

Housing Stability Application

Individuals and families in Dufferin County in receipt of Ontario Works (OW) or Ontario Disability Support Program (ODSP), and Low-Income earners, may be eligible to access financial support to secure or maintain housing through the Housing Stability Program.

Applications can be submitted in person at the address below or by emailing to hst@dufferincounty.ca

Eligible expenses include:

Last month's rent	Rental arrears
Hydro	Gas
Water	Heating fuel

Applicant(s) will need to complete the Housing Stability Application and provide supporting documentation as requested on page 3.

Eligibility will be determined using the following criteria:

- Must be a current resident of Dufferin County;
- Household income must fall within the Low-Income Measure (LIM);
- Note: if you have moved into Dufferin County from another area we do not assist with last month's rent;
- Income must be able to support accommodations, that are affordable under program guidelines
- Accommodations must be within Dufferin County
- Utility bill or rental information must be in the applicants' name
- Approval will depend on the availability of funding

If applying for financial assistance regarding Hydro One or Enbridge Gas Arrears, you are required to complete an intake with United Way Simcoe Muskoka LEAP Program 1-855-487-5327.

- United Way Simcoe Muskoka will forward your intake to this office and an appointment will be made with you to sign all necessary documents.
- United Way Simcoe Muskoka LEAP representative will make final determination of eligibility.

Utility providers/ landlords will be notified of your application for Emergency Financial Assistance as per the applicable consent provided.

Application may take up to 10 business days to process.

1. Applicant Information

Name of Applicant: _____

Date of Birth: _____ Gender: _____

Address: _____
Street Address Unit City Postal Code

Phone #: (H) _____ (W) _____ Other Contact #: _____

Veteran Status: Y / N Indigenous Status: Y / N Citizenship: _____

Referral from (*where did you hear about this program*): _____

2. Household Composition – additional members in the household

	Name	Relationship to Applicant	Date of Birth (DD/MM/YYYY)	Gender
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

3. Household Income Information

Employment income (pre-tax)		Documentation required
Applicant:	\$ _____	<input type="checkbox"/>
Other household member(s):	\$ _____	<input type="checkbox"/>
Support Payments		
Employment Insurance	\$ _____	<input type="checkbox"/>
Ontario Works	\$ _____	<input type="checkbox"/>
Ontario Disability Support Program (ODSP)	\$ _____	<input type="checkbox"/>
Child Tax Benefit	\$ _____	<input type="checkbox"/>
Canada Pension Plan	\$ _____	<input type="checkbox"/>
Ontario Student Assistance Program (OSAP)	\$ _____	<input type="checkbox"/>
Loss of Earnings (WSIB)	\$ _____	<input type="checkbox"/>
Other (please specify): _____	\$ _____	<input type="checkbox"/>
Other household member's other income:	\$ _____	<input type="checkbox"/>
Other (monthly):	\$ _____	<input type="checkbox"/>
Total Monthly Income: \$ _____	Total Annual Income: \$ _____	



4. Reason(s) for current arrears & request for assistance

- High Heating Costs
- Job Loss
- Illness
- Pending EI
- Marital Breakdown

Other (*provide details*): _____

Grant requested: \$ _____

5. Check List of Required Documents and Signatures

Application is complete when all required documents are submitted

- 1 pieces of identification for applicant & spouse and children (Birth Certificate, Drivers Licence etc.)
- Current utility bill and/or Disconnect Notice (if applying due to utility arrears)
- N4 – Notice to Terminate Tenancy or NTA – Notice to Appear (if applying due to eviction / rent arrears)
- Rental Promise Note/Lease Agreement (if applying for First/Last Month's rent)
- Pay Verification (one month of pay stubs for each applicant)
- Bank statements for most recent 30 days or as requested. Tax return may be submitted for OESP only
- Accommodation expenses including rent receipts and utilities bills
- Proof of income from all other sources

Required Signatures

- Page 4 and/or 5 of the application to apply for assistance
- Page 6 of the application to provide consent to the County to share and confirm information
- Pages 7 to 12, if applicable, to share and confirm information with your landlord/utility provider

HOUSING STABILITY PROGRAM

Consent to Disclose and Verify Information

(Please complete one consent for family members over the age of 18)

I, _____, an applicant for the Housing Stability Program, and
I, _____, spouse or partner of the above applicant (complete name only where applicable), consent to the Director or the designated representative of the County of Dufferin Community Services that:

1. I acknowledge that any and all information shared and obtained pursuant to this agreement shall be used specifically and exclusively for the purpose of determining my/my spouse's/ partner's eligibility for assistance from the Housing Stability Program.
2. The County of Dufferin Community Services be authorized to secure information in respect of any accommodation, employment or personal verification for said eligibility.
3. The County of Dufferin Community Services be authorized to exchange information with utility providers, landlords, any agency, Ministry or department of the foregoing; communicating with my/my spouse's/partner's employer(s), utility provider, landlord and/or agency.
4. I understand that this consent will apply to inquiries made relating to my current eligibility for, as well as any past or future applications to the Housing Stability Program.
5. I further understand that enquires may take the form of electronic data exchanges.
6. I understand that my information will be stored electronically in HIFIS (Homeless Individuals & Families Information System).

I fully understand the nature and purpose of this consent and give my consent and authorization voluntarily.

Dated at: Orangeville, this _____ day of _____ 20____
(Month)

Signature of Applicant _____

Signature of Spouse or Partner _____

Signature of household member 18 years or older _____

Signature of household member 18 years or older _____

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

(Municipal Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act for the purpose of ensuring a high quality delivery of the Housing Stability Program provided by the County of Dufferin.

ORANGEVILLE HYDRO - Service Agreement
Required if applying for LEAP financial assistance with Orangeville Hydro Arrears

I, the undersigned, affirm the information provided is true. I acknowledge that should any information provided be found not to be true, I will not be eligible for LEAP Emergency Financial Assistance. I understand that payment of funds is not guaranteed, even if preliminary approval is granted. If my bill is in excess of the LEAP Emergency Financial Assistance grant, I agree to make a payment arrangement with my service provider for the balance. I understand that if I fail to make payments, which I have agreed to pay directly to my service provider, my utility service may be disconnected and I may not be eligible for future LEAP Emergency Financial Assistance. I have read, understood and agree to these conditions and requirements.

✓ **Applicant Signature**

Date

Worker's signature



**ORANGEVILLE HYDRO - Consent to Disclosure of Personal Information
Required if applying for financial assistance with Orangeville Hydro Arrears**

Pursuant to the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, chapter 5, as amended) and the applicable Freedom of Information and Protection of Privacy Acts, I _____

(insert first name, middle initial, last name)

grant my consent to County of Dufferin Community Services to disclose my personal information under the terms and conditions set out below to evaluate eligibility for the following:

- LEAP Emergency Financial Assistance
- Service Provider customer service measures
- The following energy conservation programs: _____

The personal information that may be disclosed is as follows:

(a) Information relating to the status of my account, number _____
(hereinafter referred to as "my account")

with Orangeville Hydro relating to consumption at:

(street address) (Unit/Suite) (City) (postal code)

The personal information may be disclosed to the following persons and/or organizations:

- (a) Housing Stability Program and,
- (b) Any other representative of County of Dufferin Community Services
(insert Agency name – if none insert "None")
- (c) Any other representative of "GreenSaver" Home Assistance Program
(insert name of energy conservation program – if none insert "None")
- (d) Any other representative of County of Dufferin Community Services
(insert Social Service Agency name– if none insert "None")

The consent to disclose my personal information referred to above shall expire on _____.
(insert date not less than 30 days after the date of the signature)

I certify that I am at least 18 years of age.

✓ **Signature of person giving consent**

Date

Witness signature

Date

*****The above customer is classified as "low income" under the LIM chart. Please designate this customer as low income in your records.**

Rental Promissory Note

Required for financial assistance applications for First and/or Last Month's rent

Financial Assistance applications for First and/or Last Month's rent, must be accompanied by a Rental Promissory Note completed by the Landlord. A Community Services Worker will contact the Landlord to confirm the process. Please be advised that this is a one-time grant; applicants must demonstrate that the unit is affordable based on their current financial situation.

Landlord Information

_____ Full Name	
_____ Address	
_____ Phone No.	_____ Email Address

Tenant Information

_____ Full Name	
_____ Phone No.	_____ Email Address

Information for Rental Unit

Will Rent _____ <div style="text-align: center; margin-left: 150px;">Address</div>
to Tenant(s) noted above, on ____/____/____ for _____ <div style="text-align: right; margin-right: 50px;">Rental Amount per Month</div>
Unit Size: Room 1 bedroom 2 bedroom 3 + bedroom
Utilities Included: Y N Amount Required: \$ _____ to Move In
Is last month's rent required to obtain the unit: Y N

Signature of Landlord/Agent

Date

January 2026