



Application to Access Homelessness Funding

1. **Have you or your spouse ever applied for Homelessness Funding?** " Yes " No
If so, did you receive funding? " Yes " No **Dollar Amount:** \$ _____

2. **Personal Data**

" Mr. " Mrs. " Miss " Ms.	Surname First Name	Date of Birth D M Y		
Address	Telephone Number	Social Insurance Number - -		
	Postal Code	Marital Status	Health Number - -	

3. **Employment**

Normal occupation	Employed by	Address
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4. **Dependants and other persons living with applicant**

Spouse/Same sex partner:	
Number of Children and other dependants:	

4. **Monthly Living Expenses (attach verification)**

Shelter Costs	\$		
Utility Costs	\$	Property Taxes	\$

5. **Income (from all sources)**

" Verified

(List all income of applicant and all dependants living in the household, such as public assistance of any kind, wages, full or part-time earnings, rentals, contribution or payments from any source, pensions, annuities):

Name of Person having Income	Amount of Income per week, month, year

AMOUNT REQUESTED:

Reason why assistance is required, state in detail

What have you done to try and rectify the above situation before applying for this assistance?

What steps are you taking in order to ensure that the above situation does not reoccur?

All the statements in the foregoing application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted.

Date

Signature of Applicant

Date

Signature of Spouse/Same sex partner

FOR OFFICE USE ONLY

Table with 4 columns: Proof of Income Received, Amount Approved, Proof of Circumstances, and an empty column.

Correspondence to Finance:

Case Notes from Intake:

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Approved - Signature

Cheque Number

Date

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Denied - Signature

Date

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Consent for Release of Information

I, _____, consent to the release of information to an authorized
Full Name
representative of the Rainy River District Social Services Administration Board (DSSAB) for the
purpose of verifying information in regards to the determination of eligibility for accessing the
Homelessness Initiative funding.

I further consent to an authorized representative of the Rainy River DSSAB to disclose
information about me, my spouse or any of my dependants for the purpose of verifying
information in regards to the determination of eligibility as well as for the purpose of making
payment for the approved request.

I understand that this consent will apply to all inquiries made relating to the determination of
eligibility for the Homelessness Initiative funding. I further understand that the inquiries may
take the form of electronic data exchanges.

***Any false information provided by the applicant, can be construed as FRAUD!**

Signature of Applicant

Date

Witness

Date

Signature of Spouse/Same sex partner

Date