



## 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.

|                        |    |    |
|------------------------|----|----|
| <b>1. TODAY'S DATE</b> |    |    |
| YYYY                   | MM | DD |

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

|                            |      |          |             |
|----------------------------|------|----------|-------------|
| <b>3. CURRENT ADDRESS</b>  |      |          |             |
| House Name (if applicable) |      | Street   |             |
| Apartment #                | City | Province | Postal Code |

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

|                                    |
|------------------------------------|
| <b>Office Use Only:</b>            |
| <b>Total Monthly Income:</b> _____ |



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| <b>5. VERIFICATION OF INCOME</b> |  |
|----------------------------------|--|
| <b>Date of Benefits</b>          | <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> |
| <b>Verification of Income</b>    | <p><i>Please list documents verifying income (i.e. cheque stubs, T4) and attach photocopies.</i></p>   |

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

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



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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% = \$ \_\_\_\_\_