Bruce County Housing Stability Fund Application

The Housing Stability Fund intends to help individuals, couples and families who are homeless or at risk of becoming homeless, to secure or maintain affordable permanent housing.

Eligibility Requirements

- You must be a Canadian Citizen, Landed Immigrant or have Refugee Claimant Status and be living in Bruce County.
- Current or potential housing must be affordable based on income.
- Meet income eligibility (2024 Statistics - Canada Low-Income Measure):

Required

Household Size	Income (after taxes)		
1 person	less than $31,317	6 persons	$76,711
2 persons	$44,289	7 persons	$82,857
3 persons	$54,243	8 persons	$88,578
4 persons	$62,634	9 persons	$93,951
5 persons	$70,027	10 persons	$99,033

Documents:

- ☐ Verification of income (for applicants not receiving OW/ODSP) - pay stub or 1 month of bank statements.
- ☐ Utility arrears - Disconnect notice or most recent bill.
- ☐ Rent arrears - N4 Notice or lease/letter from landlord.
- ☐ First or last month's rent - Intent to rent/rental verification form or lease (completed and signed).
- ☐ Moving expenses - Intent to rent form or lease and moving truck or moving company/person quote.

Submit the completed application and supporting documents:

1. **Email:** HuSinfo@brucecounty.on.ca
2. **Fax:** 519-881-4324
3. **Mail:** P.O. Box 399, Walkerton, ON, N0G 2V0
4. **Drop off:**
   - Kincardine - 529 Gary St.
   - Walkerton - 30 Park St.
   - Port Elgin - 1243 Mackenzie Rd.
   - Wiarton - 268 Berford St.

If you have any questions about this application, call **1-800-265-3022**.

Please Note: Funding is not guaranteed and is only provided to eligible applicants once in a 12-month period. Applications will not be processed until all required documents have been submitted. Complete applications will take approximately 5 to 10 business days to process. All payments are made directly to vendors (landlord, utility company, moving company) and applicants will not be reimbursed for expenses already paid.

Family Information

Applicant #1

First Name	Last Name	Date of Birth: mm/dd/yy
Social Insurance # (optional)	Phone Number	Email
Street Address		Unit #
City	Province	Postal Code

Applicant #2

First Name	Last Name	Date of Birth: mm/dd/yy
Social Insurance # (optional)	Phone Number	Email

Complete the following for each dependent in the home:

Name	Relationship to you	Age

Current Monthly Housing Costs

Rent:		Hydro:		Heat:	
Mortgage:		Taxes:		Water:	

Monthly Income

Employment:		Employment Insurance (EI):		Child Tax Benefit:	
OW/ODSP:		Pensions:		Other:	

Attach proof of all income (i.e. 30-day bank statement or Pay Stubs).

What are you Applying for?

- ☐ Utility Arrears (Complete Section 1)
- ☐ Rent Arrears (Complete Section 2)
- ☐ Last or First month's rent (Complete Section 3)
- ☐ Moving Expenses (Complete Sections 3 &4)

Please provide a brief explanation of the circumstances that led to your situation:

_____

_____

_____

Section 1: Assistance with Utility Arrears

Name of Supplier	**Phone Number**
Account Number	**Amount Owing**

Section 2: Assistance with Rent Arrears

Landlord Name	**Phone #**
Address	
Amount Owing:	**Have you received an eviction order?**

Are you related to your landlord?

- ☐ **Yes, how _____**
- ☐ **No**

Section 3: Assistance with First or Last Month's Rent

Date of move: _____

New address:

Street Address		Unit #
City	Province	Postal Code

New monthly housing costs:

Rent:		Hydro:		Heat:		Water:	

New Landlord Info:

Landlord Name	Phone Number
Address	City
Email:	

Are you related to your landlord?

- ☐ Yes, how _____
- ☐ No

Will you be sharing this residence with someone not listed on this application?

- ☐ Yes, who: _____
- ☐ No

Section 4: Assistance with Moving Expenses

Name of Mover or Moving Company	
Phone Number	
Cost of Moving:	

Please note, you must submit a quote from the mover or moving company with your application.

Declaration & Consent

1. I/We understand that completing this application form does not guarantee that assistance will be provided.

2. I/We certify that the information provided by me is correct and no information has been withheld.

3. I/We understand that information may be requested, disclosed, or exchanged verbally and/or in writing.

4. I/We consent to the exchange of information between Bruce County Housing and Bruce County Human Services and other community service agencies, ODSP, landlords, utility companies or other organizations and individuals assisting with this application as specified. I understand that this information may be requested, disclosed or exchanged electronically or verbally. **Initial:** _____

5. I/we prefer correspondence through:
   - ☐ Email
   - ☐ Traditional mail
   - ☐ Phone

6. I/We consent to receiving emails:
   - ☐ Yes
   - ☐ No

_____ _____

(Signature of Applicant 1) **(Date)**

_____ _____

(Signature of Applicant 2) **(Date)**