



Housing Division
Social Services Department
82 Erie Street, Stratford, Ontario N5A 2M4
Phone: 519-271-3773 Toll Free: 1-800-669-2948

Form 101 - Request for Homelessness Status

What is Homelessness Status?

1. Are you living on the street (no shelter), OR using the emergency shelter system through Ontario Works as your primary residency? or
2. Have you lost your permanent home as a result of its being destroyed by fire or natural disaster within the last three (3) months? or
3. Are you awaiting release from hospital or another time limited treatment facility and cannot return to your former place of residence and will not be released until suitable housing is found for you?

If you answered yes to any of the above you would be considered homeless.

Who may request homelessness status?

Any member of a household applying for rent-geared-to-income (RGI) assistance, that is 16 years or older, may request the household be given Homelessness status. Where the household member experiencing homelessness status is under the age of 16, the request can be made on their behalf by another member of the household.

Who may complete this form?

This form may be completed by: a shelter worker, social worker, social services worker, community health care worker, doctor, law enforcement officer, teacher/guidance counsellor, member of the clergy, or other service agency or medical care facility staff with knowledge of the applicant's homelessness situation.

Consent

I consent to the sharing of all information and/or documentation relating to my request for Homelessness status with housing providers, the City of Stratford's Social Services staff for the purpose of verifying the information and/or documentation provided to determine my eligibility for Homelessness status.

Signature:

Date:

Witness:

Date:



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Verification Process

The applicant from whom you received this form has applied for subsidized housing and may be eligible for Homelessness status due to their present circumstances. In order to qualify for the Homelessness status, the applicant's situation must correspond with the following:

- The Applicant is living on the street (no shelter), OR using the emergency shelter system through Ontario Works as their primary residency; or
- Has no permanent home as a result of its being destroyed by fire or natural disaster within the last three (3) months; or
- Is awaiting release from hospital or other time limited treatment facility and can not return to former place of residence and will not be released until suitable housing is found.

Please ensure all sections of the form have been completed, and that it has been signed, witnessed and dated.

Verification Declaration for Homelessness Status

Important note to person completing this form:

As receiving Homelessness status may allow applicants to move ahead of other applicants on waiting lists for housing, Housing Access Centre must ensure that Homelessness status is reserved for those who truly need it. In order to assess an applicant's request for Homelessness status, written verification of the applicant's situation is required from someone who is not a member of the household and is acting on behalf of the applicant in a professional capacity.

Note: Deliberately providing false or inaccurate information for the purpose of receiving priority for RGI assistance will affect your status and eligibility for housing.

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.



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Name of Applicant:

Birth Date:

Verification completed by:

Name:

Position

Organization:

Address:

City/Town:

Postal Code:

Telephone:

Fax:

I have reviewed the information about the Verification Process necessary to access subsidized housing under the Homelessness status. The applicant (named above), to whom I have provided services/assistance and whose homelessness situation I am aware of, should be given Homelessness status. I am aware of my responsibilities in providing verification information and declare that the information I am providing is a true and accurate account of the applicant's situation.

The following statement summarizes my knowledge of the homelessness situation experienced by the applicant named above:

OR

The attached letter/document summarizes my knowledge of the homelessness situation experienced by the applicant named above.

If you have questions regarding Homelessness status and/or the completion of these forms, please contact the Housing Access Centre at 519-271-3773

Housing Office Use Only

Date Received (YYYY/MM/DD): _____ Received by: _____

Approved Denied Date (YYYY/MM/DD): _____ Signature : _____