If a tenant living in a **rooming house** is eligible, they will pay **45%** of income to a maximum of **\$1,012.93**. If a tenant living in a **self-contained unit** is eligible, they will pay **45%** of income to a maximum of **\$1,095.01**. If a tenant is not eligible for subsidy, they may become a "private tenant" and pay a rate that is negotiated with the owner.

1. TODAY'S DATE		
YYYY	MM	DD

2. PERSONAL INFORMATION				
Last Name		First Name		
Telephone	Date of Birth	YYYY	MM	DD
<input type="checkbox"/> Male <input type="checkbox"/> Female				

3. CURRENT ADDRESS			
House Name (if applicable)		Street	
Apartment #	City	Province	Postal Code

4. SOURCES OF INCOME (Please specify type of income i.e. OAS, GAINS, VDP, LTD, WSIB, Company pensions)				
Pensions	Type	Amount	Per:	Monthly Total
	Type	Amount	Per:	Monthly Total
	Type	Amount	Per:	Monthly Total
Wages/ Earnings	Type	Amount	Per:	Monthly Total
	Type	Amount	Per:	Monthly Total
	Type	Amount	Per:	Monthly Total
Worker's Compensation (WSIB)	Type	Amount	Per:	Monthly Total
Other	Type	Amount	Per:	Monthly Total
	Type	Amount	Per:	Monthly Total

Office Use Only: Total Monthly Income: _____
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5. VERIFICATION OF INCOME	
Date of Benefits	<p><i>Please provide the date on which the benefits listed on the previous page commenced.</i></p> <p style="text-align: center;">YYYY MM DD</p>
Verification of Income	<p><i>Please list documents verifying income (i.e. cheque stubs, T4) and attach photocopies.</i></p>

6. ASSETS (Please attach verification to the application)			
1st Bank Account	Name of Financial Institution		
	Address		
	Account #	Balance	
2nd Bank Account	Name of Financial Institution		
	Address		
	Account #	Balance	
Investments/Securities	Type	Amount	Name of Financial Institution

7. MONEY IN TRUST								
Trust Account	Name of Trustee:							
	Financial Institution (if applicable):							
	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; padding: 5px;">Amount in Trust:</td> <td style="padding: 5px;">Are these funds in a sheltered Trust?</td> <td style="padding: 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td colspan="3"></td> </tr> </table>	Amount in Trust:	Are these funds in a sheltered Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____		
Amount in Trust:	Are these funds in a sheltered Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
\$ _____								



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APPLICANT'S/TRUSTEE'S STATEMENT

To the best of my knowledge, I declare the above information to be accurate.

Signature of Applicant/Trustee: _____ Date: _____

I have attached verification of my income and assets. Yes No

REFERRER'S STATEMENT

To the best of my knowledge, I declare the above information to be accurate.

Name of Referrer (please print): _____

Phone Number of Referrer: _____

Signature of Referrer: _____ Date: _____

FOR OFFICE USE ONLY

Total Assets

SENIOR

Total Income

OTHER

Is Applicant Eligible for Funding? Yes No

If "NO", please explain.

PRIVATE

(Ineligible)

TENANT RENT CALCULATION (IF ELIGIBLE):

Boarding Home: Total Income \$ _____ x 70% = \$ _____

Rooming House: Total Income \$ _____ x 45% = \$ _____