

## Algoma Shelter Assistance Program Application

The Algoma Shelter Assistance Program (ASAP) aims to prevent, address and reduce homelessness by providing financial assistance to eligible low-income applicant(s) within in the Algoma District. ASAP is subject to the availability of funding and are processed on a “first come, first served” basis.

### Financial Assistance

- a. Financial assistance may be provided for the following types of expenses and is determined on a case by case basis:
  - Emergency shelter or transportation costs
  - Energy/utility arrears (hydro, water, gas, oil, propane, firewood)
  - Rent & Utility deposits/arrears to retain or maintain housing
  - Treatment of pest infestation
  - Emergency cleaning costs
  - Replacement of essential furnishing or appliances
  - Repair/replacement of heating, plumbing or water systems
  - Minor home repairs
  - Accessibility items or repairs to your home
- b. If you are requesting assistance with utility arrears, you must first access any Low-Income Energy Assistance Program (LEAP) funds which you may be eligible for and also apply for Ontario Energy Support Program (OESP) credits.
- c. You must provide documentation to support your application, such as:
  - Utility bills or statements
  - Eviction or disconnection of service notice
  - Minor repair quotes
  - Estimates or quotes for items or service required

### Eligibility Requirements

- a. You must be within the Algoma District.
- b. Applicant(s) must meet the following financial eligibility requirements:
  - i. Persons in receipt of income assistance under the Ontario Works Act, 1997.
  - ii. Persons in receipt of income support under the Ontario Disability Support Program Act, 1997.



iii. Persons verified to meet the income based financial eligibility requirement prescribed by the ADSAB – Low Income Measure (LIM) – Before Tax:

**Low-Income Measures Thresholds (LIM - Before Tax)**

Household size	Before-tax income
1 person	25,516
2 persons	36,084
3 persons	44,194
4 persons	51,031
5 persons	57,054
6 persons	62,500
7 persons	67,508

*To convert to other household sizes, multiply the value in the one-person household by the square root of the desired household size.*

**Source:** Statistics Canada, 2016 Census of Population

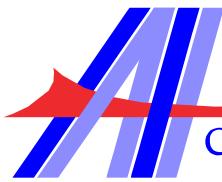
*Household income includes income of all household members aged 18 and over. Dependant full-time student income is exempt.*

c. You must provide documentation to verify your identity:

- Birth Certificate
- Driver's License
- Health Card
- Indian Status Identity Card
- Other

d. If you are not currently in receipt of Ontario Works or ODSP, you must provide documentation to verify your income, examples:

- Employment Pay Stubs
- Employment Insurance Stubs
- WSIB Stubs
- Support Order/Letters/Receipts
- Investment Income
- Pensions
- Ontario Student Assistance Program (OSAP)



**Algoma Shelter Assistance Program (ASAP)**

**SECTION 1: Applicant(s) Information**

Are you currently receiving services from any of the following programs? (check all that apply):

Child Care Subsidy  Housing Services  Ontario Works  Ontario Disability Support Program

What is the name of your Client Services Worker or ODSP Worker?

Have you previously received assistance under this program within this calendar year?  Yes  No

If yes, describe assistance received \_\_\_\_\_

Prior year  Yes  No If yes, describe assistance received \_\_\_\_\_

**Household Information**

How many people reside in the household? # \_\_\_\_\_

How many people are over the age of 18 years? # \_\_\_\_\_

*Include all Household Members over the age of 18 and indicate if they are a dependant*

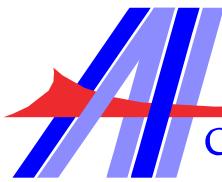
Surname	First Name	Annual Income	Dependant?
		\$	
		\$	<input type="checkbox"/>

**Address and Contact Information:**

Street (include P.O. Box if applicable)

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

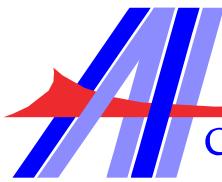
Contact Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Email \_\_\_\_\_



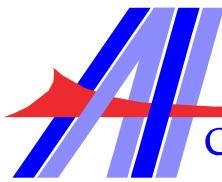
**SECTION 2: Reason for Application (Complete all parts that apply)**

- Utility Costs** (Deposits, Disconnections, Fees and Arrears) – COMPLETE PART A
- Minor Repairs / Heating Vessels/Sanitation** – COMPLETE PART B
- Rent** (Deposit and Arrears) – COMPLETE PART C
- Moving Costs** – COMPLETE PART D
- Other** (Related to shelter costs not listed above) – COMPLETE PART E

<b>PART A – Utility Costs (Deposits, Disconnections, Fees and Arrears)</b>		
Amount of Request	\$	
Request Details:		
<input type="checkbox"/> <b>Deposit/Fee</b> <input type="checkbox"/> <b>Arrears</b> <input type="checkbox"/> <b>Other – Specify:</b>		
Questions:		
Have you applied for the Low-income Energy Assistance Program (LEAP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for any other type of assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made arrangements with your Utility Provider for any arrears owing? If YES, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you provided supporting documentation (Invoices, Notices, Letters)?</b>		<input type="checkbox"/> Yes
<b>Utility Provider Information</b>		
Name of Utility Provider	Customer Account Number	
Street (include P.O. Box if applicable)		
Town/City		Province <b>ON</b> Postal Code
Name of Utility Provider	Customer Account Number	
Street (include P.O. Box if applicable)		
Town/City		Province <b>ON</b> Postal Code



<b>PART B – Minor Repairs / Heating Vessel / Sanitation</b>		
Amount of Request	\$	
Request Details:		
<input type="checkbox"/> Minor Repair <input type="checkbox"/> Accessibility <input type="checkbox"/> Heating Vessels <input type="checkbox"/> Sanitation (Water/plumbing)		
Repair Details:		
<i>Have you provided supporting documentation (Estimates, Quotes and Invoices)?</i>	<input type="checkbox"/> Yes	
<b>Provider/Contractor Information</b>		
Name of Provider/Contractor	Customer Account Number (If Applicable)	
Street (include P.O. Box if applicable)		
Town/City	Province ON	Postal Code
<b>PART C – Rent (Deposits and Arrears)</b>		
Amount of Request	\$	
Request Details:		
<input type="checkbox"/> Deposit <input type="checkbox"/> Arrears <input type="checkbox"/> Other – Specify:		
Questions:		
Have you received an eviction notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied for any other type of assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you made arrangements with your Landlord for any arrears owing? If YES, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Have you provided supporting documentation (Invoices, Notices, Letters)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



#### Deposit Details

What will deposit be used for:

Last month's rent       Other:

What date is the deposit required:

#### Arrears Details

List the months and amounts of unpaid rent per month:

Please explain why you have been unable to pay the rent amounts:

#### Address Associated with Request

Street (include P.O. Box if applicable)

Town/City

Province

Postal Code

ON

#### Landlord Information

Name of Landlord

Landlord Phone Number

Street (include P.O. Box if applicable)

Town/City

Province

Postal Code

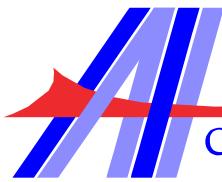
ON

#### PART D – Moving Costs

Amount of Request

\$

Reason for Request:



Cost Estimates:

**Rentals** (Vehicle, Trailer, etc.)

**Moving Company**

**Individual**

**Have you provided supporting documentation (Estimates, Quotes and Invoices)?**

**Yes**

**Provider Information**

Name of Provider

Phone Number

Street (include P.O. Box if applicable)

Town/City

Province Postal Code

**PART E - Other**

Amount of Request

\$

Reason for Request:

**Have you provided supporting documentation (Estimates, Quotes and Invoices)?**

**Yes**

**Provider Information**

Name of Provider

Phone Number

Street (include P.O. Box if applicable)

Town/City

Province Postal Code



## Algoma District Services Administration Board

## Conseil d'administration des services du district d'Algoma

### Algoma Shelter Assistance Program Declaration and Consent

I/We \_\_\_\_\_ and \_\_\_\_\_  
(Print name of applicant) \_\_\_\_\_ (Print name of co-applicant/spouse)

\_\_\_\_\_ and \_\_\_\_\_  
(Print name of other household member 18 yrs. and over) \_\_\_\_\_ (Print name of other household member 18 yrs. and over)

declare that the information provided for this application is true and complete. If it is determined that information has been falsely provided, the Algoma District Services Administration Board (ADSAB) may cancel this application.

I/We consent to the collection, transmittal, and release of information to an authorized representative of the Algoma District Services Administration Board (ADSAB) for the purpose for verifying and establishing eligibility for financial assistance from the Algoma Shelter Assistance Program.

I/We consent to information being exchanged between a representative of the Algoma District Services Administration Board – Ontario Works and Social Housing, the Ministry of Community and Social Services and any other third party in order to verify information for the purposes of determining or verifying my/our eligibility for Algoma Shelter Assistance Program financial assistance and the administration of these funds on my/our behalf. The exchange of information may be verbal, written or electronic.

I/we understand that I/we will receive a verbal notice of an eligible decision.

I/we understand that a decision of non-eligible will be provided in writing and cannot be appealed. However, I/we can provide additional information that may support this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dependant: \_\_\_\_\_ Date: \_\_\_\_\_  
(18 Years and Over)

Signature of Dependant: \_\_\_\_\_ Date: \_\_\_\_\_  
(18 Years and Over)

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

Information is collected under the Freedom of Information and Protection of Privacy Act (FIPPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

For more information, contact: Manager of Social Planning and Service Standards at (705) 848-7153

<b>For Office Use Only</b>	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason) _____	Amount Approved/Denied \$ _____
<input type="checkbox"/> Referral(s): _____	<input type="checkbox"/> Checklist completed
CSW name: _____	