

APPLICATION FORM

The temporary Rent Relief Assistance program is a subsidy paid to the landlord on behalf of a household in need of rental assistance. If you qualify, you may receive up to 70% of rent subsidy per month towards your rent based on your income (for a period covering July 1 2021 to December 31 2021).

Do You Qualify?

In order to qualify for Rent Relief Assistance:

- The annual gross household income for your unit size must not exceed the limits below.
- The maximum monthly rent that is payable by you for your unit size.

Maximum Household Income Limits	
1 bedroom	\$39,600
2 bedrooms	\$47,400
3 +bedrooms	\$52,200

Maximum Rents payable by tenant	
1 bedroom	\$1,036.00
2 bedrooms	\$1,309.00
3 or more bedrooms	\$1,791.00

- The unit must be located within the City of Cornwall or the United Counties of S. D. & G.
- The size of the unit must meet the Social Housing Division’s (Service Manager) Occupancy Standards. These standards have been established to determine the size and type of unit that you can be eligible to occupy for the Rent Relief Assistance program. They are typically based on the number of persons in the household but other factors will also be taken into consideration if necessary (example: disability, medical condition, students, gender and age of siblings, etc.)
- Your household liquid assets (cash, bank accounts, investments that can be easily converted to cash) must not exceed \$40, 000.
- Income is based on line 23600 of your income tax Notice of Assessment 2020.

IF YOU MOVE OR IF THERE ARE ANY OTHER CHANGES TO YOUR INFORMATION OR CIRCUMSTANCES YOU MUST ADVISE THE REGISTRY.

Housing Access Centre - The Registry
P.O. Box 877
340 Pitt Street, 3rd Floor
Cornwall, ON K6H 5T9

Phone: 613-933-6282, ext. 3315
Fax: 613-938-9734
Email: HAC@cornwall.ca

Required Documents

Incomplete applications will not be accepted. You must provide the following documents with your application:

- Identification** for every member of the household (e.g. driver’s license, birth certificate).
- Bank statements** (2 months) for all bank accounts from each member of the household.
- Proof of current income** for all members of the household i.e.: paystubs
- 2020 Notice of Assessment** (Income Tax) from Canada Revenue for every adult member of the household.

Temporary Rent Relief Assistance Program TENANT ASSESSMENT FORM

TENANT INFORMATION

First Name		Last Name	
Street No. Street Name/RR# (Include Unit/Apt #, Lot, Concession, P.O. Box, if applicable)			
City:	Province: Ontario	Postal Code: -	
Cell Number: - -	Home Phone Number: - -		
Date of Birth: D / M / Y	Email:		
How many other household members are 18 years of age or older? _____ How many other household members are under the age of 18? _____			

UNIT INFORMATION

Total monthly rent for the unit	Monthly utilities <u>NOT</u> included in the rent	Is parking included in the rent?	Number of bedrooms
\$	<input type="checkbox"/> Heat: \$ _____ <input type="checkbox"/> Electric: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No. Cost \$ _____	
*Please specify any utilities INCLUDED in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Other			
Do you have a roommate or boarder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How much rent do you pay? \$ _____ Percentage of utilities you pay? _____			
How much rent does your roommate/boarder pay? (if applicable) \$ _____			

TOTAL MONTHLY HOUSEHOLD INCOME

Is anyone in your household in receipt of Ontario Works or ODSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who?	
Amount of monthly income from ALL sources for EVERY member of the household: E.g. Employment, E.I., OAS/GIS, CPP, Spousal Support, pensions, etc.	\$
Is anyone self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please contact our office to schedule an appointment prior to submitting this application.	

ASSETS

Type	Applicant Amount	Spouse/Partner Amount (if applicable)	Other Household Member(s) Amount (if applicable)
Cash	\$	\$	\$
Bank Accounts	\$	\$	\$
Other Liquid Assets	\$	\$	\$

Temporary Rent Relief Assistance Program TENANT INFORMATION SHEET

General

As an applicant for the Temporary Rent Relief assistance program, you understand that:

1. The City of Cornwall and its Social Housing Division (SHD) are not your landlord. Your relationship with the SHD under this program relates only to your obligation to provide information as required to confirm your participation in the program.
2. Participation in the Temporary Rent Relief assistance program has no impact on the relationship, responsibilities or obligations you would normally have with respect to your landlord as a full market rent tenant, as per the Residential Tenancy Act, 2006. Nor will your participation in the program affect any rights of the landlord with respect to you, including the right to raise the market rent as prescribed within related legislation.
3. You must meet ongoing eligibility requirements (as noted below) for the duration of the program in order to remain within the program. If you lose your eligibility to remain in the program, you will become immediately responsible for payment of the full market rent established for your unit at such time as your eligibility loss is determined.
4. Under this program, you may receive up to 70% of rent subsidy per month towards your total rent, calculated based on your income. This monthly allowance, applicable for your unit, is effective on the application approval date for the duration of your eligibility, until December 31 2021.
5. The Temporary Rent Relief assistance program will not affect your place on the Social Housing Registry waiting list; nor will it affect any obligations you may have with respect to maintaining your application in good order.
6. The Temporary Rent Relief assistance program allowance ONLY applies to the unit in which you originally chose to live. If you move to another market rent unit at any time during your tenure in the program, you realize that the allowance will not be able to follow you to your new location.

Eligibility

In order to maintain your eligibility to participate in the Temporary Rent Relief assistance program, you understand that:

1. You are a resident of Ontario and have appropriate status in Canada (Canadian Citizen, a landed immigrant – permanent residence, an application for permanent residency, or a refugee or refugee claimant with no enforceable deportation, departure, or exclusion order).
2. You must provide the City of Cornwall – Social Housing Division (SHD) staff with proof of income. Your annual income must be below \$39,600 for a 1 bedroom unit, \$47,400 for a 2 bedroom unit, \$52,200 for a 3 plus bedroom units. (Housing Services Act)
3. The maximum rent for a 1 bedroom unit is \$1,036, for a 2 bedroom unit is \$1,309 and for a 3 bedroom or larger unit is \$1,791.
4. Your household liquid assets (cash, bank accounts, investments that can be easily converted to cash) must not exceed \$40,000.
5. You are not receiving a Rent-Geared-to-Income (RGI) or any other rent subsidy from any other source.
6. If you are in receipt of Ontario Works (OW) or Ontario Disability Support Program (ODSP), the difference between your shelter entitlement and your actual shelter cost will be taken into consideration for subsidy calculation.
7. The size of the unit must meet the Social Housing Division's (Service Manager) Occupancy Standards.
8. You must maintain your tenancy under the Rent Relief Assistance program in good standing. Failure to provide your portion of the rent to the landlord may result in suspension or termination of the supplement.
9. If you move or if there are any other changes to your circumstances you must advise the registry at 613-933-6282, ext. 3315.

Applicant Signature	Date
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	Yes	No		Yes	No
Household Income Limit meets criteria			Landlord summary received		
Rent amount meets criteria			Landlord agreement form received		
Household meets asset criteria			Shelter allowance vs. actual rent		

Approved - You have met the criteria for the Rent Relief Assistance Program.

Effective _____, your landlord will receive \$_____ per month towards your rent at _____.

You are responsible to pay the balance of your monthly rent to your landlord.

Denied - You have **NOT** met the criteria for the Rent Relief assistance Program due to:

	You did not provide all the required verification documents.
	The household income exceeds the Maximum Household Income Limit (see reverse)
	The amount of rent exceeds the Maximum Market Rent for your household size (see reverse)
	The household assets exceed \$40,000 (see reverse)
	The difference between the total cost of your rent and the shelter entitlement you receive from Ontario Works or ODSP is below \$100 (Please apply for rent supplement program)

Reviewed by:	Date:
Client Type: <input type="checkbox"/> Senior (55+) <input type="checkbox"/> Youth (18-25) <input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> WP	
Name:	DOB: /D /M /Y

Collection of Personal Information

The City of Cornwall Housing Access Centre will collect, retain and use the personal information provided by me for the following purposes:

- To determine my initial and ongoing qualification for the Rent Relief Assistance program;
- To determine the amount of assistance I am eligible for;

Disclosure of Personal Information

The City of Cornwall Housing Access Centre will disclose personal information provided by me to the following parties for the purposes described above:

- To any social agency providing any form of assistance to me, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Act, 1997* or the *Child Care and Early Years Act, 2014* or any government department responsible for social housing programs under the *Housing Services Act, 2011*;
- To the Government of Canada, a department, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To relevant parties as it relates to this request including but not limited to:
 - Full name of landlord _____
 - Other (specify) _____

Consent

I, _____ and _____
Print Applicant's Name Print Spouse's Name

authorize and agree that **the City of Cornwall Housing Access Centre** may collect, use and disclose the personal information that I have provided for my request on all of the attached pages, as required or permitted by law.

Dated this _____ day of _____, 20_____.

Applicant's Signature

Spouse's Signature (if applicable)

Notice with Respect to the Collection of Personal Information

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Freedom of Information and Protection of Privacy Act (FIPPA)

Personal Information Protection and Electronic Document Act (PIPEDA)

This information is collected under the legal authority of the Housing Services Act, 2011 for the purpose of administering the social housing programs prescribed in this Act and its associated Regulations.

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LANDLORD SUMMARY

- The Landlord must be willing to enter into an agreement with the Social Housing Division.
- If the unit is owned by a relative of any household member, other conditions may apply.
- The Temporary Rent Relief Assistance Program has limited funds and the eligible applicants will be awarded this allowance on a first come, first served basis.
- Households in receipt of Rent-Geared-to-Income (RGI) benefits with a social housing provider, or who are in receipt of any other type of shelter allocation are not eligible for this program.

Tenant Information		
Names of ALL Tenants in the unit		
1)	3)	
2)	4)	
Date Tenants moved into the unit (month & year):		
Building Address		
Street No. Street Name (Include Unit/Apt #, Lot, Concession, P.O. Box, etc.)		
City	Province: Ontario	Postal Code
Owner/Landlord Information		
First Name	Last Name	
Street No. Street Name/RR# (Include Unit/Apt #, Lot, Concession, P.O. Box, etc.)		
City	Province	Postal Code
Email:		Phone Number
Managing Agent (if applicable)		
First Name	Last Name	
Street No. Street Name (Include Unit/Apt #, Lot, Concession, P.O. Box, etc.)		
Email:		Phone Number
Payment Options		
How would you like to receive payment?		
<input type="checkbox"/> Cheque payable to: _____		
<input type="checkbox"/> EFT/Direct Deposit (Preferred method. A form will be mailed if applicant is approved)		
Information on the Building		
Total monthly rent for the unit: \$ _____		Number of Bedrooms:
Monthly rent paid by the applicant: \$ _____		
Please specify if the following are included as part of the rent:		
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the source?
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the source?
Other utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the source?
Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much is the monthly fee?

I hereby certify that the above information is correct and the rent is in accordance with the Residential Tenancy Act, 2006.

Landlord Signature or Authorized Agent

Date

Program Regulations

1. The City of Cornwall as Service Manager for the City of Cornwall and the United Counties of Stormont, Dundas and Glengarry, is the administrator of the program.
2. The Landlord–Tenant relationship applies, as per the Residential Tenancy Act, 2006.
3. The monthly payment to the Landlord from the City of Cornwall will be fixed for the duration of the program, so long as the Tenant continues to qualify.
4. If the Tenant no longer qualifies for the Temporary Rent Relief Assistance program, the Landlord shall be allowed to charge the tenant full market rent. (Note: An annual update form will be sent to each tenant to confirm ongoing eligibility. Failure to comply will result in termination of the rent relief assistance.)
5. The Landlord SHALL PROMPTLY NOTIFY the City of Cornwall – Housing Access Centre 613-933-6282 ext. 3315 if:
 - a. an application affecting the unit is filed under the Residential Tenancy Act,
 - b. a notice to terminate the tenancy is given by either the Landlord or the tenant
 - c. the tenant abandons the unit,
 - d. any other type of funding is received from another source in addition to the Rent Relief Assistance.
6. The Landlord acknowledges that the City of Cornwall and its Social Housing Division are not a Tenant and the only obligation owing by the City of Cornwall shall be to make the monthly payment specified. The City of Cornwall shall not be responsible to the Landlord for any breach of or failure by the Tenant to observe any of the terms of a lease with the Landlord, including the covenant to pay rent.
7. The Landlord will notify the Social Housing Division if the tenant fails to pay their portion of the rent.
8. The Landlord certifies that the unit is in satisfactory state of repair, fit for habitation, meets the minimum Health and Safety standards, and in compliance with the applicable Building Code and Fire Code requirements and that it will be maintained as such.
9. If the Landlord fails to notify the office that a tenant has moved and continues to receive the Rent Relief Assistance, he/she will be responsible to reimburse the Social Housing Division.

By signing below, the Landlord or Authorized Agent certifies that he/she has read the above Regulations. A copy of the Landlord Summary and the Agreement will be sent to the Landlord if the application is approved.

Landlord Signature or Authorized Agent	Date
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 Freedom of Information and Protection of Privacy Act (FIPPA)
 Personal Information Protection and Electronic Document Act (PIPEDA)

This information is collected under the legal authority of the *Housing Services Act, 2011* for the purpose of administering the social housing programs prescribed in this *Act* and its associated Regulations.

The Owner and/or Managing Agent represent and warrant that: (a) he/they shall preserve the PIPEDA compliance of all PIPEDA protected information transferred to him/they by third parties; (b) he/they shall ensure the PIPEDA compliance of all PIPEDA protected information collected by him/them in the course of performing his/their contractual obligations; and (c) he/they shall ensure the PIPEDA compliance of all PIPEDA protected information that he/they transfer to third parties.

OFFICE USE ONLY

A Rent Relief Assistance in the amount of \$_____ per month has been approved effective _____ for tenant(s) _____ who resides at the address noted on the reverse.

Staff Signature

Date

Phone: 613-933-6282, ext. 3315, Fax: 613-938-9734, Email: HAC@cornwall.ca