

HPP Rental Supplement Application Process

The rent supplements are funded by **BC Housing** and are provided as a flexible, timely option for females, including those with children in their care, who are experiencing homelessness (or are at risk of homelessness) that do not have sufficient funds to either find or maintain housing.

The rent supplements are intended to provide a short-term top up to rent or provide “bridge” funds that will help house people quickly (or respond prior to an eviction).

PLEASE NOTE: Individuals currently receiving assistance through SAFER or RAP are not eligible

ELIGIBILITY CRITERIA

- Female
- Homeless or at risk of homelessness
- Have an income below the Housing Income Limits for Kelowna
- Unable to access funding elsewhere (ie. Churches, Family, MSDI crisis grants, etc)
- Plan for post supplement period
- Willingness to access support from community agencies where appropriate and to address barriers to finding and maintaining housing
- Must fit one of the following categories:
 - Victim of Violence
 - Leaving Health Care System
 - Leaving Correctional System
 - Youth at Risk (<25)
 - Identifies as Aboriginal

THERE ARE TWO TYPES OF SUPPLEMENTS

- One-time crisis
- Monthly supplements for a short-term period

APPLICATION PROCESS

- Complete attached rent supplement request (3 pages)
- Fax/email/or drop off completed form at NOW Canada
- Attach a copy of current **rental agreement** or **intent to rent** as well as a **60 day bank statement**
- NOW Canada will follow-up with referral source within 48 hours of receiving application (or next business day) to confirm eligibility and appropriateness of application

CONDITIONS OF APPLICATION

- If a client's rent is paid directly from MSD, the referring agent (or client if it is a self-referral) is responsible for all communication with MSD regarding any changes in status of client
- Rent supplements **will ONLY be paid** directly to the landlord or vendor and **a receipt is required**. If a receipt is not provided, rent supplements will cease.
- Follow-ups will be conducted with client and/or referring agent to track client progress
- All relevant information is recorded in a database and reported to BC Housing

HPP Rental Supplement Request

Date of Request	
Referred By	
Phone Number	
Email	

Client Info

Last name		First, Middle Name			
Phone Number					
Date of Birth					
Family Status	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family (Total number: _____)				
Address					
Is this a new tenancy?					
Tenancy Start Date					
Monthly Rental Amount	\$ _____				
Source of Income	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> None <input type="checkbox"/> Employment <input type="checkbox"/> Employment Insurance (EI) <input type="checkbox"/> Canada Pension Plan (CPP) <input type="checkbox"/> SAFER <input type="checkbox"/> GIS <input type="checkbox"/> Other: _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Basic Income Assistance (IA) <input type="checkbox"/> Income Assistance - PWD <input type="checkbox"/> Income Assistance – PPMB <input type="checkbox"/> Old Age Security (OAS) <input type="checkbox"/> BCH Rental Assistance Program <input type="checkbox"/> Canada Child Benefit (CCB) </td> </tr> </table> <p style="text-align: right;">Total Monthly Income: _____</p>			<input type="checkbox"/> None <input type="checkbox"/> Employment <input type="checkbox"/> Employment Insurance (EI) <input type="checkbox"/> Canada Pension Plan (CPP) <input type="checkbox"/> SAFER <input type="checkbox"/> GIS <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic Income Assistance (IA) <input type="checkbox"/> Income Assistance - PWD <input type="checkbox"/> Income Assistance – PPMB <input type="checkbox"/> Old Age Security (OAS) <input type="checkbox"/> BCH Rental Assistance Program <input type="checkbox"/> Canada Child Benefit (CCB)
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Homeless Status	<input type="checkbox"/> Absolute <input type="checkbox"/> At-Risk <input type="checkbox"/> Hidden Homeless <input type="checkbox"/> Homeless due to crisis				

Check those that apply for the client:

<input type="checkbox"/> Identifies as Aboriginal <input type="checkbox"/> Leaving Health Care System <input type="checkbox"/> Leaving Correctional System	<input type="checkbox"/> Victim of Violence (past or present) or At-Risk of Violence <input type="checkbox"/> Youth (ie. under age of 24) <input type="checkbox"/> Other: _____
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Type of Supplement Requested

One time crisis Monthly Supplement for a period of time

Has the client ever accessed a supplement from:

CMHA: Amount/term: _____
 Date: _____
 Ki-Low-Na Friendship Centre:
 Amount/Term: _____
 Date: _____
 SAFER or RAP

Please describe the situation & need pertaining to the request for a rent supplement.	
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Has the client attempted to access funding elsewhere? Please Explain.	
Supplements are short-term. Please describe the plan that is in place post-supplement.	

Is client willing to access community supports where needed and address ongoing barriers?	
List any current supports	

Landlord/Billing Information

Full Name	
Mailing Address	
Phone Number	
Rental Address	
Description of rental (apartment, suite, room for rent, motel, etc)	

Other Information	
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Consent to Exchange Information

I, (client name, please print) _____ hereby authorize NOW Canada to obtain and/or release information they deem necessary regarding myself from or to any person, firm, corporation, or society required in order to assist and support me while applying for outreach services.

I hereby release NOW Canada and its staff from all manner of liability, claim or demand that I may or will have as a result of their obtaining and/or releasing information.

Client Signature: _____

Date: _____

Please fax, email, or drop off this form along with a 60 day bank statement and a copy of the client's rental agreement or intent to rent form.

Application will not be assessed until all of the appropriate paperwork is received

If approved, the Support Coordinator will contact either the client or the referring agent to set up an appointment for an intake.