

THRIVE Program - Temporary Relief for Individuals in Housing Emergencies

To be eligible for the THRIVE Program – Temporary Relief for Individuals in Housing Emergencies, your total household income must be approximately within following income limits for your household unit type. Please note this program will be open from Friday, January 24th, 2025, and will close Tuesday, March 31st, 2025, or when funds are depleted.

If you have already received maximum funding through the Homelessness Prevention Program (HPP), you may still apply for the THRIVE Program – Temporary Relief for Individuals in Housing Emergencies

Household Income	Number of People Living in Household						
	1	2	3	4	5	6	7+
\$27,000 - \$38,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
\$38,001 - \$54,000		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
\$54,001 - \$65,000			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
\$65,001 - \$71,000					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Applicant

First Name		Last Name	
Street Number and Name/RR# (Include Unit/Apt #, Lot, Concession, P.O. Box, if applicable)			
City:		Province: Ontario	Postal Code: -
Cell Number: - -		Home Phone Number: - -	
Date of Birth: D / M / Y		Email:	
Do you identify as indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer			
Have you resided in an institution within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer			

Spouse / Partner

First Name		Last Name	
Date of Birth: D / M / Y		Phone Number: - -	

Dependent Child / Adult Residing with Applicant Full-Time

Name:	Date of Birth: D / M / Y
Name:	Date of Birth: D / M / Y
Name:	Date of Birth: D / M / Y
Name:	Date of Birth: D / M / Y

Monthly Household Income

Source	Monthly Amount
Name of Employer:	\$
Name of Employer:	\$
Spousal Support: \$	OAS / CPP / GAINS: \$
Employment Insurance: \$	Rental / Boarder Income: \$
<input type="checkbox"/> Ontario Works	<input type="checkbox"/> ODSP
<input type="checkbox"/> Other: _____	\$
Total Monthly Household Income	
	\$

Monthly Accommodations Expenses

Rent / Mortgage: \$	Home Insurance: \$
Heat / Hydro: \$	Property / Water Taxes: \$
Total Monthly Accommodation Expenses	
	\$

Other Adults Living in the Home (18 years of age and older)

First and Last Name	Relationship	Financial Contribution
1)		\$
2)		\$

REQUIRED DOCUMENTS: Copies must be submitted with this form or request will be denied.

For all household members:

- One piece of identification (e.g. birth certificate, passport, health card or driver's license)
- Two (2) most recent months of bank statements for all accounts (e.g. savings, chequing, RRSP)

For all household members 18 years of age or older:

- Most recent income tax Notice of Assessment (NOA)
- If employed: Three (3) most recent pay stubs
- Verification of any other income (actual and pending)
- If self-employed: business ledgers, T2125 Business Statement

The documents below, as applicable to your request:

<input type="checkbox"/> Rental Arrears	<ul style="list-style-type: none"> • Letter or N4 from the Landlord to verify amount owed.
<input type="checkbox"/> First and/or Last Month's Rent	<ul style="list-style-type: none"> • Copy of Lease/Rental Agreement • Landlord contact information • Direct payment information for Landlord
<input type="checkbox"/> Utility Arrears or Deposits	<ul style="list-style-type: none"> • Copy of the bill, disconnection notice, estimate for oil, etc. • The utility account holder must sign the consent form on the back of this form. • If disconnected by Cornwall Electric, sign the reconnection waiver on back of this form. <p>Do you require a LICO letter to waive a deposit fee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Property Tax / Water and Sewage Arrears	<ul style="list-style-type: none"> • Copy of arrears notice • Direct payment information for municipality/county.
<input type="checkbox"/> Moving Costs -Prior approval is required -No truck rentals -No reimbursements	<ul style="list-style-type: none"> • Minimum of one <u>written</u> estimate from a moving company, as per the Housing Programs list and maximum allowable benefit. • Copy of the new Lease Agreement or the Intent to Rent. • Copy of the N12 or N13 (if applicable). • Supporting documentation (if you are moving for medical reasons).
<input type="checkbox"/> Pest Inspection	<ul style="list-style-type: none"> • If you are moving and require this service from the social housing provider, attach a written estimate from a reputable company, as per the Housing Programs list.
<input type="checkbox"/> Psychological Assessment/ Counselling	<ul style="list-style-type: none"> • Verification from Health Care Professional of individual's need to access services. • Estimate for assessment or counselling services. • Direct payment information for vendor.
<input type="checkbox"/> Medical Expenses and/or Equipment	<ul style="list-style-type: none"> • Provide verification from Health Care Professional of requirement for expense/equipment. • Provide quote for expense/equipment. • If for medical travel expense, provide verification of medical appointment and quote from medical transportation service.
<input type="checkbox"/> Exceptional Circumstances	<ul style="list-style-type: none"> • Please identify your request and how it relates to keeping you housed or obtaining housing. • Provide estimates. • Verification of denial from any other possible income source.

Are you receiving any type of rent subsidy? No; Yes, from: _____

Please give the reason for each of your requests:

Complete other side ▶

Notice with Respect to the Collection of Personal Information

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Freedom of Information and Protection of Privacy Act (FIPPA)

Personal Information Protection and Electronic Document Act (PIPEDA)

This information is collected under the legal authority of the Housing Services Act, 2011 for the purpose of administering the social housing programs prescribed in this Act and its associated Regulations.

**CONSENT FOR COLLECTION, USE AND DISCLOSURE OF
PERSONAL INFORMATION and DECLARATION**

Collection of Personal Information

The City of Cornwall Housing Programs will collect, retain and use the personal information provided by me for the following purposes:

- To determine my initial and ongoing qualification for the THRIVE Program – Temporary Relief for Individuals in Housing Emergencies;
- To determine the amount of assistance for which I am eligible.

Disclosure of Personal Information

The City of Cornwall Housing Programs will disclose personal information provided by me to the following parties for the purposes described above:

- To any social agency providing any form of assistance to me, or other government subsidy under the Ontario Works Act, 1997, the Ontario Disability Support Act, 1997 or the Child Care and Early Years Act, 2014 or any government department responsible for social housing programs under the Housing Services Act, 2011;
- To the Government of Canada, a department, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act;
- To relevant parties **as it relates to this request** including but not limited to:
 - Full name of current Landlord: _____
 - Full name of new Landlord: _____
 - Name of utility company: _____
 - Name of utility company: _____
 - Name of moving company: _____
 - Other (specify): _____
 - Other (specify): _____

Consent and Declaration

I/we, _____ and _____
Print Applicant's Name Print Spouse/Partner's Name

authorize and agree that the City of Cornwall Housing Programs may collect, use and disclose the personal information that I/we have provided for this request on all the attached pages, as required or permitted by law.

I/We agree that all the statements in the foregoing application are true to the best of my/our knowledge and belief and no information required to be given has been concealed or omitted. I/we understand that the Criminal Code of Canada, Sec. 380(1), states that everyone who by deceit, falsehood, or other fraudulent means defrauds the public of any property, money, or valuable security, is guilty of an indictable offence. The Ontario Works Act, Sec.79, and the Ontario Disability Support Plan Act, Sec. 59, states that a person who knowingly obtains or receives a benefit that he/she is not entitled to obtain or receive under the Act and the Regulations is guilty of an offence. I/we make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath by virtue of the Canada Evidence Act.

I/We acknowledge that all arrangements/negotiations are made between me/us and the contractor and that the City of Cornwall Housing Programs will not be responsible for any breakdown in these arrangements or for substandard work.

Dated this _____ day of _____, 20____.

X _____ X _____
Applicant's Signature Spouse/Partner's Signature (If applicable)

A Case Manager will review your request within 4 business days and contact you with the decision.

Cornwall Electric Reconnection Waiver. COMPLETE ONLY IF CURRENTLY DISCONNECTED.

This is to confirm that I, _____, give my permission to Cornwall Electric to reconnect the electrical service at _____ without my being present.

Account #: _____ **Signature:** X

Phone #: _____ - _____ - _____

Witness: _____