



Ontario Works Division
Social Services Department
82 Erie Street, Stratford, Ontario N5A 2M4
Phone: 519-271-3773 Toll Free: 1-800-669-2948

Housing Stability Bank

Prior approval is required for all benefits

Applicant Information

Name:

Social Insurance Number:

Member ID:

Date of Birth:

Address:

Phone:

Spouse's Information

Name:

Social Insurance Number:

Member ID:

Date of Birth:

City:

Postal Code:

Email:

Are you a participant in the SHOPP program? Yes No

HSW name:

Type of Assistance Requested and Required Documentation

Moving Expenses

Estimate for Moving Costs

Home Repairs

Proof of Homeownership
Estimate for Home Repairs

Rental Arrears

Eviction Notice

Last Month's Rent

Signed Lease/Rental Agreement

Energy Arrears

Disconnection Notice OR
Recent Bill Showing Arrears

Whatever It Takes (WIT)

Estimate for Request

Tenant Insurance

Quote for Tenant Insurance

Reason for Request:

Number of People in Household

Single (max income \$30,000)

Two People (max income \$32,500)

Three People (max income \$38,000)

Four or more People (max income \$42,500)

OW

ODSP

CPP

Employment

EI

Pension

Other

***All applicants over the age of 16 must provide 6 months of bank statements if not on Social Assistance.**

Annual Household Income:

Client Type

Single	Couple
Senior (over 65)	Family (with children under 16)
Victim of family violence	Youth Under 16
Youth (16-25)	I prefer not to answer
Single Parent with Children	

What Gender do you identify with?

Male/Man	Female/Woman
Trans male/trans man	Trans female/woman
Two-spirit	Genderqueer/ non-conforming
Don't know	Decline to answer
Not listed:	

Indigenous Status

Non-indigenous	First Nations-off reserve
First Nations-on reserve	Inuit
Metis	Non-Status
Unknown	

Do you identify with any of the racialized identities listed below (select all that apply):

- Arab (e.g., Syrian, Egyptian, Yemeni)
- Asian- south-east (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)
- Asian-East (e.g., Chinese, Korean, Japanese)
- Asian-South or Indo-Caribbean (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)
- Asian-west (e.g., Iranian, Afghan)

Black-African (e.g., Ghanaian, Ethiopian, Nigerian)

Black-Afro-Caribbean or Afro-Latinx (e.g., Jamaican, Haitian, Afro-Brazilian)

Black-Canadian/American

Latin American (e.g., Brazilian, Mexican, Chilean, Cuban)

White (e.g. European, French, Ukrainian, Euro-Latinx)

Identify as Indigenous only

Not listed

Don't know

Decline to answer

Citizenship

Canadian Citizen	Permanent Resident/Immigrant
Canadian Citizen born outside of Canada	Refugee
Refugee Claimant	Student Visa
Visitor Visa	Undeclared

Veteran Status

Veteran-Canadian Armed Forces	Not a Veteran
Veteran-Allies	Veteran-Civilian
Former RCMP	Prefer Not to Answer

Accommodation History

Homeless to Emergency Shelter

Emergency Shelter to Transitional Housing

Long-term Housing to Long-term Housing

Consent

I give consent to Social Services staff to contact parties involved in order to process my application for assistance. I acknowledge that I will not be able to access this program for 12 months.

Applicant Signature:

Spouse's Signature:

Date:

Date:

Disclaimer

The Criminal Code of Canada s.s 380(1) states that everyone who by deceit, falsehood or other fraudulent means defraud the public of any property, money or valuable security is guilty of an offence. The Ontario Works Act 1997 /section 79 states that a person who knowingly obtains or receives a benefit he/she is not entitled to obtain or receive under the Act and Regulations is guilty of an offence.

Notice of Collection

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Ontario Disability Support Program Act, 1997, sections 5, 10, 45 and 46 and the Ontario Works Act, 1997, sections 4, 8, 15, 57 and 58. The personal information collected will be used for the purpose of administering Government of Ontario Social Assistance Programs. Questions about the collection and use of this information under the Municipal Freedom of Information and Protection of Privacy Act may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1 or by telephoning 271-0250, ext. 5329.

Accessibility for Ontarians with Disabilities Act, 2005

Should you require this document in an alternate format please contact City of Stratford Social Services at 519-271-3773 or socialsrv@stratford.ca