

The Housing Stability Benefit (HSB) helps to cover the costs associated with a move to new housing or to assist you to remain in your current housing. Based on your benefit unit composition for social assistance and determination of eligibility, HSB is available up to a maximum of:

- Up to a maximum of \$1,500 in a 2-year period (24 months) if you have one (1) or more dependent children or adults
- Up to a maximum of \$800 in a 2-year period (24 months) if you have no dependent children or dependent adults

The HSB may be issued to you or on your behalf to a third party (for example, a landlord, utility company, etc.). HSB is only potentially available if you meet the eligibility criteria and have not received the maximum benefit amount for HSB or a similar housing benefit in the last 24 months. If you have any questions, please speak with Ontario Works or Housing Services Staff.

Rent Ready is a program enhancement to support households experiencing housing precarity. Eligibility for Rent Ready is impacted by previous receipt of the maximum benefit amount for HSB or a similar housing benefit in the last 24 months. Eligible amounts are assessed on an individual basis for the Rent Ready program.

Rent Ready is available until December 31, 2023 or until funds expire, whichever comes first.

Step 1: Please provide the following information:

First Name:	Last Name:
Address:	City:
Postal Code:	Phone Number:
Your Date of Birth (dd/mm/yyyy):	Program: OW ODSP SAMS #

Step 2: I am requesting the Housing Stability Benefit to help me to:

Move to new housing (complete Steps 3, 4, 7, 8)*
**HSB request must be submitted within one month of the move to new housing*

Remain in my existing housing (complete Steps 5, 6, 7, 8)

Step 3: Please check off the reason(s) you need to move to new housing:

Please submit the required supporting documents with your HSB request form.

Situation		Supporting Documents Required
<input type="checkbox"/>	Leaving domestic violence and moving to a new address	Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Leaving a shelter/institution and moving to a new address (ie. hospitals, shelters, special care, interval or transition homes, correctional facilities)	Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Home is not fit to be lived in (ie. Overcrowding)	Copies of documents verifying home is unfit (may be from Landlord, Building or Health Inspector, Doctor, etc.)
<input type="checkbox"/>	Moving due to fire or flood	Attach supporting documents, where possible. Estimate required.
<input type="checkbox"/>	Received an eviction notice or have been evicted from my housing	Copy of eviction notice (ie. N4)
<input type="checkbox"/>	Found more affordable housing	Landlord Information Request form (FE-001) or copy of lease
<input type="checkbox"/>	Need to purchase an essential appliance that cannot be repaired (ie. fridge, stove, washer) or was not possessed previously	Letter from Landlord stating appliances are the tenant's responsibility (Renters only)
<input type="checkbox"/>	Other - Please provide details:	Attach supporting documents, where possible.

Step 4: Please check off the items you need to move to your new housing.

Please submit verification of the cost of the item(s) with your HSB request form.

Item(s) Required	Cost	Item(s) Required	Cost
<input type="checkbox"/> Last Month's Rent Deposit		<input type="checkbox"/> Bedframe(s) (max \$100/bed) Number required x \$	
<input type="checkbox"/> Moving Costs		<input type="checkbox"/> Child Mattress (max \$200/bed) Number required x \$	
<input type="checkbox"/> Appliance Fridge Stove Washer		<input type="checkbox"/> Adult Mattress (max \$400/bed) Number required x \$	
<input type="checkbox"/> Other:		<input type="checkbox"/> Mattress Protector(s) (max \$50/each) Number required x \$	
		<input type="checkbox"/> Moat/Interceptor(s) (max \$25/each) Number required x \$	

Step 5: Please check off the reason(s) you need help in order to remain in your existing housing

Please submit the required supporting documents with your HSB request form.

Situation		Supporting Documents Required
	Received an eviction notice or have been evicted from my housing	Copy of eviction notice (ie. N4); and Landlord Information Request form (FE-001) or copy of lease
	Received a utility disconnection notice	Copy of disconnection notice <i>Please note: You must be in receipt of or apply for the Ontario Electricity Support Program (OESP) credit</i>
	My utility has been disconnected	Copy of disconnection notice <i>Please note: You must be in receipt of or apply for the Ontario Electricity Support Program (OESP) credit</i>
	Need to purchase an essential appliance to maintain health and wellbeing that cannot be repaired (ie. fridge, stove, washer)	Letter from Landlord stating appliance is the tenant's responsibility (<i>Renters only</i>)
	Other - Please provide details:	Attach supporting documents, where possible.

Step 6: Please check off the items you need to remain in your existing housing.

Please submit verification of the cost of the item(s) with your HSB request form.

Item(s) Required	Cost	Item(s) Required	Cost
Rental Arrears		Other:	
Utility Arrears Hydro Gas Other		Mattress Protector(s) (max \$50/each) Number required x \$	
Appliance Fridge Stove Washer		Moat/Interceptor(s) (max \$25/each) Number required x \$	

Step 7: HSB Request Submission and Review

Please submit your completed request form to the front counter of any Ontario Works or Housing Services office. Your HSB request form will be reviewed to determine if you meet the criteria and are eligible for the Housing Stability Benefit. You will be notified in writing regarding the decision.

Step 8: Declaration, Certification and Consent

Income	Amount	Accommodation Expenses	Amount
OW/ODSP	\$	Rent	\$
Child Tax Benefit	\$	Hydro	\$
Spousal/Child Support	\$	Gas	\$
Employment Income	\$	Other	\$
Housing Allowance	\$		

By signing 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 Stability Benefit and Rent Ready Program. I understand that staff from the City of Hamilton may contact me for the purposes of conducting a follow-up assessment.

Applicant Signature:

Date:

Voluntary Demographic Self-Identification Questionnaire

The City of Hamilton and partner organizations are committed to delivering programs with a commitment to equity, diversity and inclusion principles. The questions below are designed to collect demographic information about applicants applying for the Rent Ready program. Knowing the demographic background of applicants will assist the City and partners to create an accurate picture of the diversity of our applicants and assist us in responding to creating a more inclusive program supports. Completion of the questions is voluntary and your participation is encouraged. All data collected is treated confidentially. Personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c M.56

What gender do you identify with?

MAN	TRANS WOMAN	NOT LISTED:
WOMAN	TRANS MAN	DON'T KNOW
TWO-SPIRIT	NON-BINARY (GENDERQUEER)	DECLINE TO ANSWER

Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Métis, or Inuit.

[If yes, please follow-up to specify.]

YES ----->	If YES:	FIRST NATIONS (includes both with or without status)
NO		INUIT
DON'T KNOW		MÉTIS
DECLINE TO ANSWER		HAVE ABORIGINAL ANCESTRY

What is the size of your household?

SINGLE	COUPLE (no kids)	FAMILY (please specify # of people in your household)
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Notice of Collection of Personal Information pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

This information is collected under the legal authority of the *Housing Services Act, 2011*, s. 10 of the *Municipal Act, 2001* and the City of Hamilton's Housing Stability Benefit Implementation Plan (report CS12031(a)) as approved by City Council on December 12, 2012. The information will be used for the purposes of administering homelessness prevention programs and the City of Hamilton's Housing Stability Benefit, including determining eligibility and program evaluation. For more information, contact the Manager of Homelessness & Housing Supports, Housing Services Division for the City of Hamilton at 905-546-2424 ext. 2225.