



# Eviction Prevention Program Application Form

Housing Provider: \_\_\_\_\_

Address: \_\_\_\_\_

## Section 1 – Eviction Prevention Program Eligibility Criteria

As a market rent tenant in a non-profit housing community or a member of a co-operative housing community, you can apply for temporary Eviction Prevention Program (EPP) rent supplement. You may receive up to a maximum of 12 months of rent assistance. To qualify for EPP, your household must meet all of the following criteria:

- a) You have experienced a loss of employment or a significant decrease in employment related earnings (e.g. a member of your household lost their job or a member of your household has experienced a decrease in employment hours – minimum 50% reduction in weekly hours required to be eligible);
- b) You didn't choose to lose the income. (e.g. you are not eligible if you quit your job);
- c) If you have rent or housing charge arrears, you have entered into a repayment plan with your housing provider and are complying with the terms of the repayment plan;
- d) You have applied to NRH centralized waiting list, under the Market-to-RGI policy, and have been deemed eligible to receive rent-gear-to-income assistance.

## Section 2 – Your Household Information

Name(s)	Date of Birth

Unit # & Street Address:	City:
Postal Code:	Phone Number:

### 1. Why has your household's income decreased? (check one)

- A member of your household lost their job
- A member of your household has experienced a significant decrease in earnings

If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## Section 3 – Your Household Income & Assets

**1. What was your income before the decrease, and what is it now?**  
*\* Attach a copy of the most recent income tax notice of assessment for every member of your household aged 16 and older, and record of employment (required if you have lost your job);*

**List all the members of your household who are 16 or older and all income received from every source for each person.**

*(Full-time student income is excluded. Please enter the name of the school attended in the income sections)*

Household Member	Previous Income Source or School Attended	Former Gross Monthly Income	Current Gross Monthly Income	Reason for the Change
Example: John Smith	ABC Company	\$3500	\$2000	Loss of employment – now on EI
Example: Mary Smith	XYZ Inc.	\$2500	\$1000	Hours cut back from 35 hrs to 10 hrs per week
Example: June Williams	Child support	\$250	\$250	No change

**1. List all assets owned by all members of your household.**

Example of assets include:

- Life Insurance Policies (with cash surrender value)
- Bank Accounts, GICs
- Registered Retirement Savings Plans (RRSP)
- Mutual Funds, Savings Bonds
- Registered Education Savings Plans (RESP)
- Real Estate

Household Member	Type of Asset ( <i>bank account, RRSP, etc.</i> )	Value

**Remember, you must attach the following documents to your application**

- Proof of legal status in Canada for every member of your household (*copies of Canadian birth certificates, landed immigrant, permanent resident card or refugee claimant documents*)
- Documents verifying your loss of income (*for example, a copy of the record of employment*)
- Documents verifying your previous household income and current household income
- Copies of your most recent bank statements
- Copies of the most recent income tax notice of assessment for all household members required to file an income tax return

**Your application will not be considered without these documents.**



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The applicant and all co-applicants must sign this form.

## Section 4 – Release and Consent

**This is your legal agreement with us to consent to the release of your personal information.**

- 1) I give permission to Niagara Regional Housing (NRH) and to my housing provider to collect personal information about me so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in applicable legislation.
- 2) I understand and agree to release any personal information and required documents to either NRH and/or the housing provider for the purpose of processing my application for EPP rent supplement which may include determining:
  - (a) my eligibility for rent-geared-to-income assistance;
  - (b) my initial and ongoing eligibility for EPP rent supplement; and,
  - (c) the amount of EPP adjusted rent I will be required to pay.

Any personal information collected by NRH and/or the housing provider about me for the above mentioned purpose will be hereafter referred to as "my personal information".

- 3) I agree to release to NRH and/or the housing provider information about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependants or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my initial or ongoing eligibility for EPP rent supplement.
- 4) For the purpose set out in paragraph 2, I allow NRH and/or the housing provider to obtain any credit information about me from any credit agency or any other source.
- 5) I allow NRH and/or the housing provider to share my personal information, without further notice to me, with an Ontario Works delivery agent or the Ministry of Community and Social Services or any agency or any party in order to verify information for the purposes of determining my/our initial and ongoing eligibility for rent-geared-to-income assistance, under any of the following statutes the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, the *Day Nurseries Act*, or the *Social Housing Reform Act, 2000*.
- 6) a) I further consent to the release to Niagara Regional Housing, by the Canada Revenue Agency (CRA) or others who may hold such information of any information relevant to my/our income and income taxes. I/We understand that the information released by the CRA and others is intended to be used solely for the purposes of determining and verifying my/our ongoing eligibility for rent-geared-to-income assistance and/or to establish my/our rent. I/We understand that such income and tax related information will only be provided to Niagara Regional Housing for those years in which I/We request or receive rent-geared-to-income assistance.  
 b) I/We also specifically give my/our consent pursuant to subsection 241(5) of the Income Tax Act (Canada) to permit an official or other representative of a government entity, including CRA, to share taxpayer information relevant to me/us to Niagara Regional Housing which consent remains valid and effective for each taxation year for which rent-geared-to-income assistance is requested or received.  
 c) I/We also consent to the transfer of my/our income and tax related information between CRA and Niagara Regional Housing by way of electronic data exchanges.
- 7) I understand that any of my personal information given by NRH and/or the housing provider to a government or body mentioned above in paragraph 5 is confidential and will only be given in accordance with applicable legislation.
- 8) I understand that any of my personal information provided by me to the housing provider is given on the understanding that the housing provider is collecting this information on behalf of NRH.
- 9) I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.
- 10) I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact:

The Regional Municipality of Niagara, Attention: Privacy Officer,  
2201 St. David's Road, Thorold ON L2V 3Z3

**Personal information contained in this form or in any attachments to it is collected by Niagara Regional Housing and/or the housing provider, pursuant to the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form.**

_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
Household Member (Please print name)	Signature	Date



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## Section 5 – Declaration

**I declare:**

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to NRH and/or the housing provider will belong to them.
3. I understand that only the people I have listed on this document may live with me in the EPP household.
4. I understand that NRH and/or the housing provider will use my personal information that I give them to determine if I am eligible to receive rent-geared-to-income assistance, and eligible for EPP rent supplement.
5. I declare that I am in Canada legally.
6. I understand that I must pay back or arrange to pay any money I may owe to any housing provider.
7. I understand that it is an offence, for an individual to knowingly obtain or assist a household member to obtain EPP rent supplement for which they are not entitled. If something on this document is missing, incorrect or false, NRH and/or the housing provider may request additional information, or may cancel my eligibility for EPP rent supplement and may request my household to reimburse NRH for the amount of EPP supplement paid on behalf of my household.
8. I understand that if NRH and/or the housing provider request a household to reimburse NRH, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to NRH.

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**Please forward the completed package to the following:**

**Niagara Regional Housing  
Housing Programs Division  
2201 St. David's Road, PO Box 344  
Thorold, ON L2V 3Z3**

**The applicant and all co-applicants must sign this form.**

_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
Household Member (Please print name)	Signature	Date
_____	_____	_____
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