



Hamilton

Housing Emergency Fund Information Sheet

The Housing Emergency Fund (HEF) is a program to support housing sustainability and eviction prevention. It helps to cover the costs associated with establishing a new residence or to assist you to remain in your current housing, within the City of Hamilton.

Based on your benefit unit composition (household size) for social assistance (OW/ODSP) or as a Low-Income Household and determination of eligibility, HEF is available up to a maximum payment in a 2-year period (24 months):

| Benefit Unit/Household Size | Maximum Payment |
|-----------------------------|-----------------|
| Single | \$3,000 |
| Couple | \$4,000 |
| Family (3 people) | \$5,000 |
| Family (4 people) | \$6,000 |
| Family (5+ people) | \$7,000 |

HEF is only available if:

- you meet the following eligibility criteria:
 - accommodation costs do not exceed 95% of your household income
 - establishing or remaining in housing within the City of Hamilton
 - your circumstances meet a situation outlined in the application (i.e., being evicted, have a disconnection notice for utilities, establishing new or moving to more affordable housing)
- have not received the maximum benefit amount for HEF or a similar housing benefit in the last 24 months (i.e., Housing Stability Benefit (HSB), Rent Ready, etc.)

HEF may be issued on your behalf to a third party (i.e. a property owner or utility company).

Furniture and other household appliances are **not** covered under this program.

Your HEF request form will be reviewed to determine if you meet the criteria and are eligible for the Housing Emergency Fund. You will be notified in writing regarding the decision.

The most up-to-date information about the HEF program, including the application form, is available online via the City of Hamilton Housing Emergency Fund website (www.hamilton.ca/HousingEmergencyFund).

I AM REQUESTING THE HOUSING EMERGENCY FUND TO HELP ME (check one)

- Establish new housing (complete 1, 2, 3A or 3B, 3C)
 Remain in existing housing (complete 1, 2, 4A or 4B, 4C)

1. PLEASE PROVIDE THE FOLLOWING INFORMATION

First Name: _____ Last Name: _____
 Phone Number: _____ Date of Birth: _____ DD / MMM / YYYY
 Address: _____ Street Address _____ City _____ Postal Code _____ Email: _____

Are you staying in a shelter? NO YES If yes, which shelter: _____

Current income source: Low Income ODSP OW **SAMS ID#** _____

| MONTHLY INCOME | AMOUNT | MONTHLY EXPENSES | AMOUNT |
|-----------------------|----------|------------------|----------|
| OW/ODSP | \$ _____ | Rent | \$ _____ |
| Child Tax Benefit | \$ _____ | Hydro | \$ _____ |
| Spousal/Child Support | \$ _____ | Gas | \$ _____ |
| Employment Income | \$ _____ | Other: | \$ _____ |
| Other: | \$ _____ | | |

Do you receive a Housing Allowance/COHB? NO YES, monthly amount \$ _____

Number of people in household: _____ #

Number of people in household who identify as the following groups:

| Youth | Indigenous | Chronically Homeless | Homeless following transition from a provincial institution |
|--|---|---|--|
| Young people under the age of 25 who are living independently of parents or caregivers | Persons who identify as First Nation, Métis, or Inuit | Persons who are currently homeless who have been homeless for 6 months or more in the past year | Persons whose accommodation immediately prior to applying for this program was in correction facilities (jail, prison), in in-patient healthcare (hospital, rehab) or in accommodation provided under the child welfare system |
| # _____ | # _____ | # _____ | # _____ |

Do you prefer to be supported by an Indigenous-led program? NO PREFERENCE YES NO

2. Declaration, Certification and Consent

By acknowledging this form, I certify that all information provided is true and verification has been provided, when available. I hereby consent to the collection and disclosure of my personal information for the purposes of administering, verifying, monitoring, and evaluating the Housing Emergency Fund Program. I understand that staff from the City of Hamilton may contact me for the purposes of conducting a follow up assessment.

Yes, I have read the declaration above and acknowledge that the information provided is true and I consent to collection and disclosure of my personal information and contact from the City of Hamilton. **Date:** _____

No, I have not received the maximum benefit amount for HEF or a similar housing benefit in the last 24 months.

Your HEF application will be reviewed to determine if you meet the criteria and are eligible for the Housing Emergency Fund. You will be notified in writing regarding the decision.

3. ESTABLISHING NEW HOUSING *Application must be submitted within one month of your move*

A. I am homeless and:

| Situation | | Supporting Documents Required | |
|--------------------------|---|-------------------------------|---|
| <input type="checkbox"/> | I am leaving a shelter | <input type="checkbox"/> | Landlord Information Request form (FE-001) or copy of lease |
| <input type="checkbox"/> | I am leaving an institution (i.e. corrections, mental health and/or addictions) | | |
| <input type="checkbox"/> | I was evicted from my housing | | |

B. I am housed but need to move because:

| Situation | | Supporting Documents Required | |
|--------------------------|---|-------------------------------|--|
| <input type="checkbox"/> | I found more affordable housing | <input type="checkbox"/> | Landlord Information Request form (FE-001) or copy of lease |
| <input type="checkbox"/> | I am over housed | | |
| <input type="checkbox"/> | I am fleeing domestic violence or a relationship breakdown | | |
| <input type="checkbox"/> | My home is not fit to be lived in; or I had a fire or flood | <input type="checkbox"/> | Documents verifying home is unfit (i.e. Public Health Inspector, doctor, etc.) |
| | | <input type="checkbox"/> | Landlord Information Request form (FE-001) or copy of lease |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Supporting documents, where possible |
| | | <input type="checkbox"/> | Landlord Information Request form (FE-001) or copy of lease |

C. The items you need to move to new housing:

| Item(s) Required | Cost | Item(s) Required | Cost |
|--|------|--|------|
| <input type="checkbox"/> Last Month's Rent Deposit | \$ | <input type="checkbox"/> Utility Deposit | \$ |
| | | | |

4. REMAIN IN EXISTING HOUSING

A. I am at-risk of becoming homeless:

| Situation | | Supporting Documents Required | |
|--------------------------|------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> | I have received an eviction notice | <input type="checkbox"/> | Copy of eviction notice (i.e., N4); |
| | | <input type="checkbox"/> | Rent ledger |

B. I need help to remain in my housing:

| Situation | | Supporting Documents Required | |
|--------------------------|--|-------------------------------|---|
| <input type="checkbox"/> | I have received a utility disconnection notice or my utility has been disconnected You must be in receipt of or apply for the Ontario Electricity Support Program (OESP) credit | <input type="checkbox"/> | Copy of disconnection notice |
| <input type="checkbox"/> | Other - please provide details: | <input type="checkbox"/> | Attach supporting documents, where possible |

C. The items you need to remain in your housing:

| Item(s) Required | Cost | Item(s) Required | Cost |
|---|------|--|------|
| <input type="checkbox"/> Rental Arrears | \$ | <input type="checkbox"/> Utility Arrears | \$ |
| | | | |

APPLICATION COMPLETION AND SUBMISSION

Your HEF application will be reviewed to determine if you meet the criteria and are eligible for the Housing Emergency Fund.

When you select **Submit** below, an email will open. **Please remember to attach any required supporting documents before sending the email.**

You will be notified in writing regarding the decision. Please submit only one application following the below options:

| Please submit this form using the selections below. | |
|---|---------------------------------|
| If you are completing this application for yourself, and | |
| <ul style="list-style-type: none"> you are in receipt of Ontario Works, or are in an emergency shelter and receive ODSP benefits, submit your application to the City of Hamilton HEF teams here OR <ul style="list-style-type: none"> Via fax 905-546-6358 In person at: <ul style="list-style-type: none"> Housing Services office (350 King Street East) Ontario Works offices (250 Main Street East or 1550 Upper James) | COH |
| <ul style="list-style-type: none"> you are in receipt of ODSP (and live in the community), or are living with low income, submit your application to the Housing Help Centre here OR <ul style="list-style-type: none"> In person at: <ul style="list-style-type: none"> Housing Help Centre office (119 Main Street East) | HHC |
| <ul style="list-style-type: none"> you identify as Indigenous and prefer to be supported by an Indigenous-led program, submit your application to the Hamilton Regional Indian Centre here OR <ul style="list-style-type: none"> In person at: <ul style="list-style-type: none"> Hamilton Regional Indian Centre (34 Ottawa Street North) | HRIC |
| <ul style="list-style-type: none"> you are unsure who your application should be submitted to, submit it here | UNKWN |
| If you are program staff submitting this application on behalf of a client please use the appropriate submission button | City of Hamilton |
| | Housing Help Centre Hamilton |
| | Hamilton Regional Indian Centre |
| | Other Partner Agency |

Notice of Collection of Personal Information pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*

The City of Hamilton collects information under authority of Section 227 of the Municipal Act, 2001. Any personal information collected will be used administering homelessness prevention programs and the City of Hamilton’s Housing Emergency Fund, including determining eligibility and program evaluation. By providing your email address, you are consenting to receiving emails from the City of Hamilton and/or their agents/contractors for purposes related to notifying individuals of their program eligibility. Information collected for this initiative may be stored on servers located in Canada and may be subject to Canadian laws. Questions about the collection of this personal information can be directed to the Manager of Tenant Supports, Housing Service, 350 King St E., Hamilton, ON L8N 3Y3, 905- 546-2424 ext. 6555 or hef@hamilton.ca.