

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

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
- 5) **BC HOUSING CLIENT CONSENT AND AUTHORIZATION MUST BE SIGNED FOR RENTAL SUPPLEMENT CHEQUE TO BE RELEASED**
- 6) **INCOMPLETE APPLICATIONS MAY DELAY PROCESSING TIMES**

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 <input type="checkbox"/> EMPLOYMENT INSURANCE (EI) <input type="checkbox"/> BASIC INCOME ASSISTANCE (IA) <input type="checkbox"/> CANADA PENSION PLAN (CPP) <input type="checkbox"/> CANADA PENSION PLAN – DISABILITY (CPP-D) <input type="checkbox"/> OLD AGE SECURITY (OAS) <input type="checkbox"/> GUARANTEED INCOME SUPPLEMENT (GIS) <input type="checkbox"/> SAFER <input type="checkbox"/> BCH RENTAL ASSISTANCE PROGRAM (RAP) <input type="checkbox"/> CHILD TAX BENEFIT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INCOME ASSISTANCE - PERSONS WITH PERSISTANT MULTIPLE BARRIERS (PPMB) <input type="checkbox"/> INCOME ASSISTANCE – PERSONS WITH DISABILTY (PWD) <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: _____	ON WHICH DATE?	
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:

THE PLAN THAT IS IN PLACE FOR THE POST-SUPPLEMENT PERIOD:

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

--	--

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: _____		

OTHER SUPPORTS INVOLVED

PROBATION / PAROLE	
MENTAL HEALTH SUPPORT	
ALCOHOL & DRUG SUPPORT	
FAMILY PHYSICIAN	
PSYCHIATRIST	
OTHER	

CLIENT CONSENT AND AUTHORIZATION

_____ [service provider name] is seeking your consent for the following purposes:

- Your consent to collect your personal information into the computer system we use.
 - This will help us meet your needs and connect you with appropriate support services.
- Your consent to share your personal information with our funder, BC Housing.
 - BC Housing is responsible for hosting the computer system we use to help manage our services.
 - BC Housing will use the information in the system, at an aggregate level, to help improve services and funding.
- Your consent to migrate your personal information from the current computer system we use to the new one we will be using in the future.
- Your consent to share your personal information with other service providers using the system.
 - The new computer system we will be using in the future will allow for some data sharing.
 - If you require services from another service provider, authorized staff will be able to access your personal information to improve the consistency and quality of services provided to you.
- If you are accompanied by your children who are under the age of 19, we will also need to collect personal information about them. This is to ensure that information about families using services is recorded accurately.
- Your consent to share limited non-identifying information with Employment and Social Development Canada.
 - They will use this data to help create a national picture of the scope of homelessness in Canada.

If you choose not to sign this document, services will still be provided to you, except in regard to rent supplements. If your service provider has rent supplements, you will need to sign this consent form to be considered for and to receive a rent supplement (for accounting purposes).

_____ Signature of Client to indicate Consent

_____ Print Name of Client

_____ Date of Consent