



Discretionary Residency Benefit - Application Form

The **Discretionary Residency Benefit (DRB)** provides financial assistance to Ontario Works (OW) and Ontario Disability Support Program (ODSP) recipients who are homeless, at risk of homelessness, or moving to more affordable housing.

DRB may provide financial assistance to a maximum of **\$1,500 / 24 months** for recipient (and spouse) or up to **\$2,500 / 24 months** if you have dependent children living with you. Completing the entire application is required to be considered for this benefit. **Incomplete applications without the required documentation attached may be denied and returned to the applicant as they cannot be processed without verification. A list of acceptable verification items can be found throughout this application.**

Section 1: Summary Information

Are you currently **receiving OW or ODSP**?

☐ YES    Worker's name: \_\_\_\_\_
 ☐ NO    Main source of Income: \_\_\_\_\_

**IMPORTANT:** If you are not a recipient of OW or ODSP contact a **Housing and Homelessness Help Program** at:  
 Kingston Home Base Non-Profit Housing Inc. @ 613-531-3779  
 Salvation Army Kingston, Community and Family Services @ 613-548-4411  
 Southern Frontenac Community Services Corporation @ 613-376-6477

Are you currently working with a housing worker in the community?

☐ NO
 ☐ YES    Worker's name: \_\_\_\_\_    Agency Name: \_\_\_\_\_

Applicants Current Information

Last Name	First Name
Date of Birth	Member ID
Contact Address (Unit #, Street Address)	
City/Town	Postal Code
Email	Phone Number
Is the accommodation shared? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Please provide full names and relationship (is the accommodation shared?):	
Rent paid at current address: \$	

1. Have you received funding from the **Discretionary Residency Benefit** in the past?

☐ NO
 ☐ YES, What was the help for? \_\_\_\_\_  
 When \_\_\_\_\_ Approximately how much? \_\_\_\_\_

2. \*Have you APPLIED FOR Ontario Electricity Support Program/LEAP? ☐ YES ☐ NO

3. Are you currently job searching or working with local employment service? ☐ YES

If not check; ☐ Physical Health ☐ Skills/Training needed ☐ Addiction/Mental Health

4. I am requesting assistance for the following: (verification attached)

☐ Rent / property tax arrears or ☐ Last Month's Rent Deposit

☐ First Month's Rent

☐ Utilities Arrears (heat, hydro, water)

☐ Violent Situation / Health & Safety

☐ Moving Expenses (attach up to 3 quotes or U-Haul/truck verification)

☐ Small home repairs (affecting your ability to stay in the home)

☐ Hoarding/Damage assistance (verification from professional agency that your ability to stay housed is affected)

Amount of request \$ \_\_\_\_\_

5. Are you currently **HOUSED** ☐ or **HOMELESS** ☐

6. The DRB is intended to help individuals and families in a crisis to maintain or obtain housing. Please answer each of these questions below. Attach additional pages if needed.

In your opinion, what caused you to need assistance? and What is your plan to avoid this situation again? **SEE BACK PAGE** (budget required)

Section 2: Detailed Applicant Information

7. What have you done to resolve your current housing situation before applying for this fund?( Eg. Family/friends, credit counselling, talk to landlord, payment plan, etc )

Please List: \_\_\_\_\_

8. Housing (complete if applying for assistance for rent)

New Landlord / Property Manager / Mortgage information (If different than address on page 1)

Provide copy of new lease / intent to rent

Company Name:

Address (Unit #, Street Address)

City/Town

Postal Code

Phone number

Expected move-in date?

Rental/Mortgage amount:

Is the accommodation shared?

YES ☐

NO ☐

Does your lease require tenant insurance?

YES ☐

NO ☐

Does your lease require first & last month's rent or Deposit of any kind?

YES ☐

NO ☐

Does your rent / mortgage include utilities?

YES ☐

NO ☐

Do you owe utilities from a previous address?

YES ☐

NO ☐

Are you receiving a Rent Subsidy? (i.e. rent-geared-to-income assistance)

YES ☐

NO ☐

Is your rent paid directly to the landlord/company

YES ☐

NO ☐

Would you be interested in your rent being paid directly to your landlord?

YES ☐

NO ☐

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<b>9. Utilities</b> (complete this section if you pay utilities at your current address)		
Have you received a disconnect notice? Attach notice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently in utilities arrears? Attach verification	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If moving, do you owe utilities from any previous addresses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently set up on Pay Direct (your utilities paid directly by OW)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you interested in your utilities being paid directly in the future?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>What is the amount that you are in arrears as of this date?</b> _____		
<b>When was last payment made? Date:</b> _____ <b>Amount Paid:</b> _____		
<b>To whom was this amount paid?</b> _____		

<b>8. Legal</b>		
Have you received an eviction notice from your landlord?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If <b>“YES”</b> , what is eviction date on the notice? _____		
<b>Important: must <u>attach eviction notice</u> to application</b> (eg. N4 or N5 from landlord)		
Have you sought legal advice for the eviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been to the Landlord Tenant Board? (Please attach order)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you scheduled to go before the Landlord Tenant Board (LTB)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes: Date of LTB hearing: _____		

To continue past this point, your Case Manager may need to contact any third parties related to verifying your eligibility for this benefit (i.e. landlord, moving companies, utilities, contractors etc.) By signing this application you are giving your Case Manager permission to do so.

I declare that all information in this application is correct and complete. I agree that the application and any supporting documents become the property of the Service Agency.

I agree to provide any supporting material and/or documentation, as may be required.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

**Notice with Respect to the Collection of Personal Information**

Personal information, including (but not limited to), names, addresses and phone numbers, contained in this form or in attachments is collected pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) and will be used to determine your eligibility for financial assistance under the Homelessness Prevention Fund operated in the service area of the City of Kingston and the County of Frontenac.

Questions about this collection should be directed to: Housing & Social Services, Administrative Assistant (613) 546-2695.

Monthly Budget Calculation Sheet

This budget sheet must be filled in to complete your application for this benefit

Monthly Expenses:		Monthly Income Received:	
Rent	\$	Ontario Works	\$
Utilities/Hydro/Gas	\$	ODSP	\$
Food	\$	Pensions (CPP/OAS/GIS)	\$
Arrears	\$	Employment Income	\$
Home Repairs	\$	Win falls/Gifts	\$
Phone	\$	Child/Spousal Support	\$
Cable	\$	Other	\$
Debts/Loans	\$		
Other	\$		

Total Spent per month	Total Income
\$	\$
Difference	\$

Additional Details:

Please Note – if you access Discretionary Benefit Funds, Pay Direct may be required on your file.