



Return completed application and documentation to:
Social Services at ss@lanarkcounty.ca or
99 Christie Lake Road, Perth, ON K7H 3C9

SOCIAL SERVICES RELIEF FUND (SSRF) APPLICATION

In response to the COVID-19 pandemic, the Province of Ontario has provided relief funding to Social Services to help support those most in need. As part of Lanark County's allocation, an emergency rent/mortgage bank has been set up to assist County residents who are behind in their rent/ mortgage and are at-risk of being evicted or losing their home. If your household income last month is below the maximum Household Income Limits (see chart below) and your current assets (chequing and savings accounts) are less than a total of 2 months' rent/mortgage, you may be eligible for assistance under this program.

The rent/mortgage assistance under the SSRF is for those who have experienced a significant decline in income as a result of COVID-19. If you have questions about the program, please contact us at ss@lanarkcounty.ca or 613-267-4200 ext. 2140.

To apply, submit a completed application along with:

1. verification of income (last month)
2. verification of total rent / mortgage costs
3. previous month bank statements
4. copy of valid identification e.g. driver's licence, birth certificate

Monthly Maximum Household Income Limit Amounts			
1 Occupant	2 Occupants	3-4 Occupants	5+ Occupants
\$ 2,583	\$ 3,125	\$ 3,375	\$ 4,167

Name: _____ **Date of Birth:** _____

Phone Number: _____ **Email:** _____

Income Source: **Employed** **Canada Emergency Response Benefit (CERB)**
 Employment Insurance (EI) **Other:** _____

Are you currently homeless? _____

Address (street, town, postal code): _____

Number of people in household: _____ **Age(s) of dependents:** _____

Monthly rent/mortgage: _____ **Household income last month:** _____

Total value of bank account(s) (all chequing and savings): _____

Reason for request: _____

Client Consent: I give permission for Lanark County Social Services to contact any agency, person, business or organization and exchange information verbally, in writing, and electronically regarding this request. I am aware that the information will be collected and provided in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the administration of this program. I understand that this exchange of information is in effect for one year from the signed date below.

Client Signature: _____

Date: _____

FOR OFFICE USE ONLY

Request for:	Rent	Mortgage	Other:
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Amount of Request:

	Approved	Denied
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Account #: 600-690-6420 EMERGENCY CHPI (SSRF)

Banking information for EFT attached

Referral:	LEAP	OW	ODSP	Food Bank	Other:
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Caseworker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____