

## Grey County Social Services and Housing Sustainable Housing Benefit Application Form

Effective January 1, 2013, the Sustainable Housing Benefit provides assistance to Grey County residents with costs to establish or maintain an affordable residence.

You may be eligible if you reside in Grey County, have not received a Sustainable Housing Benefit assistance in the past 24 months, and;

Your gross household income falls below the Household Income Limits for Grey County as per Section 2 of the Housing Services Act Ontario Regulation 370/11:

Single:	\$27,000
Couple:	\$34,000
Sole Support/Couple with one child:	\$40,500
Sole Support/Couple with two children:	\$45,000
Sole Support/Couple with three children or more:	\$59,500

- Print off application form and fill out **completely**.
- All household members 18 years of age or older must read and sign the application and the consent to release information to determine eligibility (Page 3).

### Submit the completed application via one of the following 4 options:

Submit the completed application via one of the following

1. Scan and email to: [housing@grey.ca](mailto:housing@grey.ca)
2. Fax to: 519-376-0445
3. Mail to or drop off: Grey County Housing  
595 9<sup>th</sup> Avenue East, Owen Sound, ON N4K 3E3
4. Drop off at: Durham Ontario Works office (located at Rockwood Terrace)  
575 Saddler Street East, Durham, ON  
Hanover Ontario Works office  
286 10<sup>th</sup> Street, Hanover, ON  
Markdale Ontario Works office (located at South East Grey  
Community Health Centre) 55 Victoria Avenue, Markdale, ON

### Checklist

- Page 3 of the Application is signed by applicant and spouse if applicable
- Verification of eligibility: Eviction notice, disconnection notice, discharge letter, proof that Cash on Delivery is required, worker name if homeless, letter from public health or building official confirming infestation or inhabitable housing, proof of accommodation costs for **both** households if moving to 20% more affordable housing
- If not ongoing OW or ODSP: bank account statements and verification of other assets
- If not ongoing OW or ODSP: copy of most recent Income Tax assessment, copy of current pay stub if employed and verification of other income
- Confirmation of cost of item requested: Last month's rent, utility deposits.

Please note that assistance with moving expenses, furnishings, appliances and other household items are not covered under the Sustainable Housing Benefit.

**Applications take 5-10 Business Days to Process**

**Grey County Social Services and Housing  
Sustainable Housing Benefit Application Form**

**Family Information (\* Required field)**

\*Applicant Name: \_\_\_\_\_ \*Social Insurance #: \_\_\_\_\_  
 \*Applicant Date of Birth: \_\_\_\_\_ \*Country of Birth: \_\_\_\_\_  
 \*Street Address: \_\_\_\_\_ \*City: \_\_\_\_\_  
 \*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
 Alternate Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 \*I/We would prefer contact by traditional postal Mail  or Email   
 \*Co-Applicant Name: \_\_\_\_\_ \*Social Insurance #: \_\_\_\_\_  
 \*Co-Applicant Date of Birth: \_\_\_\_\_ \*Country of Birth: \_\_\_\_\_  
 Single or Couple with:  No children  1 child  2 children  3 or more children  
 Names and ages of children: \_\_\_\_\_

**Gross Monthly Income (Required)**

Source of Income  
 Employed  Social Assistance (OW / ODSP)  Employment Insurance (EI)  
 Other Income: \_\_\_\_\_

**Attach proof of all income (30-day bank statement or Notice of Assessment) unless on Social Assistance**

**Assets**

**If not in receipt of Social Assistance, attach proof of all assets (bank account numbers, Canada Savings Bonds, GICs, RRSPs, etc.) and current values.**

**Current Monthly Accommodation Costs**

Rent/Mortgage: \_\_\_\_\_ Water: \_\_\_\_\_ Hydro: \_\_\_\_\_ Other: \_\_\_\_\_

**What is your situation?**

- Victim of Domestic Abuse/Violence  
 Discharged from Institution – copy of discharge letter attached  
 Utility Disconnect / Notice Given – copy attached  
 Rental Arrears / Eviction Notice – copy attached  
 Moving to more Affordable Housing  
 Other: \_\_\_\_\_

**What Do You Need?**

**(Please note that assistance with moving expenses, furnishings, appliances, and other household items are not covered under the Sustainable Housing Benefit)**

- Utility Arrears to Avoid Disconnection  
 Utility Costs: Delivery of Fuel / wood and/or Hydro Deposits – proof of costs attached  
 Rental Arrears – proof of eviction threat, must include landlord's name, address, and phone #  
 Last Month's Rental Deposit (attach lease or Intent to Rent form)  
 Other: \_\_\_\_\_

**Additional Information to Explain Your Situation**

**Example: If Applying for Rent or Utility Arrears, Explain Why You were Unable to Pay**

## Acknowledgement, Declaration and Consent

I am (We are) the applicant(s) named on this application form.

To the best of my (our) knowledge, all of the information provided is accurate and no information has been deliberately withheld.

I (We) know that there is limited money available for Housing Benefits. I (We) also know that we must do everything we can to maintain our housing.

I (We) know that, if I (we) are in receipt of OW or ODSP, any benefits we qualify for will be paid directly to my (our) energy provider or landlord.

If I(we) are approved for help with rent or energy arrears, my (our) caseworker may take that money from my (our) monthly payment and give it directly to the landlord or energy service provider.

I/we consent to the disclosure, verification, and exchange of information with energy service providers, landlords and/or other third-party vendors to determine eligibility for the Grey County Social Services and Housing Benefit. I understand that information may be requested, disclosed, or exchanged verbally, or in writing including fax.

I/We further consent to the exchange of information between Grey County and any other community service agency or organization assisting with this application including my (our) OW Caseworker who can be contacted at Ext.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse (where applicable)

\_\_\_\_\_  
Signature of Other Household Members Over 18

\_\_\_\_\_  
Signature of Other Household Members Over 18

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
Date Received: <input type="text"/>	MID/SIN <input type="text"/>
Accessed in past 24 months <input type="checkbox"/> No <input type="checkbox"/> Yes	
Decision: <input type="text"/>	
Sign Off: <input type="text"/>	Date: <input type="text"/>