



Rent Bank Loan Program Application for Assistance

Applicant Information	
Name: _____ <small>(first) (last)</small>	Telephone No.: () - _____ <small>(area code) (phone number)</small>
Address: _____ <small>(street number, P.O. Box No., R.R. #) (city, postal code)</small>	
Member ID (if applicable): _____	Number of persons in household: ___ adults ___ children <small>(under 16 years)</small>

Arrears		Landlord Information														
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Month</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr> <td style="border-top: 1px solid black;">Total Arrears:</td> <td style="border-top: 1px solid black; text-align: right;">\$ _____</td> </tr> <tr> <td style="border-top: 1px solid black;">Total Requested:</td> <td style="border-top: 1px solid black; text-align: right;">\$ _____ *</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">* Cannot exceed the lesser of 2 months arrears or \$1,500.</p>	Month	Amount		\$ _____		\$ _____		\$ _____		\$ _____	Total Arrears:	\$ _____	Total Requested:	\$ _____ *	Name: _____ Address: _____ Phone: _____ Monthly Rent: \$ _____ Eviction Notice Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy.	
Month	Amount															
	\$ _____															
	\$ _____															
	\$ _____															
	\$ _____															
Total Arrears:	\$ _____															
Total Requested:	\$ _____ *															

Income			
List all:			
	<u>Description</u>	<u>Amount (\$)</u>	
1.	Ontario Works/ODSP	_____	
2.	Employment Income	_____	
3.	Employment Insurance	_____	
4.	Pension	_____	
5.	Federal or Provincial Child Tax Credit/baby bonus	_____	
6.	Support (alimony)	_____	
7.	Other (specify)	_____	
Total Household Income:		\$ _____	(A)
*Cannot exceed \$30,000.00			

Expenses	Assets																																		
<table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Utilities</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Fuel</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Water</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Rent</td><td style="text-align: right;">\$ _____</td></tr> <tr> <td style="border-top: 1px solid black;">Total Accommodation Costs:</td> <td style="border-top: 1px solid black; text-align: right;">\$ _____ (B)</td> </tr> <tr><td style="text-align: right;">Child Care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Medical</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Debt / Loan Payments</td><td style="text-align: right;">\$ _____</td></tr> <tr> <td style="border-top: 1px solid black;">Total Expenses:</td> <td style="border-top: 1px solid black; text-align: right;">\$ _____</td> </tr> </table>	Utilities	\$ _____	Fuel	\$ _____	Water	\$ _____	Rent	\$ _____	Total Accommodation Costs:	\$ _____ (B)	Child Care	\$ _____	Medical	\$ _____	Debt / Loan Payments	\$ _____	Total Expenses:	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">List all:</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Amount (\$)</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Description</u></td> </tr> <tr><td>1.</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td></tr> <tr> <td colspan="2" style="border-top: 1px solid black; text-align: right;">Total Assets</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">*Cannot exceed \$ 5,000.00</td> </tr> </table>	List all:		<u>Amount (\$)</u>	<u>Description</u>	1.	_____	2.	_____	3.	_____	Total Assets		\$ _____		*Cannot exceed \$ 5,000.00	
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***Attach verification of income and assets. Acceptable verification documentation includes pay stubs, statement of earnings, copy of passbook, etc**



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Total Accommodation Expense ÷ Total Income

$$\textcircled{B} \div \textcircled{A}$$

= _____

If greater than .30 i.e. accommodation costs are more than 30% of total income, a referral to credit counselling, budgeting assistance or the Housing Registry may be relevant.

Referral/Recommendation made: Yes No

Have you applied for any other financial assistance for these rent-related emergency costs? Yes No

The Rent Bank has not been established to compensate for bad budgeting but rather to assist with unexpected circumstances which have impacted the household's financial ability to meet these costs.

Acceptable reasons for arrears may include, but are not limited to (check if applicable):

- Illness of the applicant and/or dependents
- Exhausted funds due to payment(s) of utilities
- Unanticipated maintenance costs incurred, such as car repairs, etc.
- Additional unforeseeable increase in daily living costs such as day care, etc.
- Loss of Job

Given the emergency nature and intent of the Fund, in reviewing applications, extenuating circumstances may be considered with respect to determining eligibility for assistance. Is there any other information you would like us to consider? (please attach an additional sheet if more space is required) Yes No

Personal information contained in this form or in attachments is collected by the United Counties of Leeds and Grenville Community and Social Services Division pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990cF31.) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O.1990cM.56 and Personal Information Protection and Electronic Documents Act.) and is used exclusively to determine eligibility for the Rent Bank Program.

DECLARATION AND CONSENT

This is your legal agreement with us. Please read it carefully and sign below.

1. I certify that the information provided on this form is true and complete.
2. I authorize the United Counties of Leeds & Grenville, Community & Social Services Division to make any inquiries they deem necessary to verify the above facts and I authorize any person, corporation, or social agency with this information to release it to the United Counties of Leeds and Grenville Community and Social Services Division.
3. I understand that this application is not an agreement on the part of the United Counties of Leeds and Grenville Community and Social Services Division to grant assistance.
4. I understand this is an application for a loan which must be repaid. A Repayment Agreement must be completed before funds are advanced.

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY

Amount Approved: \$ _____

Recommended By: _____

Approved By: _____

Cheque Requested: _____

Cheque Number: _____

Date Approved