



Low Income Application for Special Supports Funding

Hamilton

If you have internet access and an email address, please use the online application at SpecialSupportsBenefits.hamilton.ca. This will provide you with automatic updates on the status of your request.

If you do not have an email account, please complete this paper application, and follow Step 6 for mailing instructions. For help completing this form, please call: 905-546-2590

The following are not eligible for Special Support Funding: Sponsored immigrants, those with refugee status, self-employed, those who reside in homes for special care, hospital, or long-term care facilities. Special Supports does not reimburse for items already purchased.

CITY OF HAMILTON USE ONLY	Low Income ID:	
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Step 1: Applicant Contact Information		
First Name:		Middle Name:
Last Name:		Date of Birth (dd/mm/yyyy):
Street Address:		
Line 2 / PO Box:		Unit:
City:	Province:	Postal Code:
Phone:	Email Address:	
Identification Document: Please attach a copy of your identification showing your current address such as a driver's license or government issued ID. If you do not have ID showing your address, please attach a copy of other official ID and a bank statement or utility bill that shows your address.		

Step 2: Applicant Details		
Please answer the following questions:		
What is your legal status in Canada?		
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Refugee Claimant	
<input type="checkbox"/> Convention Refugee	<input type="checkbox"/> Sponsored Immigrant	
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Visitor	
Are you a sponsored immigrant, still within the sponsorship period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have refugee status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Step 2: Applicant Details (continued)	
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you reside in a home for special care, a hospital, or a chronic care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, your spouse and/or your dependents covered by a health plan? <i>If yes, please provide the name of the insurance company:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 3: Household Information and Income			
Household income information is used to determine eligibility for benefits in the Special Supports Program			
Family Type:			
<input type="checkbox"/> Single <input type="checkbox"/> Single with Children <input type="checkbox"/> Couple (married or common-law) <input type="checkbox"/> Couple with Children (married or common-law)			
Please list <u>all</u> members of your household:			
1	APPLICANT		
	Full Name:	Social Insurance Number:	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source		Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$
2	<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 <input type="checkbox"/> DEPENDENT ADULT		
	Full Name:	Social Insurance Number:	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source		Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$

* see [Page 5](#) for note on Notice of Assessment

Step 3: Household Information and Income (continued)

Please list all members of your household:

3	<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 OR <input type="checkbox"/> DEPENDENT ADULT		
	Full Name: 	Social Insurance Number: 	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source		Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$
4	<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 <input type="checkbox"/> DEPENDENT ADULT		
	Full Name: 	Social Insurance Number: 	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source		Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$
5	<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 <input type="checkbox"/> DEPENDENT ADULT		
	Full Name: 	Social Insurance Number: 	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source		Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$

* see [Page 5](#) for note on Notice of Assessment

Step 3: Household Information and Income (continued)

Please list all members of your household:

<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 <input type="checkbox"/> DEPENDENT ADULT				
6	Full Name:		Social Insurance Number:	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source			Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$
<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 <input type="checkbox"/> DEPENDENT ADULT				
7	Full Name:		Social Insurance Number:	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source			Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$
<input type="checkbox"/> PARTNER/SPOUSE <input type="checkbox"/> CHILD UNDER 18 <input type="checkbox"/> DEPENDENT ADULT				
8	Full Name:		Social Insurance Number:	Date of Birth: (dd/mm/yyyy)
	Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Ontario Works <input type="checkbox"/> Self-Employment <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> No Income Source			Net Income: <i>(From line 23600 of your most recent Notice of Assessment*)</i> \$

* see [Page 5](#) for note on Notice of Assessment

Note on Notice of Assessment

* **Line 23600 Net Income** is available from your latest *Notice of Assessment* or *Proof of Income Statement* issued by the Canada Revenue Agency (CRA).

If you do not have a copy of either your *Notice of Assessment* or *Proof of Income Statement*, contact CRA to request a *Proof of Income Statement*. You can reach CRA through the following methods:

- **Telephone** at **1-800-959-8281** press #2 and then #1. Callers will be asked for their Social Insurance Number and Total Income (Line 15000) from their most recently filed Tax Return;
- **Online** at <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals.html> and go to "My Account"

Special Supports benefits may be available to Hamilton residents whose total family Net Income is less than the amounts shown below. *If your Total Net Income (applicant + partner/spouse + dependent adults) is more than the amount shown below, you will not qualify for City of Hamilton Special Supports benefits.*

Current Statistics Canada Low-Income Measurement (LIM)

<u>Family Size</u>	<u>Income Amount</u>
1	\$28,863
2	\$40,818
3	\$49,992
4	\$57,726
5	\$64,540
6	\$70,700
7	\$76,364
8	\$81,637
9	\$86,589
10	\$91,273

Step 4: Items Being Requested

Please tell us what items you require in the box below. Provide as much detail as you can. (Information on what items may be funded by Special Supports is available at www.hamilton.ca/specialsupports or in the **Special Supports brochure**.)

Is this item for yourself (applicant)? Yes No

Is this item for a child under 18? Yes

If yes, please provide their full name: _____

Please note that every adult aged 18 or older must complete their own application.

Step 5: Declaration and Signature

I declare that the information I have given on this application form is true and correct to the best of my knowledge.

1. I give the City of Hamilton permission to verify the information that I have given and consult third parties as required.
2. I understand and agree that if any of the information is false, this application will automatically be denied.
3. I will advise the City of Hamilton of any changes to the information outlined in this application.
4. I understand that completing and submitting this application form to the City of Hamilton does not guarantee that assistance will be provided.
5. I understand that the City of Hamilton does not assume any liability and shall not be responsible in any way for any inconvenience, delay, alteration, cancellation, expenses, loss, death, injury, damages, information disclosure or otherwise suffered or incurred by any applicant or person in connection with this program or any part of it.
6. I understand that any personal information or personal health information collected from or about OW/ODSP clients will be used to determine eligibility of benefits and continued management of those programs. The City of Hamilton collects this information under authority of Section 1 of the Ontario Works Act, 1997, S.O. 1997, c. 25, Sched. A.
7. I understand that my personal information provided to determine my eligibility for the program, benefit or subsidy I am applying for and for the ongoing management of the that program is collected under the authority of Section 227 of the Municipal Act 2001.
8. I understand that my personal information may be shared with medical professionals and/or the City of Hamilton's approved vendor to determine eligibility and/or to provide the items requested.
9. I understand that Special Supports Program does not reimburse for items purchased or services received without prior approval. If eligible for the item or service, I will receive an approval letter in the mail providing further information about getting the approved item or service.
10. I understand that questions about the program and collection of my personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6 Phone: 905-546-2590 Email: support@hamilton.ca
11. If I am applying for the Snow Clearing Subsidy, I declare that I am unable to remove snow from my sidewalk and have no one living in the home physically able to remove snow.

OPTIONAL: I authorize the City of Hamilton Special Supports Program to communicate with the following person or agency on my behalf for the purposes of determining eligibility for special supports benefits:

Name:	Agency:
Phone:	Email:

Signature of Applicant

Date (dd/mm/yyyy)

Signature of witness or interpreter
(Signature of witness is only required if applicant signs with an X mark)

Step 6: MAILING INSTRUCTIONS

Please mail the following to the address provided below:

- This completed application; **and**
- One copy of your identification showing your current address; **and**
- The most recent *Notice of Assessment or Proof of Income Statement* from Canada Revenue Agency for you, your spouse/partner, every adult 18 and over; **and**
- A letter of assessment or prescription from a health care professional

Mail to: **City of Hamilton, Special Supports Program**
1550 Upper James St., Unit 14A
Hamilton, ON L9B 2L6

Notice with respect to the collection of personal information pursuant to Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Personal Health Information Protection Act, 2004 (PHIPA). This information is collected under the authority of the Municipal Act, 2001. The information will be used for the purpose of administering the City of Hamilton Special Assistance Programs, including for the purposes determining eligibility and program development. For more information contact the Special Supports Program, City of Hamilton at 905-546-2590.