



COMMUNITY HOMELESSNESS PREVENTION REQUEST FORM

Name:	Social Insurance #:	Date of Birth:
Spouse's Name:	Spouse's Social Insurance #:	Spouse's Date of Birth:
Address:		
City:	Postal Code:	Phone #:

Type of Assistance Requested	
<input type="checkbox"/> Rental Arrears <input type="checkbox"/> Energy Arrears <input type="checkbox"/> Last Month's Rent <input type="checkbox"/> Tenant Insurance	<input type="checkbox"/> Moving Expenses <input type="checkbox"/> Home Repairs <input type="checkbox"/> Furniture <input type="checkbox"/> Other

Income		
Source of Income: <input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> Employment <input type="checkbox"/> EI <input type="checkbox"/> CPP <input type="checkbox"/> Pension <input type="checkbox"/> Other:	Number of People <input type="checkbox"/> Single <input type="checkbox"/> Two People <input type="checkbox"/> Three People <input type="checkbox"/> Four or more People	Annual Income \$28,000 \$32,500 \$38,000 \$42,500
<input type="checkbox"/> Annual Income:		
<input type="checkbox"/> Proof of financial eligibility attached		

Client Type (please check ALL that apply)	
<input type="checkbox"/> Single Male <input type="checkbox"/> Single Female <input type="checkbox"/> Couple <input type="checkbox"/> Family (with children under 16) <input type="checkbox"/> Youth under 16 <input type="checkbox"/> Youth (16-25) <input type="checkbox"/> Veteran <input type="checkbox"/> LGBTTQ2	<input type="checkbox"/> Refugee <input type="checkbox"/> Aboriginal <input type="checkbox"/> Senior (over 65) <input type="checkbox"/> Victim of family violence <input type="checkbox"/> Recent Immigrant <input type="checkbox"/> People of colour / racialized persons <input type="checkbox"/> I prefer not to answer

Accommodation History	
FROM: <input type="checkbox"/> Homeless <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Long-term Housing	TO: <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Long-term Housing

I give consent to Ontario Works staff to contact parties involved in order to process my application for assistance. I acknowledge that I will NOT be able to access this program for 12 months.

 Applicant Signature Spouse Signature Date

NOTE: All funds will be paid directly to the third party (home owner or vendor). You will not be reimbursed if you have already paid for any of the requested items.

The Criminal Code of Canada s.s 380(1) states that everyone who by deceit, falsehood or other fraudulent means defraud the public of any property, money or valuable security is guilty of an offence. The Ontario Works Act 1997 /section 79 states that a person who knowingly obtains or receives a benefit he/she is not entitled to obtain or receive under the Act and Regulations is guilty of an offence.

Notice with respect to the Collection of Personal Information
 (Freedom of Information and protection of Privacy Act)
 (Municipal Freedom of Information and protection of Privacy Act)

This information is collected under the legal authority of the Ontario Disability Support program Act, 1997, sections 5, 10, 45, & 46 or the Ontario Works Act, 1997, sections 7, 8, 15, 57, & 58, for the purpose of administering Government of Ontario Social Assistance Programs.

Accessibility of Ontarians with Disabilities
 Alternative formats are available upon request

~FOR OFFICE USE ONLY~

Applicant:	Mem ID:	#
Spouse:	Mem ID:	

Type of CHPI: <input type="checkbox"/> LMR <input type="checkbox"/> Rent Bank <input type="checkbox"/> Energy <input type="checkbox"/> Home <input type="checkbox"/> Moving <input type="checkbox"/> Furniture <input type="checkbox"/> Insurance <input type="checkbox"/> Other	Vendor #: Cheque #: Date: Initials:
Payable to:	
Address:	
Account #:	
Amount:	<input type="checkbox"/> Mail <input type="checkbox"/> Pick-up <input type="checkbox"/> DBD

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Account #:	
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Checklist <input type="checkbox"/> Application completed in full <input type="checkbox"/> Vendor registered (External Party-Other OR Utility) <input type="checkbox"/> Applicant registered with a primary IC <input type="checkbox"/> Vendor number recorded on application <input type="checkbox"/> Payment issued and cheque number recorded <input type="checkbox"/> Notes entered on Person Page	
Approved By: _____	Date: _____