



# 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 (2021 Statistics - Canada Low-Income Measure):

### Household Size - Income (after taxes)

1 person	less than \$27,352	6 persons	\$66,998
2 persons	\$38,682	7 persons	\$72,367
3 persons	\$47,375	8 persons	\$77,363
4 persons	\$54,704	9 persons	\$82,056
5 persons	\$61,161	10 persons	\$86,495

## Required 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](mailto: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:**

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**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:	
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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)**