

Application for Temporary Subsidy Assistance - Stanley Knowles Co-op

Please attach your most two past years Notice of Assessment from Canada Review Agency to this application. Please note that after review of your application, if you are considered for a temporary subsidy, you will be asked to provide additional documentation confirming the information noted in your application. You will be advised at that time of the specific documentation that is required.

Applicant's Name: _____ **Apt #** _____
Date of Application: _____

Part A: Description of Reason for Temporary Subsidy: On a separate page, include detailed information about a change in usual financial circumstances that requires a temporary subsidy. Please reference in your letter when this change occurred.

Part B: If you are no longer working, please submit a copy of your Record of Employment. If you are currently at work, please submit a letter from your employer stating that these changes occurred outside your control.

Circle the correct response to each question in Parts B through to F, if the section applies to you.

Part C: Have you applied for any of the following benefits?

Ontario Works Yes No

If not, why not?

If yes, when and what has been the response?

Ontario Disability Support Program (ODSP) Yes No

If not, why not?

If yes, when and what has been the response?

Canada Pension Plan or the Canada Pension Disability Plan Yes No

If not, why not?

If yes, when and what has been the response?

Guaranteed Income Supplement Yes No

If not, why not?

If yes, when and what has been the response?

Employment Insurance (for job loss, maternity leave or for sick leave) Yes No

If not, why not?

If yes, when and what has been the response?

Part D: If you are a senior age 65 and over, please indicate the financial benefits you currently receive and the monthly amount of each benefit:

Canada Pension Plan (CPP) Yes No gross amount per month _____

Old Age Security (OAS) Yes No gross amount per month _____

Guaranteed Income Supplement (GIS) Yes No gross amount per month _____

Ontario Guaranteed Annual Income System (GAINS) Yes No gross amount per month _____

Part E: If the reason for your request for temporary subsidy is due to illness or injury, please answer the following questions:

If you are currently employed but unable to work due to illness, are you eligible for short term or long term disability benefits? Yes No

If you are currently unemployed due to a workplace injury, have you filed a claim with Workers Safety Insurance Board (WSIB)? Yes No

If not, why not?

If you are currently unemployed due to illness, did you apply for Employment Insurance for sick leave through the federal government? Yes No

If not, why not?

Part F: Please list all assets and investments you currently hold. Give details such as current amount(s) and interest rate(s) received. Please speak to the office for further details.

- **Please note** that we cannot review an application without the last **two years'** Notice of Assessment from Canada Revenue Agency. If you do not have these documents, you can go to any Service Canada office and ask for a printout of these documents. For seniors, Service Canada can print out all the federal government benefits you received in the past two years.
- The closest Service Canada Centre is at
Service Canada Centre
25 St Clair Avenue East (1/2 block east of Yonge Street)

DECLARATION BY SUBSIDY APPLICANT(S):

I declare that I am a citizen of Canada, permanent resident or sponsored immigrant of refugee claimant and that the information given here is true, correct and complete in every respect and fully discloses income from all sources. I understand that failure to tell the truth about income as defined for the purposes of the program, failure to notify the co-op of an increase in gross household income or assets, or illegal residency in Canada gives the co-op the right to terminate my housing charge assistance, plus any other remedy provided by the law.

I understand that the co-op may contact my employer or social agency or any other appropriate agency to verify information pertaining to my eligibility for a subsidy.

By signing this agreement, I agree that the terms above apply to me.

Signature of Member: _____ Date: _____

(Print Name): _____

Signature of Member: _____ Date: _____

(Print Name): _____