

TEMPORARY RENTAL ASSISTANCE ENROLMENT FORM

To enrol for the temporary rental assistance, please fill out the information accurately and to the best of your knowledge. All questions require a response unless otherwise stated. The information will be used to determine eligibility and prioritization, and to determine the temporary rental assistance amount.

CMHC client number(s): _____

Property address(es): _____

Housing provider name: _____

Mailing address: _____

Please provide a contact for any questions regarding your submission:

Contact name and title: _____

Email address: _____

Phone number and extension, if applicable: _____

Please note that due to the limited timeframe to apply for this funding and the current COVID-19 environment, communications will be completed via email, including the response to this enrolment form.

1. How many housing units does your organization have? _____

2. How many households are currently receiving rental assistance or rent supplement from another source, including provincial or municipal assistance? _____

If applicable, please name the sources/providers of such assistance: _____

If applicable, enter the end date of your current or of your most recent agreement which provides assistance for these households: _____

3. Do you offer accommodations for people with disabilities and/or long-term care where the accommodations are bedrooms or the occupancy charge is different than a traditional lease, examples can include: shelters, residential and long-term care centers? Yes No

4. Would you be targeting any of the following vulnerable groups with this temporary rental assistance:

Survivors (especially women and children) fleeing domestic violence

Seniors

People with developmental disabilities

People with mental health and/or addiction issues

People with physical disabilities

Racialized persons or communities

Newcomers (including refugees)

LGBTQ2+

Veterans

Indigenous peoples

Young adults (aged 18-29)

Don't known / non-applicable

Please confirm the following information:

- 5.** Our organization commits to offer affordable housing to low-income households that are eligible for the temporary rental assistance. Yes No

Please note that households are considered eligible if they:

- Are not receiving funding for rental assistance from other sources
- Have an occupancy charge that exceeds thirty percent (30%) of their gross household income
- Have a formal agreement with the housing provider for the term that the household will be receiving the temporary rental assistance

- 6.** Our organization has an up –to date non-profit organization status, and has the ability to enter into a legally binding agreement: Yes No

- 7.** Our organization is up to date on obligations required by the government, including, among others, submission of any reports (declarations of revenues or taxes): Yes No

- 8.** Our organization complies with by-laws, privacy laws and all other laws and regulations that apply to it, including, among others, the production of its annual financial statements: Yes No

- 9.** Our organization is up to date on its property taxes and insurance payments: Yes No

- 10.** Our organization’s agreement with CMHC ended prior to April 1, 2016: Yes No

- 11.** Our organization’s agreement was federally-administered when it came to an end: Yes No

As an official representative of the housing provider, I declare that my board of directors approved this request for temporary rental assistance at a duly called meeting and I declare that all information contained in this request for temporary rental assistance, including the attestations above, is true and complete in every respect.

By signing this application form, we consent to have information provided under this application process shared with Canada Mortgage and Housing Corporation (CMHC) and its representative(s) and may be used or disclosed for the following purposes: (i) validating eligibility for temporary rental assistance, (ii) for administration and evaluation of the funding; (iii) for policy analysis, research and reporting on an aggregate basis; and (iv) to communicate with the applicant possible funding or collaboration opportunities under other CMHC programs.

Motioned by Signature: _____
 Name: _____
 Position Title: _____
 Date: _____

Seconded by Signature: _____
 Name: _____
 Position Title: _____
 Date: _____