



# Application for Emergency Rent Bank Fund

## INSTRUCTIONS:

1. **Complete all Sections and forward to:**  
 Rainy River District Social Services Administration Board  
 450 Scott Street  
 Fort Frances, ON P9A 1H2
2. Please print all information in ink.
3. If you require help completing this *Application*, please call **(807) 274-5349** or **1-800-265-5349**.

Date of Application: \_\_\_\_\_

APPLICANT INFORMATION	
Social Insurance Number:	Verified:
Last Name:	First Name:
Address:	Spouse Name:
City/Town:	Postal Code:
Home Telephone No:	Phone No:
Birth Date (Month/Day/Year):	Age of Children:
Reason for Applying:	
Sustainability Plan:	

**COMMENTS**

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**DECLARATIONS, RELEASE AND CONSENT TO INFORMATION**

I declare that all information given in this Application is correct and complete. This Application and supporting documents become the property of the Rainy River District Social Services Administration Board. Copies of the Application and supporting documents may be given to, as necessary, to appropriate parties.

I/We authorize Canada Customs & Revenue Agency to release to the Rainy River District Social Services Administration Board, under the *Social Housing Reform Act, 2000*, information from my income tax returns and other taxpayer information.

This released information will be relevant to, and will be used for the purpose of determining and verifying eligibility for Emergency Rent Bank Fund assistance, and for the general administration and enforcement of the *Social Housing Reform Act, 2000*, (or for its predecessor the *Ontario Housing Corporation Act*). Information will be disclosed to any other party, except in accordance with the provisions of the *Freedom of Information and Privacy Act* and the *Municipal Freedom of Information and Protections of Privacy Act*.

Pursuant to the Provincial/Municipal *Freedom of Information and Protection of Privacy Act*, I give consent and authorization to the Rainy River District Social Services Administration Board:

1. To make inquiries to verify the information given in this Application and I authorize any person, corporation or any social agency having knowledge of any such required information to release to the Rainy River Social Services Administration Board. **I agree to provide any supporting material required for my Application.**
2. To disclose the information given on this form to non-profit housing corporations/cooperatives, local housing corporations, the *Ministry of Municipal Affairs and Housing* and other municipal, provincial and federal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this Application.

I hereby believe the premises in which I reside is sustainable and habitable housing, and agree to stay in my current housing arrangements for a minimum of twelve (12) months. I have pursued all other sources of income prior to applying for the *Emergency Rent Bank Fund*.

**SIGNATURE**

Applicant Signature:	Date:
RRDSSAB Signature:	Date: