

**RENT SUPPLEMENT INFORMATION**

- THE RENT SUPPLEMENTS ARE FUNDED BY BC HOUSING AND ARE PROVIDED AS A FLEXIBLE, TIMELY OPTION FOR INDIVIDUALS AND FAMILIES WHO ARE EXPERIENCING HOMELESSNESS (OR AT RISK OF HOMELESSNESS) WHO DO NOT HAVE SUFFICIENT FUNDS TO EITHER FIND OR MAINTAIN APPROPRIATE HOUSING.
- THE RENT SUPPLEMENTS ARE INTENDED TO PROVIDE A TOP UP TO RENT OR PROVIDE “BRIDGE” FUNDS THAT WILL HELP HOUSE PEOPLE QUICKLY (OR RESPOND PRIOR TO AN EVICTION).
- EVERY EFFORT WILL BE MADE TO ENSURE TIMELINESS OF RESPONSE TO THIS PROCESS.

**ELIGIBILITY CRITERIA:**

- **HOMELESS (ABSOLUTE OR RELATIVE) OR AT-RISK OF HOMELESSNESS**
- UNABLE TO ACCESS FUNDING ELSEWHERE (I.E. MSD, EI)
- WILLINGNESS TO ACCESS SUPPORT FROM COMMUNITY AGENCY WHERE APPROPRIATE TO ADDRESS ANY OUTSTANDING BARRIERS TO FINDING AND MAINTAINING HOUSING

**THERE ARE TWO TYPES OF SUPPLEMENTS:**

- ONE-TIME CRISIS
- MONTHLY RENT

**WHERE TO APPLY:**

	CRITERIA	CONTACT
NOW CANADA – HOUSING OUTREACH	<b>FEMALE, IDENTIFYING AS ONE OF THE FOLLOWING</b> <ul style="list-style-type: none"> <li>▪ VICTIM OF VIOLENCE</li> <li>▪ LEAVING CORRECTIONAL SYSTEM</li> <li>▪ LEAVING HEALTH CARE SYSTEM</li> <li>▪ YOUTH AT RISK</li> <li>▪ ABORIGINAL</li> </ul>	2970 TUTT ST, KELOWNA BC, V1Y 8Z5 PHONE: (250) 763-3876 <b>FAX: (250) 868-3876</b> EMAIL: <a href="mailto:SERENA@NOWCANADA.CA">SERENA@NOWCANADA.CA</a> <b>MORE INFORMATION AND LINKS TO APPLICATIONS @ <a href="http://WWW.NOWCANADA.CA">WWW.NOWCANADA.CA</a></b>
KI-LOW-NA FRIENDSHIP SOCIETY - OUTREACH	<ul style="list-style-type: none"> <li>▪ IDENTIFIES AS ABORIGINAL</li> </ul>	442 LEON AVENUE, KELOWNA, BC, V1Y 6J3 PHONE: (250) 763-4905; <b>FAX: (250) 861-5514</b> EMAIL: <a href="mailto:SLEWIS@KFS.BC.CA">SLEWIS@KFS.BC.CA</a>
CMHA – CB25 (CONNECTED BY 25)	<ul style="list-style-type: none"> <li>▪ YOUTH AT RISK (18-25)</li> </ul>	504 SUTHERLAND AVE, KELOWNA BC, V1Y 5X1 PHONE: (250) 861-3644; <b>FAX: (250)-763-4827</b> EMAIL: <a href="mailto:CJ.LEBLANC@CMHA.BC.CA">CJ.LEBLANC@CMHA.BC.CA</a>
CMHA - COMMUNITY NAVIGATION & OUTREACH SERVICES	<ul style="list-style-type: none"> <li>▪ 25 +</li> </ul>	504 SUTHERLAND AVE, KELOWNA BC, V1Y 5X1 PHONE: (250) 861-3644; <b>FAX: (250)-763-4827</b> EMAIL: <a href="mailto:STEPHANIE.MATTHEWS@CMHA.BC.CA">STEPHANIE.MATTHEWS@CMHA.BC.CA</a>

**APPLICATION PROCESS:**

**EMAIL APPROPRIATE AGENCY FOR APPLICATION (AND/OR INFO)**

- COMPLETE RENT SUPPLEMENT APPLICATION
- ATTACH A COPY OF CURRENT **RENTAL AGREEMENT** OR **INTENT TO RENT** (IF POSSIBLE)
- FAX COMPLETED FORM TO APPROPRIATE ORGANIZATION – CMHA, NOW CANADA, OR KFS
- ORGANIZATION WILL FOLLOW-UP WITH REFERRAL SOURCE WITHIN ONE WEEK OF RECEIPT OF APPLICATION TO CONFIRM ELIGIBILITY AND APPROPRIATENESS OF APPLICATION

**CONDITIONS OF APPLICATION:**

- 1) IF CLIENTS’ RENT IS PAID DIRECTLY FROM THE MINISTRY OF SOCIAL DEVELOPMENT, REFERRING AGENCY IS RESPONSIBLE FOR ALL COMMUNICATION WITH MSD REGARDING ANY CHANGES IN STATUS OF CLIENT
- 2) **RENT SUPPLEMENT CHEQUES WILL ONLY BE PAID DIRECTLY TO THE LANDLORD OR VENDOR AND A RECEIPT IS REQUIRED**
- 3) A MONTHLY EMAIL ON CLIENT PROGRESS AND HOUSING STATUS IS EXPECTED FROM THE REFERRING AGENCY/SOURCE
- 4) ALL RELEVANT INFORMATION IS RECORDED IN A DATABASE REPORTING ALL THE ACTIVITIES TO BC HOUSING

**SUPPLEMENT REQUEST**

DATE OF REQUEST			
REFERRING AGENT			
ORGANIZATION			
PHONE NUMBER		EMAIL	

**CLIENT INFORMATION**

LAST NAME		FIRST & MIDDLE NAME	
PHONE NUMBER		DOB	
ADDRESS			
IS THIS A NEW TENANCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TENANCY START DATE	MONTHLY RENTAL AMOUNT \$
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDERED		ABORIGINAL <input type="checkbox"/> YES <input type="checkbox"/> NO
FAMILY STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY (TOTAL NUMBER) _____		MONTHLY INCOME AMOUNT \$
SOURCE OF INCOME	<input type="checkbox"/> NONE <input type="checkbox"/> EMPLOYMENT INSURANCE (EI) <input type="checkbox"/> CANADA PENSION PLAN (CPP) <input type="checkbox"/> OLD AGE SECURITY (OAS) <input type="checkbox"/> SAFER <input type="checkbox"/> CHILD TAX BENEFIT <input type="checkbox"/> INCOME ASSISTANCE - PERSONS WITH PERSISTANT MULTIPLE BARRIERS (PPMB) <input type="checkbox"/> INCOME ASSISTANCE – PERSONS WITH DISABILTY (PWD) <input type="checkbox"/> INCOME ASSISTANCE – VULUNTEER INCENTIVE <input type="checkbox"/> OTHER: _____		
HAVE YOU RECEIVED ANY RENT SUPPLEMENT FUNDING BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FROM WHERE?	<input type="checkbox"/> CMHA (YOUTH) <input type="checkbox"/> KFS <input type="checkbox"/> CMHA (NAVIGATION) <input type="checkbox"/> NOW CANADA <input type="checkbox"/> OTHER: _____

**CHECK THOSE THAT APPLY FOR THE CLIENT**

<input type="checkbox"/> IDENTIFIES AS ABORIGINAL	<input type="checkbox"/> VICTIM OF VIOLENCE	<input type="checkbox"/> LEAVING CORRECTIONAL SYSTEM
<input type="checkbox"/> LEAVING HEALTH CARE SYSTEM	<input type="checkbox"/> YOUTH AT RISK	<input type="checkbox"/> OTHER: _____
HOMELESSNESS STATUS		
<input type="checkbox"/> ABSOLUTE <input type="checkbox"/> AT-RISK <input type="checkbox"/> HIDDEN HOMELESS <input type="checkbox"/> HOMELESS DUE TO CRISIS		

**TYPE OF SUPPLEMENT REQUESTED**

<input type="checkbox"/> ONE-TIME CRISIS
<input type="checkbox"/> MONTHLY RENT SUPPLEMENT (CONSIDERATION FOR EXTENSIONS WILL BE DETERMINED UPON REVIEW)

**PLEASE DESCRIBE THE SITUATION & NEED PERTAINING TO RENT SUPPLEMENT REQUEST AND THE PLAN THAT IS IN PLACE FOR THE POST-SUPPLEMENT PERIOD:**

**HAS THE CLIENT ATTEMPTED TO ACCESS FUNDS ELSEWHERE? PLEASE EXPLAIN**

**HOUSING BARRIERS**

WHAT IS PREVENTING THE CLIENT FROM FINDING OR MAINTAINING HOUSING? (SELECT ALL THAT APPLY)	<input type="checkbox"/> HYGIENE ISSUES <input type="checkbox"/> ACTIVE IN ADDICTIONS <input type="checkbox"/> PETS <input type="checkbox"/> NO REFERENCES <input type="checkbox"/> LACK OF DAMAGE DEPOSIT <input type="checkbox"/> LANGUAGE BARRIERS <input type="checkbox"/> MISSING IDENTIFICATION <input type="checkbox"/> MOBILITY LIMITATION/ WHEELCHAIR ACCESS <input type="checkbox"/> BEHAVIOUR NOT CONDUCTIVE TO LIVING WITH OTHER PEOPLE OTHER: _____ _____
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NOTES ON HOUSING BARRIERS (INDIVIDUAL OR SYSTEMIC)	
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**LANDLORD / BILLING INFORMATION**

LAST NAME		FIRST & MIDDLE NAME	
MAILING ADDRESS			
PHONE NUMBER			
RENTAL NAME (HOTEL/BUILDING)			
RENTAL ADDRESS			

DESCRIPTION OF RENTAL	<input type="checkbox"/> APARTMENT IN MARKET HOUSING <input type="checkbox"/> HOTEL/ ROOMING HOUSE <input type="checkbox"/> ROOM IN A HOUSE <input type="checkbox"/> SECONDARY SUITE <input type="checkbox"/> RECOVERY/TREATMENT <input type="checkbox"/> CAMPSITE <input type="checkbox"/> SOCIAL HOUSING/SUPPORTED HOUSING <input type="checkbox"/> OTHER: _____		
<b>OTHER SUPPORTS INVOLVED</b>			
PROBATION / PAROLE			
MENTAL HEALTH SUPPORT			
ALCOHOL & DRUG SUPPORT			
FAMILY PHYSICIAN			
PSYCHIATRIST			
OTHER			
OTHER			
<b>WHAT ARE YOUR RIGHTS?</b>			
<ul style="list-style-type: none"> <li>• WE ARE GOING TO RECORD SOME PERSONAL INFORMATION ABOUT YOU. THE INFORMATION GATHERED WILL REMAIN CONFIDENTIAL AND IS COLLECTED AND PROTECTED UNDER THE PRIVACY LAWS.</li> <li>• BC HOUSING FUNDS OUR PROGRAM. STATISTICAL REPORTING FROM THE INFORMATION COLLECTED WILL BE SHARED WITH BC HOUSING UNDER S.26 OF THE <i>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i>. BC HOUSING NEEDS THE STATISTICAL REPORTS TO IMPROVE SERVICES AND FUNDING TO HELP AS MANY PEOPLE AS IT CAN. ANY REPORTS GENERATED FROM THE STATISTICAL DATA WILL NOT INCLUDE INFORMATION THAT IDENTIFIES YOU PERSONALLY.</li> <li>• IF YOU CHOSE NOT TO SIGN THIS DOCUMENT, YOU WILL STILL RECEIVE ALL SERVICES.</li> <li>• IF YOU WANT TO WITHDRAW YOUR CONSENT AT A LATER DATE YOU CAN, BUT WE CANNOT DESTROY THE INFORMATION WE HAVE COLLECTED SO FAR. FROM THE DATE YOUR CONSENT IS WITHDRAWN NO MORE OF YOUR PERSONAL INFORMATION WILL BE SHARED WITH BC HOUSING.</li> <li>• IF YOU WANT TO TALK TO SOMEBODY ABOUT THE USE OR WITHDRAWAL OF YOUR PERSONAL INFORMATION YOU CAN CALL THE DIRECTOR, BUSINESS SUPPORT SERVICES AT BC HOUSING AT 604-433-1711, OR WRITE TO #601 – 4555 KINGSWAY, BURNABY, V5H 4V8.</li> </ul>			
<b>CONSENT</b>			
<p>I, <i>(CLIENT NAME, PLEASE PRINT)</i> _____ HEREBY AUTHORIZE THE ISSUING ORGANIZATION 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 I AM RECEIVING SERVICES FROM THE ORGANIZATION.</p> <p>CMHA, NOW CANADA, AND KI-LOW-NA FRIENDSHIP SOCIETY WORK IN COLLABORATION TO RESPONSIBLY ADMISNISTER FUNDS AND ENSURE APPROPRIATE CLIENT SERVICE IN A COMMUNITY CONTEXT.</p> <p>I HEREBY RELEASE THE ISSUING ORGANIZATION 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.</p> <p style="text-align: center;"><i>AUTHORIZATION IS IN EFFECT FOR A PERIOD OF ONE YEAR.</i></p>			
CLIENT SIGNATURE		DATE	